|  | -                                | k                                 | JUDICIA                               | AL DISTE        | RICT COURT         |
|--|----------------------------------|-----------------------------------|---------------------------------------|-----------------|--------------------|
| VERSUS   | ş                                | k DOC                             | CKET NUMB                             | ER:             | Div                |
|  |                                  | *                                 |                                       | PARISH          | , LOUISIANA        |
| * * * * * * * * * * * * * * * * * * *  | * * * * * *                      | * * * * * * *                     | * * * * * * * *                       | * * * * * *     | * * * * * * * * *  |
| <u>In F</u>  | Torma P                          | auperis A                         | <u>ffidavit</u>                       |                 |                    |
| All que  | estions mu                       | ıst be answo                      | ered in full.                         |                 |                    |
| Note: Questions 2 and 3 should n   | ot be fille                      | d in if you a                     | are seeking pi                        | rotection       | from abuse.        |
| 1. Your Full Name:   |                                  |                                   |                                       |                 |                    |
| Social Security Number (Optional   | ıl):                             |                                   | Date of B                             | irth <b>:</b>   |                    |
| Age:   |                                  |                                   |                                       | Se              | ex:                |
| 2. Address:  (Box Number or Street (See Note above)  | A 11                             |                                   | G': 1.G )                             |                 | (7: C 1)           |
| (See Note above)   | Address)                         | ((                                | City and State)                       |                 | (Zip Code)         |
| 3. Telephone Number(s): (HOME (See No.   | E)<br>ote above)                 |                                   | (WORK)                                |                 |                    |
| 4. Are you a Student?YES are attending:  |                                  |                                   |                                       |                 |                    |
| Single: Married: Separ How many children do you supp How many children live with yo State the Name, Age and Relation NAME              | port who a<br>ou?<br>onship to y | are under 18° Do yo you of the cl | ?<br>u have any oth<br>nildren and de | ner dependents: |                    |
|  |                                  |                                   |                                       |                 |                    |
|  |                                  |                                   |                                       |                 |                    |
| 6. What is your current Occupation (If yes, please complete the follow) Name of Employer: Address:  (Street Address) Telephone Number: | wing <b>Em</b>                   | (City and S                       | rmation)                              |                 | (Zip Code)         |
| (If you are not employed, please Name of last employer:Address:  | -                                |                                   |                                       |                 |                    |
| (Street Address) How long have you been unemp What were your monthly wages?  | loyed?                           | City and Stat                     |                                       |                 | (Zip Code)         |
| 7. Gross Income: (a) State your groweekly? Bi-Weekly?  |                                  |                                   |                                       |                 |                    |
