

**IMPORTANT: READ THIS INFORMATION SHEET BEFORE  
FILLING OUT THE FOLLOWING FORMS**  
**INFORMATION SHEET FOR  
VOLUNTARY TRANSFER OF  
CUSTODY**

**WHO CAN TRANSFER CUSTODY?**

Only a parent can transfer the custody of his or her child.

The custody must be transferred to a non-parent; for instance an aunt, uncle or grandparent or non-relative.

**UNDER WHAT CIRCUMSTANCES CAN THIS COURT NOT TRANSFER CUSTODY?**

When there is no parent available to agree to the transfer of custody

When either parent does not want to transfer custody

When another court has granted an order of custody

When there is an open case in the court in which custody has been addressed

**GENERAL INFORMATION**

- Either the parent of the child OR the person accepting custody must live in Jefferson Parish
- You must fill out the attached documents COMPLETELY and sign them before a Notary Public (There is no one at this Court that can notarize the signatures for you)
  - 1) Petition for Voluntary Transfer – must be filled out and signed by the parent
  - 2) Affidavit of Acceptance – must be filled out and signed by the person accepting custody
  - 3) Certified copy of birth certificate of all children
  - 4) Filing fee of \$50.50, and
  - 5) Affidavit of Additional Information
- After all the documents are filed and the filing fee is paid, the Judge may:
  - 1) Sign the judgment, or
  - 2) Order a hearingIf you do not have what you need, your petition will be dismissed.
- You will be notified by mail or by phone of what the Judge decides.

**EXPLANATION OF FORMS ENCLOSED**

□ **PETITION**

Both the mother and the father must join in the petition; therefore they are the “petitioners”. If one parent is not available, the reason must be explained in Paragraph III of the Petition.

Paragraph I: Addresses of all petitioners \_

Paragraph II: Names and dates of birth of all children

Paragraph III: Name and address of legal custodian (the other parent) not joining in petition and why not

Paragraph IV: Name and address of the person to whom custody is being transferred

Paragraph V: Indicate level of custody. The choices are as follows:

1) Physical Custody: gives duty and authority to care for the child in the home of the custodian

2) Legal Custody: gives duty and authority to have physical custody and the duty to protect, train, discipline, feed, shelter, educate and provide medical treatment for the child

- Must state how long the order will remain in effect

- Must give any terms and conditions, such as visitation and support

Paragraph VI: State the reason for the transfer of custody

Paragraph VII: Name the person receiving custody of the child(ren)

STATE OF LOUISIANA  
IN THE INTEREST OF

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DOCKET #:  
JUVENILE COURT  
PARISH OF JEFFERSON  
STATE OF LOUISIANA  
SECTION:

PETITION FOR VOLUNTARY TRANSFER OF CUSTODY

The petition of \_\_\_\_\_

(names of parents go in this blank)

Domiciled in the Parish of \_\_\_\_\_ respectfully represent:

I

Petitioner(s) reside(s) at the following address(es):

\_\_\_\_\_  
\_\_\_\_\_

II

That petitioner(s) is/are the parent(s) and legal custodian(s) of the minor child(ren), namely:

\_\_\_\_\_  
\_\_\_\_\_

(Put names of all children whose custody will be transferred)

Whose date(s) of birth is/are:

\_\_\_\_\_  
\_\_\_\_\_

As more fully appears from the attached birth certificate(s).

III

CHECK ONE:

- { } There are no other legal custodians of the child OR
- { } There are other legal custodians of the child namely:

\_\_\_\_\_  
\_\_\_\_\_

Who is/are unable to join in the petition for the following reasons:

\_\_\_\_\_  
\_\_\_\_\_

IV

Petitioner(s) desires to knowingly and voluntarily transfer custody of the above named child(ren) to \_\_\_\_\_ which individual(s), institution or agency reside(s) at the following address and has/have the following phone number(s):

\_\_\_\_\_

Address

\_\_\_\_\_

City/State/Zip

\_\_\_\_\_

Home Phone

\_\_\_\_\_

Work Phone

And who has/have the following relationship with the child(ren):

\_\_\_\_\_

\_\_\_\_\_

V

Petitioner(s) desire(s) to transfer:

CHECK ONE:

Physical custody

Legal Custody

Of: (Put the name{s} of the child{ren})

\_\_\_\_\_

\_\_\_\_\_

For the period of time

\_\_\_\_\_

In accordance with the following terms and conditions:

\_\_\_\_\_

\_\_\_\_\_

(may include visitation and support)

VI

Petitioner(s) desire(s) to transfer custody for the following reasons:

\_\_\_\_\_

\_\_\_\_\_

VII

That \_\_\_\_\_ has/have agreed to and does  
(Put the name of the person accepting custody here)

desire to accept custody of the minor child(ren) to the extent and under the terms and conditions stated in this petition, as more fully appears in the attached affidavit of acceptance.

