

CLERK OF COURT  
THIRTY-FIRST JUDICIAL DISTRICT  
PARISH OF JEFFERSON DAVIS

**NOTICE**

**TO ALL INDIGENT PARTIES AND THEIR ATTORNEYS:**

**YOU ARE HEREBY NOTIFIED** that pursuant to Louisiana Code of Civil Procedure Articles 5181 through 5188 you have been granted the privilege of litigating this matter without paying costs in advance or as they accrue and without furnishing security for these costs. **THIS DOES NOT MEAN THAT YOU WILL NOT HAVE TO PAY COSTS AT SOME TIME.** There are specific situations in which you will be required to pay costs as set forth in Louisiana Code of Civil Procedure Articles 5186, 5187 and 5188, as follows:

**Art. 5186.** An account shall be kept of all costs incurred by a party who has been permitted to litigate without the payment of costs, by the public officers to whom these costs would be payable. If judgment is rendered in favor of the indigent party, the party against whom the judgment is rendered shall be condemned to pay all costs due such officers, who have a privilege on the judgment superior to the rights of the indigent party or his attorney. If judgment is rendered against the indigent plaintiff and he is condemned to pay court costs, an affidavit of the account by an officer to whom costs are due, recorded in the mortgage records, shall have the effect of a judgment for the payment due.

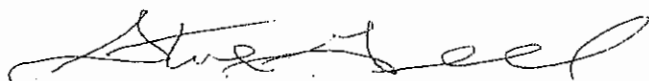
**Art. 5187.** No compromise shall be effected unless all costs due these officers have been paid. Should any compromise agreement be entered into in violation of this article, each party thereto is liable to these officers for all costs due them at the time.

No judicial proceeding in which a party has been permitted to litigate without the payment of costs shall be dismissed prior to judgment, unless all costs due these public officers have been paid, or there is annexed to the written motion to dismiss the certificates of all counsel of record that no compromise has been effected or is contemplated.

No release of a claim or satisfaction of a judgment shall be effective between the parties to a judicial proceeding in which one of the parties have been permitted to litigate without the payment of costs unless all costs due the clerk of court have been paid. The Clerk of Court shall have a lien for the payment of such costs superior to that of any other party on any monies or other assets transferred in settlement of such claim or satisfaction of such judgment and shall be entitled to collect reasonable attorney's fees in any action to enforce this lien for the payment of such costs.

**Art. 5188.** Except as otherwise provided by Articles 1920 and 2164, if judgment is rendered against a party who has been permitted to litigate without the payment of costs, he shall be condemned to pay the costs incurred by him, in accordance with the provisions of Article 5186, and those recoverable by the adverse party.

**YOU ARE HEREBY NOTIFIED** that all pleadings and judgments shall be delivered to the Clerk of Court and not to the Judge, but any judgment presented to the Clerk of Court or the Judge may not be signed and/or accepted for filing until you have complied with the provisions of these articles and all court costs due have been paid. Please be aware that this means that all costs due at the time of presenting any compromise agreement, stipulation, stipulated judgment or consent judgment must be paid before the judgment will be signed and/or filed.



STEVE GUNNELL  
DISTRICT JUDGE



RICHARD M. ARCENEUX  
CLERK OF COURT

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**In Forma Pauperis Affidavit**

**All questions must be answered in full.**

**Note:** Questions 2 and 3 should not be filled in if you are seeking protection from abuse.

1. Your Full Name: \_\_\_\_\_

Social Security Number (Optional): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_

2. Address: \_\_\_\_\_

(Box Number or Street Address) (City and State) (Zip Code)

(See Note above)

3. Telephone Number(s): (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

(See Note above)

4. Are you a Student?  YES  NO If yes, please indicate the name of the school you are attending: \_\_\_\_\_ Enrollment Status: \_\_\_\_\_

5. Current Household:

Single:  Married:  Separated:  Divorced:  Widowed:  Intimate partner:

How many children do you support who are under 18? \_\_\_\_\_

How many children live with you? \_\_\_\_\_ Do you have any other dependents? \_\_\_\_\_

