

**State of Louisiana \* Parish of Ouachita \* Fourth Judicial District Court**

\_\_\_\_\_  
**VS. NUMBER \_\_\_\_\_ (Division \_\_\_\_\_)**  
 \_\_\_\_\_

**Filed:** \_\_\_\_\_

**By Dy Clerk:** \_\_\_\_\_

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**HEARING OFFICER CONFERENCE AFFIDAVIT**

The undersigned party certifies to the Court the accuracy of the information provided below and certifies that a copy has been provided to opposing counsel or unrepresented party and the Hearing Officer at least five (5) Court days (exclusive of weekends and legal holidays) prior to the Hearing Officer Conference:

A. YOUR PERSONAL INFORMATION		
Your Full Name:		
Address:		
City, State, Zip:		Telephone Number:
Last 4 Digits of Social Security Number (mandatory) xxx-xx-		Current Marital Status:
Date of Birth (mandatory)		
Former Spouse(s) (not in this case)	How Marriage Dissolved (divorce, death, etc.)	Names & Ages of Minor Children, if any ( <i>not children in this case</i> )

B. NAME(S) OF CHILD(REN) IN <u>THIS</u> CASE (indicate if N/A)	Date of Birth	Current Age

C. OTHER PROCEEDINGS BETWEEN THE <u>SAME</u> PARTIES (including Support Enforcement)	Docket Number	JDC/Parish

D. YOUR CURRENT EMPLOYMENT			
Your Current Employer:			
Address, City, State, Zip:		Telephone Number:	
Position:	Length of Employment:	Salary/Wages: \$	
Your usual and customary work schedule:			
Other (bonuses, commissions, interest, dividends, rental, royalties, crop income, oil & gas revenue, etc.):			
Is your employment managed, controlled, or owned by you, a relative, or family member?			
If Yes, give details:			
Are any of the following supplied to you by your employer?	YES	NO	VALUE (if actual value unknown, provide estimate)
Housing			\$
Automobile (year, make, model)			\$
Fuel, Mileage, or Credit Card			\$
Meal Allowance			\$
Travel Allowance			\$
Health and/or Life Insurance			\$
Other			\$

**E. OTHER PERSON=S EMPLOYMENT**

In the event the other party fails to provide submissions to the Hearing Officer, please provide as much information as you can regarding the other party=s employment, usual and customary work hours, travel obligations, income, and benefits:

**F. YOUR PRIOR EMPLOYMENT**

Your Prior Employer:

Address, City, State, Zip:

Telephone Number:

Position:

Length of Employment:

Wages: \$

Other (bonuses, commissions, interest, dividends, rental, royalties, crop income, oil & gas revenue, etc.):

Was that employment managed, controlled, or owned by you, a relative, or family member?

If Yes, give details:

Were any of the following supplied to you by your employer?	YES	NO	VALUE (if actual value unknown, provide estimate)
Housing			\$
Automobile (year, make, model)			\$
Fuel, Mileage, or Credit Card			\$
Meal Allowance			\$
Travel Allowance			\$
Health and/or Life Insurance			\$
Other			\$

**G. YOUR CURRENT MARRIAGE/SPOUSE (if support is an issue before the Court)**

If you are currently married, name of your current spouse:

Your spouse=s current employer:

Address, City, State:

Telephone Number:

Your spouse=s salary/wages: \$

Other (bonuses, etc.):

**H. YOUR OWNERSHIP OR INTEREST IN A HOME OR REAL ESTATE**

Do you own a home and/or are you paying for a home?

Address, City, State:

Estimated Value: \$

Remaining balance & number of payments:

If you are not buying a home, give the name, address and telephone number of the owner of the residence where you are living:

Amount of rent (if any) or other arrangement:

Do you own or have an interest in any other real estate?

If yes, state the nature of the property and its value:

**I. YOUR OWNERSHIP OR INTEREST IN OTHER SPECIFIC ASSETS**

Do you own or have an interest in any of the following:	Yes	No	Value	Balance Owed Duration of	Payments or Time Left
Other real estate or homes			\$	\$	
Automobile (year, make, model):			\$	\$	
Mobile Home (brief description):			\$	\$	
Boat (length and H.P. of motor):			\$	\$	
Livestock:			\$	\$	
Machinery:			\$	\$	
Stocks & Bonds (brief description):			\$	\$	
Checking Account (financial institution):			\$	\$	
Savings Account (financial institution):			\$	\$	

Certificate of Deposit (financial institution):			\$	\$	
Individual Retirement Account (financial institution):			\$	\$	
401(k) Account (financial institution):			\$	\$	
Other Retirement Account(s):			\$	\$	
If you have any income or asset which is not shown anywhere else in this form (such as bonuses, commissions, interest, dividends, rental, royalties, crop income, oil & gas revenue, etc.): , please explain fully:					