| (b) Apart from income or supporting income do you receive on a mon   |                                  | -                                 | question 8(b)                         | below, ho       | w much other<br>\$ |
| (c) Monthly Deductions: Federal  | l Income T                       | Гах: \$                           | FICA: \$                              |                 | \$                 |
| (d) Other deductions: (explain)  |                                  |                                   |                                       |                 | _                  |
| TOTAL NET MONTHLY IN   | COME: (                          | Add questi                        | on 7 (a) + (b)                        | less (c))       | \$                 |

| s your spouse employeu  | What is the occupa   | ation of you                                 | r spouse?  |                |
|---|--|--|--|----------------|
| s your spouse paid Weekly   | Pi-Weekly? Mo  | nthly?                                       | Amount/month \$  |                |
| lame of spouse's employed   | r:   |  |  |                |
| Address:(Street Addre   | (City and  | State)                                       | (Zin Co  |                |
| 'elephone Number:   | (City and by How long  | state)<br>g has spouse                       | been employed?   | oue)           |
|   |  | , 1  | 1 3  |                |
|   | use receive any of the follo   |  |  |                |
| If yes, state the month   | ly amount. SSI: \$   | D1S  | abılıty: \$  |                |
| Worker's Comp: \$   | Unemploymer<br>TANF: \$  | it Benefits:                                 | \$   |                |
| Food Stamps: \$   | IANF: \$   | Chi  | 11d Support: \$  |                |
| Spousai Support. \$   | Kinship Care Subsidy   | / Giani. \$                                  | Other. \$  |                |
| Pro Bono Project that recombined income from quoverty level, skip all part  | al services program fundereives referrals from a legalestions 7 and 8 that is less ts of question 9, and conti | al services p<br>s than or eq<br>nue with qu | orogram and have a qual to 125% of the fe lestion 10 on the next   | deral<br>page. |
| . Do you own or have ar<br>A.   | n interest in any of the foll<br>VALUE O   | _  | cluding community prop<br>T BALANCE OV   |                |
| HOUSE   | \$   |  | \$   |                |
| AUTOMOBILE  | \$   |  | \$   |                |
| TRUCK   | \$   |  | \$   |                |
| WATERCRAFT  | \$   |  | \$   |                |
| LIVESTOCK   | \$   |  | \$   |                |
| MACHINERY   | \$   | \$   |  |                |
| STOCK   | \$   |  |  |                |
| BONDS   | \$   |  |  |                |
|   |  |  |  |                |
|   |  |  |  |                |
|   |  |  | Debt \$  |                |
| CERTIFICATES OF DEPOS<br>OTHER IMMOVABLE PRO<br>OO YOU HAVE A BANK  | SIT \$ OPERTY Equity \$ ACCOUNT(S)? _YES _   | _NO Amo                                      | Debt \$ punt in account(s): \$   |                |
| OTHER IMMOVABLE PRO<br>OO YOU HAVE A BANK<br>CHECKINGSAV  | OPERTY Equity \$ ACCOUNT(S)?YES _ VINGS Name and Location  |  |  |                |
| OTHER IMMOVABLE PRO<br>OO YOU HAVE A BANK   | OPERTY Equity \$ ACCOUNT(S)?YES _ VINGS Name and Location  |  |  |                |
| OTHER IMMOVABLE PRO<br>OO YOU HAVE A BANK<br>_CHECKINGSAV<br>OTAL VALUE OF ASS  | OPERTY Equity \$ ACCOUNT(S)?YES _ VINGS Name and Location ETS: \$  |  |  |                |
| OTHER IMMOVABLE PRO OO YOU HAVE A BANKCHECKINGSAV OTAL VALUE OF ASS 3. i. List your Monthly E   | OPERTY Equity \$ ACCOUNT(S)?YES _ VINGS Name and Location ETS: \$ xpenses:                                     |  |  |                |
| OTHER IMMOVABLE PRO OO YOU HAVE A BANK _CHECKINGSAV OTAL VALUE OF ASS B. i. List your Monthly E Rent: \$  | OPERTY Equity \$ ACCOUNT(S)? _YES _ VINGS Name and Location ETS: \$  xpenses:                                  |  | Car Note: \$   |                |
| OTHER IMMOVABLE PRO OO YOU HAVE A BANK _CHECKINGSAV OTAL VALUE OF ASS  3. i. List your Monthly E Rent: \$ Lot Rent: \$  | OPERTY Equity \$ ACCOUNT(S)? _ YES _ VINGS Name and Location ETS: \$  xpenses:                                 |  | Car Note: \$ Car Insurance: \$   |                |