State the Name, Age and Relationship to you of the children and dependents:

NAME	AGE	RELATIONSHIP

6. What is your current Occupation? \_\_\_\_\_ Are you employed?  YES  NO

(If yes, please complete the following **Employer Information**)

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

(Street Address) (City and State) (Zip Code)

Telephone Number: \_\_\_\_\_ How long have you been employed? \_\_\_\_\_

(If you are not employed, please provide information of your **last employer**)

Name of last employer: \_\_\_\_\_

Address: \_\_\_\_\_

(Street Address) (City and State) (Zip Code)

How long have you been unemployed? \_\_\_\_\_

What were your monthly wages? \_\_\_\_\_

7. **Gross Income:** (a) State your gross earned income from wages and how you are paid:  
 Weekly?  Bi-Weekly?  Monthly?  Amount/month \$ \_\_\_\_\_

(b) Apart from income or support listed in response to question 8(b) below, how much other income do you receive on a monthly basis? \$ \_\_\_\_\_

(c) Monthly Deductions: Federal Income Tax: \$ \_\_\_\_\_ FICA: \$ \_\_\_\_\_ \$ \_\_\_\_\_

(d) Other deductions: (explain) \_\_\_\_\_

**TOTAL NET MONTHLY INCOME:** (Add question 7 (a) + (b) less (c)) \$ \_\_\_\_\_

8(a). If you are married and live with a spouse, please answer:  
 Is your spouse employed? \_\_\_\_\_ What is the occupation of your spouse? \_\_\_\_\_  
 Is your spouse paid Weekly?  Bi-Weekly?  Monthly?  Amount/month \$ \_\_\_\_\_  
 Name of spouse's employer: \_\_\_\_\_  
 Address: \_\_\_\_\_ (Street Address) \_\_\_\_\_ (City and State) \_\_\_\_\_ (Zip Code)  
 Telephone Number: \_\_\_\_\_ How long has spouse been employed? \_\_\_\_\_

8(b). Do you or your spouse receive any of the following income or support?  YES  NO  
 If yes, state the monthly amount. SSI: \$ \_\_\_\_\_ Disability: \$ \_\_\_\_\_  
 Worker's Comp: \$ \_\_\_\_\_ Unemployment Benefits: \$ \_\_\_\_\_  
 Food Stamps: \$ \_\_\_\_\_ TANF: \$ \_\_\_\_\_ Child Support: \$ \_\_\_\_\_  
 Spousal Support: \$ \_\_\_\_\_ Kinship Care Subsidy Grant: \$ \_\_\_\_\_ Other: \$ \_\_\_\_\_

If you are a client of a legal services program funded by the Legal Service Corporation or a Pro Bono Project that receives referrals from a legal services program and have a combined income from questions 7 and 8 that is less than or equal to 125% of the federal poverty level, skip all parts of question 9, and continue with question 10 on the next page.

9. Do you own or have an interest in any of the following? (Including community property)

A.	VALUE OF INTEREST	BALANCE OWED
HOUSE	\$ _____	\$ _____
AUTOMOBILE	\$ _____	\$ _____
TRUCK	\$ _____	\$ _____
WATERCRAFT	\$ _____	\$ _____
LIVESTOCK	\$ _____	\$ _____
MACHINERY	\$ _____	\$ _____
STOCK	\$ _____	\$ _____
BONDS	\$ _____	\$ _____
CERTIFICATES OF DEPOSIT	\$ _____	\$ _____
OTHER IMMOVABLE PROPERTY	Equity \$ _____	Debt \$ _____

DO YOU HAVE A BANK ACCOUNT(S)?  YES  NO Amount in account(s): \$ \_\_\_\_\_  
 CHECKING  SAVINGS Name and Location of Bank: \_\_\_\_\_