J. CHILD CUSTODY and/or VISITATION (indicate if this is not an issue before the Court)					
1. Areas of dispute before the Court	YES	NO	1. Areas of dispute, continued	YES	NO
Type of custody (joint custody vs. sole custody)			When the child(ren) is/are with each parent (visitation schedule)		
Who should be designated as Δdomiciliary parent?			Conditions of custody or visitation (restrictions, supervision)		
2. With whom are the children presently residing? How long? Why are they living with this parent?					
3. Is there a custody/visitation order (provisional or otherwise) currently in effect?					
4. Who has been the child=s primary caretaker (provide details if necessary)?					
5. What type of custody/visitation arrangement for the <b>other</b> parent is acceptable to you?					
6. If you are seeking sole custody, briefly state the reasons (please note that <b>joint</b> custody is presumed to be in the best interest of a child, and a party seeking <b>sole</b> custody has the burden of overcoming the presumption in favor of joint custody):					
7. If you have requested, <b>in pleadings already filed with the Court</b> , that the other parent=s custody/visitation privileges should be supervised or should have special conditions or restrictions imposed on the custody/visitation rights, please explain the factual basis for the requested supervision or restrictions:					
8. Will you agree to mediation?					
9. Is a custody/mental health evaluation requested in <b>pleadings filed with the Court</b> ?					
10. What is the factual basis alleged for the requested custody/mental health evaluation?					
11. Please provide any additional information or explanations which relate to child custody or visitation issues, which have not been addressed in any of the numbered sections above (or for which you did not have room, above).					

K. CHILD SUPPORT (indicate if this is not an issue before the Court)			Yes	No
1. Is this an initial support claim?				
2. If a modification is being requested, is it for an increase or a decrease in support?				
3. If your request for a modification is based upon a change in <b>your</b> income or financial circumstances, indicate your gross income at the time the support was last set by the Court (and provide a W-2 form or other supporting documentation), and the current amount of support ordered by the Court:				
4. If you are under a court order to pay child support or spousal support to an individual or child <b>not in this proceeding</b> , please provide the monthly amount, whether it is child support or spousal support (or both), and the name and docket number of the legal proceeding in which the order arose:				
5. If any party is self-employed or employed by a closely-held or family-run business, or one in which he or she has an ownership interest, indicate which party and the name of the business:				
6. If there is a minor child in this case under five (5) years of age, please indicate the parent with whom the child primarily resides:				
7. Are you <b>un</b> employed?				
8. If so, indicate the last date on which you were employed:				
9. What is the reason for your termination of employment (quit, fired, business closed, etc.)?				
10. What is the <b>annual</b> cost of child care (be sure to include before-school, after-school, holiday, and summer costs in your annual cost)?				
11. Is health insurance available through the employer of either spouse?				
12. Who currently provides health insurance for the child(ren)?				
13. What is the actual cost of health insurance for <b>only</b> the child(ren) - you must provide documentation from your employer or the insurance company to show the difference in cost for single and family coverage if the child(ren) is/are covered under a family plan:				
14. If there are any child-related medical or dental expenses which are Δextraordinary@ (allergies, braces, ADHD, etc.) and which require either ongoing monthly payments and/or occasional payments in excess of \$100, please describe:				

15. Is/are there a child or children in private school whose support is at issue?		
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16. If the child=s enrollment in private school is disputed, please explain your position:

17. What is the annual cost of tuition and fees for each child (registration, total annual tuition, books, and supply fees):

18. If you are seeking a deviation from the Louisiana Child Support Guidelines, state the reason(s) supporting the deviation:

<b>L. SPOUSAL SUPPORT OR ALIMONY (indicate if this is not an issue before the Court)</b>	<b>Yes</b>	<b>No</b>
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1. Are both parties employed?		
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2. Is the spouse seeking spousal support currently employed?		
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3. If so, where?		
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4. Has the spouse seeking spousal support been employed during the marriage?		
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5. If not, why not?		
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6. What is the date of last employment of the spouse seeking spousal support?		
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7. State the last income of the spouse seeking spousal support: \$		
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8. What is the income of the spouse from whom support is sought?		
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9. If a final periodic spousal support is being sought by one party and opposed by the other party, please state the basis for opposing the claim for this form of spousal support (lack of need, inability to pay, fault), with an explanation:		
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10. Is a modification or termination of spousal support being requested?		
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11. If your request for a modification (either increase or decrease) is based upon a change in <u>your</u> income or financial circumstances, indicate your gross income at the time the support was last set by the Court (and provide a W-2 form or other supporting documentation):		
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<b>M. ITEMIZATION OF INCOME AND EXPENSES ON A PER-MONTH BASIS (indicate if support is not an issue before the Court)</b>		
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1	<b>TOTAL <u>GROSS</u> MONTHLY INCOME</b>		\$	
2	Itemized Payroll Deductions			
a	Federal Income Tax	\$		
b	State Income Tax	\$		
c	Social Security (FICA)	\$		
d	<u>Mandatory</u> Retirement Contributions	\$		
3	Total Monthly Payroll Deductions	\$		
4	<b>TOTAL <u>NET</u> MONTHLY INCOME</b>		\$	
5	<b><u>AVERAGE-RECURRING</u> MONTHLY EXPENSES</b>			
a	Housing	\$		
i	Mortgage/Rent:	\$		
ii	Homeowner=s insurance (if not included in note):	\$		
iii	Property taxes (annual, divided by 12):	\$		
iv	Repairs, maintenance, subdivision dues, etc.):	\$		
b	Food and Household Supplies (groceries, cleaning supplies, etc.)	\$		
c	Clothing (day-to-day, school uniforms, special needs, work, etc.)	\$		
d	Total Transportation Expenses	\$		
i	Car note:	\$		
ii	Car insurance:	\$		
iii	Fuel & maintenance:	\$		
iv	Other (taxi fares, etc.):	\$		
e	Medical and Dental Expenses (deductibles, co-payments & non-covered)	\$		
f	Health Insurance (not paid for by employer)	\$		
g	Utilities (electricity, gas, water, sewerage, telephone)	\$		