| OTHER IMMOVABLE PRO OO YOU HAVE A BANK _CHECKINGSAV OTAL VALUE OF ASS  B. i. List your Monthly E Rent: \$ Lot Rent: \$ House Note: \$   | OPERTY Equity \$ ACCOUNT(S)? _YES _ VINGS Name and Location ETS: \$  xpenses:                                  |  | Car Note: \$ Car Insurance: \$ Transportation: \$  |                |
| OTHER IMMOVABLE PRO OO YOU HAVE A BANK _CHECKINGSAV OTAL VALUE OF ASS  B. i. List your Monthly E Rent: \$ Lot Rent: \$ House Note: \$ House Insurance: \$   | OPERTY Equity \$ ACCOUNT(S)? _ YES _ VINGS Name and Location ETS: \$  xpenses:                                 |  | Car Note: \$ Car Insurance: \$ Transportation: \$ Food: \$   |                |
| OTHER IMMOVABLE PRO OO YOU HAVE A BANK _CHECKINGSAV OTAL VALUE OF ASS  B. i. List your Monthly E Rent: \$ Lot Rent: \$ House Note: \$ House Insurance: \$ Gas: \$   | OPERTY Equity \$ ACCOUNT(S)? _YES _ VINGS Name and Location ETS: \$  xpenses:                                  |  | Car Note: \$ Car Insurance: \$ Transportation: \$ Food: \$ Barber/ Beauty: \$  |                |
| OTHER IMMOVABLE PRO OO YOU HAVE A BANK _CHECKINGSAV OTAL VALUE OF ASS  B. i. List your Monthly E Rent: \$ Lot Rent: \$ House Note: \$ House Insurance: \$ Gas: \$ Electricity: \$   | OPERTY Equity \$ ACCOUNT(S)? _YES _ VINGS Name and Location ETS: \$  xpenses:                                  |  | Car Note: \$ Car Insurance: \$ Transportation: \$ Food: \$ Barber/ Beauty: \$ Entertainment: \$  |                |
| OTHER IMMOVABLE PRO O YOU HAVE A BANK _CHECKINGSAV OTAL VALUE OF ASS  B. i. List your Monthly E Rent: \$ Lot Rent: \$ House Note: \$ House Insurance: \$ Gas: \$ Electricity: \$ Water: \$  | OPERTY Equity \$ ACCOUNT(S)? _YES _ VINGS Name and Location ETS: \$  xpenses:                                  |  | Car Note: \$ Car Insurance: \$ Transportation: \$ Food: \$ Barber/ Beauty: \$ Entertainment: \$ Grooming Supplies: \$  |                |
| OTHER IMMOVABLE PRO O YOU HAVE A BANK _CHECKINGSAV COTAL VALUE OF ASS  B. i. List your Monthly E Rent: \$ Lot Rent: \$ House Note: \$ House Insurance: \$ Gas: \$ Electricity: \$ Water: \$ Telephone: \$   | OPERTY Equity \$ ACCOUNT(S)? _YES _ VINGS Name and Location ETS: \$  xpenses:                                  |  | Car Note: \$ Car Insurance: \$ Transportation: \$ Food: \$ Barber/ Beauty: \$ Entertainment: \$ Grooming Supplies: \$ Garnishment: \$                                  |                |
| OTHER IMMOVABLE PRO OO YOU HAVE A BANKCHECKINGSAV OTAL VALUE OF ASS  B. i. List your Monthly E Rent: \$ Lot Rent: \$ House Note: \$ House Insurance: \$ Gas: \$ Electricity: \$ Water: \$ Telephone: \$ Property Taxes: \$  | OPERTY Equity \$ ACCOUNT(S)? _YES _ VINGS Name and Location ETS: \$  xpenses:                                  |  | Car Note: \$ Car Insurance: \$ Transportation: \$ Food: \$ Barber/ Beauty: \$ Entertainment: \$ Grooming Supplies: \$  |                |
| OTHER IMMOVABLE PRO O YOU HAVE A BANK _CHECKINGSAV OTAL VALUE OF ASS  B. i. List your Monthly E Rent: \$ Lot Rent: \$ House Note: \$ House Insurance: \$ Gas: \$ Electricity: \$ Water: \$ Telephone: \$ Property Taxes: \$   | OPERTY Equity \$ ACCOUNT(S)? _YES _ VINGS Name and Location ETS: \$  xpenses:                                  |  | Car Note: \$ Car Insurance: \$ Transportation: \$ Food: \$ Barber/ Beauty: \$ Entertainment: \$ Grooming Supplies: \$ Garnishment: \$                                  |                |
| OTHER IMMOVABLE PRO O YOU HAVE A BANKCHECKINGSAN OTAL VALUE OF ASS  B. i. List your Monthly E Rent: \$ Lot Rent: \$ House Note: \$ House Insurance: \$ Gas: \$ Electricity: \$ Water: \$ Telephone: \$ Property Taxes: \$ Total Amount of section in the section in th                                       | OPERTY Equity \$ ACCOUNT(S)? _YES _ VINGS Name and Location ETS: \$  xpenses:                                  | n of Bank:                                   | Car Note: \$ Car Insurance: \$ Transportation: \$ Food: \$ Barber/ Beauty: \$ Entertainment: \$ Grooming Supplies: \$ Garnishment: \$ Other: \$                        |                |