TOTAL VALUE OF ASSETS: \$ \_\_\_\_\_

**B. i. List your Monthly Expenses:**

Rent: \$ _____	Cable: \$ _____	Car Note: \$ _____
Lot Rent: \$ _____	Garbage: \$ _____	Car Insurance: \$ _____
House Note: \$ _____	Medical Insurance: \$ _____	Transportation: \$ _____
House Insurance: \$ _____	Medical Expenses: \$ _____	Food: \$ _____
Gas: \$ _____	Dental Expenses: \$ _____	Barber/ Beauty: \$ _____
Electricity: \$ _____	Prescriptions: \$ _____	Entertainment: \$ _____
Water: \$ _____	Life Insurance: \$ _____	Grooming Supplies: \$ _____
Telephone: \$ _____	Daycare: \$ _____	Garnishment: \$ _____
Property Taxes: \$ _____	Child Support: \$ _____	Other: \$ _____

Total Amount of section i: \$ \_\_\_\_\_

**ii. Credit cards: (List type of card and monthly payment)**

Card Name	Monthly Payment
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Total Amount of section ii: \$ \_\_\_\_\_

**iii. Financial Loans: (List the financial institution and your monthly payment)**

Financial Name	Monthly Payment
_____	_____
_____	_____
_____	_____

Total Amount of section iii: \$ \_\_\_\_\_

TOTAL MONTHLY EXPENSES: (Add 9B (i+ii+iii) = Total Monthly Expenses) \$ \_\_\_\_\_

10. Does anyone regularly help you pay your expenses?  YES  NO
- (a) If yes, state that person's name and relationship to you.  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_
- (b) Do you have any additional income or assets that are not shown above?  YES  NO
- 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.)

\_\_\_\_\_

\_\_\_\_\_

12. 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?  YES  NO

**MOVER'S AFFIDAVIT**

STATE OF LOUISIANA  
 PARISH OF \_\_\_\_\_

BEFORE ME the undersigned authority personally came and appeared:

\_\_\_\_\_ who, after being duly sworn, deposed and said:

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. That the above information is a true and correct statement of his/her financial condition.
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. 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, **SHOULD JUDGMENT BE RENDERED AGAINST YOU, YOUR STATUS AS A PAUPER DOES NOT RELIEVE YOU OF THE OBLIGATION TO PAY THESE COSTS.**

The privilege to proceed *IN FORMA PAUPERIS* is restricted to litigants who are clearly entitled to do so, with due regard to the nature of the proceeding, the court costs which otherwise would have to be paid, and the ability of the litigant to pay them or to furnish security therefor, so that the indiscriminate filing of lawsuits may be discouraged, without depriving a litigant of the benefit of proceeding *in forma pauperis* if he/she is entitled to do so.

\_\_\_\_\_  
 Mover's Signature

SWORN TO AND SUBSCRIBED BEFORE ME, a Notary Public in \_\_\_\_\_, Louisiana, this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_\_.

\_\_\_\_\_  
 NOTARY PUBLIC

**THIRD PARTY AFFIDAVIT**

**STATE OF LOUISIANA**  
**PARISH OF \_\_\_\_\_**

**BEFORE ME**, personally came and appeared: \_\_\_\_\_,  
who, after being sworn, deposed and said that he/she knows \_\_\_\_\_,  
well and that he/she knows 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 bond therefor.

\_\_\_\_\_  
Signature of Witness

SWORN TO AND SUBSCRIBED BEFORE ME, a Notary Public in \_\_\_\_\_,  
Louisiana, this \_\_\_\_ day of \_\_\_\_\_, 200\_\_.

\_\_\_\_\_  
**NOTARY PUBLIC**

**LEGAL SERVICE PROGRAMS' DECLARATION**

**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 \_\_\_\_\_ has produced evidence  
that he/she receives public assistance benefits, or that he/she has qualified to receive free legal  
services based on his/her income being less than or equal to 125% of the federal poverty level  
and therefore is entitled to a rebuttable presumption that he/she is entitled to the privilege of  
litigating without prior payment of costs.

\_\_\_\_\_  
Legal Services Program or Pro Bono Project Representative

**ORDER**

**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.

**THUS, READ AND SIGNED**, this \_\_\_\_ day of \_\_\_\_\_, 200\_\_, in  
\_\_\_\_\_, Louisiana.

\_\_\_\_\_  
**DISTRICT JUDGE**