WHEREFORE petitioner(s) pray(s) that there be judgment herein transferring custody of the minor child(ren):

\_\_\_\_\_

(Put the name{s} of the child{ren} here)

to \_\_\_\_\_

(Put the name of the person accepting custody here)

to the extent and under the terms and conditions set forth in this petition.

\_\_\_\_\_  
Signature of Petitioner or Attorney

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Phone Number:

SWORN TO AND SUBSCRIBED BEFORE ME, at \_\_\_\_\_, Louisiana,  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

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

My commission expires: \_\_\_\_\_

STATE OF LOUISIANA  
PARISH OF JEFFERSON

AFFIDAVIT OF ACCEPTANCE

BEFORE ME, the undersigned authority, personally came and appeared:

\_\_\_\_\_  
individual(s) or a representative of \_\_\_\_\_, who  
(name of agency, if applicable)

did depose and state that:

Affiant is a person of the full age of majority and resides at: (State address here)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

in the Parish of \_\_\_\_\_, State of Louisiana.

Affiant does knowingly and voluntarily accept: (Check one)

Physical custody                       Legal custody

of \_\_\_\_\_

\_\_\_\_\_  
(Put the names of the children here)

for the period of time \_\_\_\_\_ (specify intended period of this transfer)

in accordance with the following terms and conditions: (may include visitation or child support)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Affiant

\_\_\_\_\_  
Print name of Affiant

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip Code

\_\_\_\_\_  
Phone Number

SWORN TO AND SUBSCRIBED BEFORE ME, at \_\_\_\_\_, Louisiana,  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

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

My commission expires: \_\_\_\_\_

ADDITIONAL INFORMATION

Please provide the following additional information:  
Provide the name, address and telephone number of the biological father of the child, even if his name does not appear on the birth certificate.

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Are you presently married to the child's father or mother?      Yes                  No

If not, were you ever married to the child's father or mother?      Yes                  No

Was the mother of the child(ren) married to someone other than the biological father at the time of the birth or conception of the child(ren)?                  Yes                  No

Did the mother give birth less than 300 days after a divorce?      Yes                  No

If the answer to any of the above is YES, please provide the name, address and phone number of the husband or former husband:

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Did another court ever render a judgment of custody regarding the child(ren) whose custody is being transferred in this proceeding?                  Yes                  No

If the answer to the above is YES, what court rendered the custody judgment?

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Were the parents of the child(ren) whose custody is being transferred ever divorced?                  Yes                  No

If YES, provide the court and docket number of that proceeding.

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Has DCFS or Child Protection ever been contacted to conduct an investigation regarding the child(ren) whose custody is being transferred ?      Yes                  No

If YES, please give the date the investigation took place and the outcome of the investigation.

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Did DCFS or Child Protection suggest that this Voluntary Transfer be filed?      Yes  
No

If YES, give the name of your Social Worker \_\_\_\_\_

What is the name, address and phone number of the school(s) the child(ren) is/are attending now?

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What is the name, address and phone number of the school(s) the child(ren) will be attending if this custody is granted?

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Is the child currently enrolled in a federally recognized Native American Tribe?  
Yes No

Is the child eligible to be enrolled in a federally recognized Native American Tribe?  
Yes No

Is either parent currently enrolled in a federally recognized Native American tribe?  
Yes No

If yes for parent or child, please list the tribe(s) involved:

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Signature \_\_\_\_\_

Print Name \_\_\_\_\_

RECIPIENT INFORMATION

Has the person(s) accepting custody of the minor child(ren) ever had a validated complaint of abuse or neglect on his/her record?                      Yes                      No

If YES, please explain. Include date of abuse or neglect, type of abuse or neglect, the date of the investigation, the investigating agency, the outcome of the investigation, whether or not the child(ren) named in this petition were the subject of the abuse or neglect allegation, and any other information which you might think is important.

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\_\_\_\_\_  
Signature of recipient

\_\_\_\_\_  
Print name of recipient