| OTHER IMMOVABLE PRO O YOU HAVE A BANKCHECKINGSAN OTAL VALUE OF ASS  B. i. List your Monthly E Rent: \$ Lot Rent: \$ House Note: \$ House Insurance: \$ Gas: \$ Electricity: \$ Water: \$ Telephone: \$ Property Taxes: \$ Total Amount of section in the section in th                                       | OPERTY Equity \$ ACCOUNT(S)? _YES _ VINGS Name and Location ETS: \$  xpenses:                                  | n of Bank:                                   | Car Note: \$ Car Insurance: \$ Transportation: \$ Food: \$ Barber/ Beauty: \$ Entertainment: \$ Grooming Supplies: \$ Garnishment: \$                                  |                |
| OTHER IMMOVABLE PRO O YOU HAVE A BANKCHECKINGSAN COTAL VALUE OF ASS  B. i. List your Monthly E Rent: \$ Lot Rent: \$ House Note: \$ House Insurance: \$ Gas: \$ Electricity: \$ Water: \$ Telephone: \$ Property Taxes: \$ Total Amount of section in the section in t                                       | OPERTY Equity \$ ACCOUNT(S)? _YES _ VINGS Name and Location ETS: \$  xpenses:                                  | n of Bank:                                   | Car Note: \$ Car Insurance: \$ Transportation: \$ Food: \$ Barber/ Beauty: \$ Entertainment: \$ Grooming Supplies: \$ Garnishment: \$ Other: \$                        |                |
| OTHER IMMOVABLE PRODO YOU HAVE A BANK _CHECKINGSAV OTAL VALUE OF ASS  B. i. List your Monthly E Rent: \$ Lot Rent: \$ House Note: \$ House Insurance: \$ Gas: \$ Electricity: \$ Water: \$ Telephone: \$ Property Taxes: \$ Total Amount of section in the property Taxes is \$ Total Amount of section in the property Taxes | OPERTY Equity \$ ACCOUNT(S)? _YES _ VINGS Name and Location ETS: \$  xpenses:                                  | s) \$ \$ \$                                  | Car Note: \$ Car Insurance: \$ Transportation: \$ Food: \$ Barber/ Beauty: \$ Entertainment: \$ Grooming Supplies: \$ Garnishment: \$ Other: \$                        |                |
| OTHER IMMOVABLE PRO O YOU HAVE A BANKCHECKINGSAN COTAL VALUE OF ASS  B. i. List your Monthly E Rent: \$ Lot Rent: \$ House Note: \$ House Insurance: \$ Gas: \$ Electricity: \$ Water: \$ Telephone: \$ Property Taxes: \$ Total Amount of section in the section in t                                       | OPERTY Equity \$ ACCOUNT(S)? _YES _ VINGS Name and Location ETS: \$  xpenses:                                  | s s s s                                      | Car Note: \$ Car Insurance: \$ Transportation: \$ Food: \$ Barber/ Beauty: \$ Entertainment: \$ Grooming Supplies: \$ Garnishment: \$ Other: \$                        |                |
| OTHER IMMOVABLE PRO O YOU HAVE A BANK _CHECKINGSAN COTAL VALUE OF ASS  B. i. List your Monthly E Rent: \$ Lot Rent: \$ House Note: \$ House Insurance: \$ Gas: \$ Electricity: \$ Water: \$ Telephone: \$ Property Taxes: \$ Cotal Amount of section in the content of th                                    | OPERTY Equity \$ ACCOUNT(S)? _YES _ VINGS Name and Location ETS: \$  xpenses:                                  | s) \$ \$ \$                                  | Car Note: \$ Car Insurance: \$ Transportation: \$ Food: \$ Barber/ Beauty: \$ Entertainment: \$ Grooming Supplies: \$ Garnishment: \$ Other: \$ \$ Monthly Payment     |                |
| OTHER IMMOVABLE PRO O YOU HAVE A BANK _CHECKINGSAN COTAL VALUE OF ASS  B. i. List your Monthly E Rent: \$ Lot Rent: \$ House Note: \$ House Insurance: \$ Gas: \$ Electricity: \$ Water: \$ Telephone: \$ Property Taxes: \$ Cotal Amount of section in the content of th                                    | OPERTY Equity \$ ACCOUNT(S)? _YES _ VINGS Name and Location ETS: \$  xpenses:                                  | s s s s                                      | Car Note: \$ Car Insurance: \$ Transportation: \$ Food: \$ Barber/ Beauty: \$ Entertainment: \$ Grooming Supplies: \$ Garnishment: \$ Other: \$                        |                |
| OTHER IMMOVABLE PRO OO YOU HAVE A BANK _CHECKINGSAV COTAL VALUE OF ASS  B. i. List your Monthly E Rent: \$ Lot Rent: \$ House Note: \$ House Insurance: \$ Gas: \$ Electricity: \$ Water: \$ Telephone: \$ Property Taxes: \$ Cotal Amount of section is a contact of the                                    | OPERTY Equity \$ ACCOUNT(S)? _YES _ VINGS Name and Location ETS: \$  xpenses:                                  | \$ \$ \$ \$ \$ \$ \$ \$                      | Car Note: \$ Car Insurance: \$ Transportation: \$ Food: \$ Barber/ Beauty: \$ Entertainment: \$ Grooming Supplies: \$ Garnishment: \$ Other: \$ \$ Monthly Payment     |                |
| OTHER IMMOVABLE PRO O YOU HAVE A BANK _CHECKING SAN COTAL VALUE OF ASS  B. i. List your Monthly E Rent: \$ Lot Rent: \$ House Note: \$ House Insurance: \$ Gas: \$ Electricity: \$ Water: \$ Telephone: \$ Property Taxes: \$ Total Amount of section is a correct of the                                    | OPERTY Equity \$ ACCOUNT(S)? _YES _ VINGS Name and Location ETS: \$  xpenses:                                  | \$ \$ \$ \$ \$ \$ \$ \$                      | Car Note: \$ Car Insurance: \$ Transportation: \$ Food: \$ Barber/ Beauty: \$ Entertainment: \$ Grooming Supplies: \$ Garnishment: \$ Other: \$ \$ Monthly Payment  \$ |                |
| OTHER IMMOVABLE PRO OO YOU HAVE A BANK _CHECKING SAN COTAL VALUE OF ASS  B. i. List your Monthly E Rent: \$ Lot Rent: \$ Lot Rent: \$ House Note: \$ House Insurance: \$ Gas: \$ Electricity: \$ Water: \$ Telephone: \$ Property Taxes: \$ Cotal Amount of section is i. Credit cards: (List type Card Name  | OPERTY Equity \$ ACCOUNT(S)? _YES _ VINGS Name and Location ETS: \$  xpenses:                                  | \$ \$ \$ \$ \$ \$ \$ \$                      | Car Note: \$ Car Insurance: \$ Transportation: \$ Food: \$ Barber/ Beauty: \$ Entertainment: \$ Grooming Supplies: \$ Garnishment: \$ Other: \$ \$ Monthly Payment     |                |
| OTHER IMMOVABLE PRO OO YOU HAVE A BANK _CHECKING SAN COTAL VALUE OF ASS  B. i. List your Monthly E Rent: \$ Lot Rent: \$ Lot Rent: \$ House Note: \$ House Insurance: \$ Gas: \$ Electricity: \$ Water: \$ Telephone: \$ Property Taxes: \$ Cotal Amount of section is i. Credit cards: (List type Card Name  | OPERTY Equity \$ ACCOUNT(S)? _YES _ VINGS Name and Location ETS: \$  xpenses:                                  | \$ \$ \$ \$ \$ \$ \$ \$                      | Car Note: \$ Car Insurance: \$ Transportation: \$ Food: \$ Barber/ Beauty: \$ Entertainment: \$ Grooming Supplies: \$ Garnishment: \$ Other: \$ \$ Monthly Payment  \$ |                |
| OTHER IMMOVABLE PRO DO YOU HAVE A BANK _CHECKINGSAV TOTAL VALUE OF ASS  B. i. List your Monthly E Rent: \$ Lot Rent: \$ House Note: \$ House Insurance: \$ Gas: \$ Electricity: \$ Water: \$ Telephone: \$ Property Taxes: \$ Total Amount of section is i. Credit cards: (List type Card Name  | OPERTY Equity \$ ACCOUNT(S)? _YES _ VINGS Name and Location ETS: \$  xpenses:                                  | \$ \$ \$ \$ \$ \$ \$ \$                      | Car Note: \$ Car Insurance: \$ Transportation: \$ Food: \$ Barber/ Beauty: \$ Entertainment: \$ Grooming Supplies: \$ Garnishment: \$ Other: \$ \$ Monthly Payment  \$ |                |
| OTHER IMMOVABLE PRO O YOU HAVE A BANK _CHECKING SAN COTAL VALUE OF ASS  B. i. List your Monthly E Rent: \$ Lot Rent: \$ House Note: \$ House Insurance: \$ Gas: \$ Electricity: \$ Water: \$ Telephone: \$ Property Taxes: \$ Total Amount of section is a correct of the                                    | OPERTY Equity \$ ACCOUNT(S)? _YES _ VINGS Name and Location ETS: \$  xpenses:                                  | \$ \$ \$ \$ \$ \$ \$ \$                      | Car Note: \$ Car Insurance: \$ Transportation: \$ Food: \$ Barber/ Beauty: \$ Entertainment: \$ Grooming Supplies: \$ Garnishment: \$ Other: \$ \$ Monthly Payment  \$ |                |
| OTHER IMMOVABLE PRO O YOU HAVE A BANK _CHECKING SAN OTAL VALUE OF ASS  B. i. List your Monthly E Rent: \$ Lot Rent: \$ House Note: \$ House Insurance: \$ Gas: \$ Electricity: \$ Water: \$ Telephone: \$ Property Taxes: \$ Total Amount of section is a constant of section of section is a constant of section of section is a constant of section of section of section of section of section is a constant of section is a constant of section of sect                                    | OPERTY Equity \$ ACCOUNT(S)? _YES _ VINGS Name and Location ETS: \$  xpenses:                                  | \$ \$ \$ \$ \$ \$ \$ \$                      | Car Note: \$ Car Insurance: \$ Transportation: \$ Food: \$ Barber/ Beauty: \$ Entertainment: \$ Grooming Supplies: \$ Garnishment: \$ Other: \$ \$ Monthly Payment  \$ |                |

|                       | Does anyone regularly help you pay your expenses? YESN  |
|-----------------------|---|
| ` ′                   | If yes, state that person's name and relationship to you.   |
|                       | Name: Relationship:   |
|                       | Do you have any additional income or assets that are not shown above?YESN  If you answered yes to either (a) or (b), please explain:  |
|                       |   |
| 11.                   | If you have an attorney, what arrangements have you made to pay your attorney's fee   |
| -                     | What amount, if any, have you paid? (You are required to answer fully.)   |
|                       | Has your attorney or the Notary Public told you that you may go to jail if you intentionally give a false answer to any of the above questions?YESNO  |
|                       | MOVER'S AFFIDAVIT   |
|                       | ATE OF LOUISIANA<br>RISH OF   |
|                       | <b>BEFORE ME</b> the undersigned authority personally came and appeared:  |
|                       | who, after being duly sworn, deposed and said:  |
| 1                     | 1. He/She provided the information above; that the information is furnished to the court for the purpose of requesting permission to litigate the above captioned lawsuit without paying the costs in advance or as they accrue or furnishing security therefor.  |
| 2                     | 2. That the above information is a true and correct statement of his/her financial condition.   |
| 3                     | 3. That the pleading and all allegations of fact therein are true and correct; and that because of his/her poverty and want of means, he/she is unable to pay the costs of court in advance or as they accrue, nor is he/she able to provide security therefor.   |
| 4                     | 4. He/She has read and understands the privilege contained in the notice below.   |
|                       | NOTICE  |
|                       | Although you may be granted the privilege of proceeding without prepayment of costs,  |
|                       | <u>OULD JUDGMENT BE RENDERED AGAINST YOU, YOUR STATUS AS A</u><br>UPER DOES NOT RELIEVE YOU OF THE OBLIGATION TO PAY THESE COSTS  |
| entit<br>wou<br>so th | The privilege to proceed <i>IN FORMA PAUPERIS</i> is restricted to litigants who are clearly tled to do so, with due regard to the nature of the proceeding, the court costs which otherwiseld have to be paid, and the ability of the litigant to pay them or to furnish security therefor, nat the indiscriminate filing of lawsuits may be discouraged, without depriving a litigant of benefit of proceeding <i>in forma pauperis</i> if he/she is entitled to do so. |
|                       |   |
|                       | Mover's Signature   |
| τ                     | SWORN TO AND SUBSCRIBED BEFORE ME, a Notary Public in   |
| Lou                   | isiana, this day of, 200  |
|                       | NOTARY PUBLIC   |

## THIRD PARTY AFFIDAVIT

| STATE OF LOUISIANA PARISH OF   |
|--|
| BEFORE ME, personally came and appeared:   |
| Signature of Witness   |
| SWORN TO AND SUBSCRIBED BEFORE ME, a Notary Public in, Louisiana, thisday of, 200  |
| NOTARY PUBLIC  |
| I ATTEST that I am a duly authorized representative of a Legal Services Program funded by the Legal Service Corporation or a Pro Bono Project that receives referrals from one of these Legal Service Programs, and that   |
| <u>ORDER</u>   |
| Considering the foregoing Pleading and Affidavits:  let prosecute or defend this litigation in accordance with Louisiana Code of Civil Procedure, Article 5181, et. seq., without paying the costs in advance or as they accrue or furnishing security therefor. |
| <b>THUS, READ AND SIGNED,</b> this day of, 200, in, Louisiana.   |
| DISTRICT JUDGE   |