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 \$108.50, 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 hearing

If 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

<u>Paragraph V:</u> 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) <u>Legal Custody:</u> 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 pare | nts go in this blank) | | | | | | |
| Domiciled in the Parish of | respectfully represent: | | | | | | |
| Petitioner(s) reside(s) at the following addre | l ess(es): | | | | | | |
| That petitioner(s) is/are the parent(s) and le namely: | II egal custodian(s) of the minor child(ren), | | | | | | |
| (Put names of all children whw | nose custody will be transferred) | | | | | | |
| As more fully appears from the attached bir | th certificate(s). | | | | | | |
| | III | | | | | | |
| CHECK ONE: { } There are no other legal custodia { } There are other legal custodians | | | | | | | |
| Who is/are unable to join in the petition for t | the following reasons: | | | | | | |
| Petitioner(s) desires to knowingly and volun child(ren) to | IV Itarily transfer custody of the above named which individual(s), and address and has/have the following phone | | | | | | |
| | | | | | | | |
| Address | City/State/Zip | | | | | | |
| Home Phone | Work Phone | | | | | | |

| And who has/have the following relationship wit | th the child(ren): |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| | |
| 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 con- | ditions: |
| (may include visitation and support) | |
| VI Petitioner(s) desire(s) to transfer custody for the | e following reasons: |
| | |
| That(Put the name of the person accepting custody desire to accept custody of the minor child(ren) conditions stated in this petition, as more fully a acceptance. | to the extent and under the terms and |
| VIII Petitioner understands they have an ongoing duri discovers information concerning the child(ren)'s | • |
| WHEREFORE petitioner(s) pray(s) that there be the minor child(ren): | e judgment herein transferring custody of |
| (Put the name{s} of the chil | d{ren} here) |
| to(Put the name of the person acce | pting custody here) |
| to the extent and under the terms and condition | |
| | Signature of Petitioner or Attorney |
| | Address |
| | City/State/Zip Phone Number: |
| SWORN TO AND SUBSCRIBED BEFORE ME thisday of, | |
| NIO | TARY PUBLIC |
| My commission exp | |

STATE OF LOUISIANA PARISH OF JEFFERSON

AFFIDAVIT OF ACCEPTANCE

| BEFORE ME, the undersigned | d authority, personally came and appeared: |
|----------------------------------|--------------------------------------------------------|
| individual(s) or a representativ | ve of, who |
| | (name of agency, if applicable) |
| did depose and state that: | |
| | I age of majority and resides at: (State address here) |
| | , State of Louisiana. |
| Affiant does knowingly and vo | luntarily accept: (Check one) |
| { } Physical custody of | { } Legal custody |
| (F | Put the names of the children here) |
| for the period of time | (specify intended period of this transfer) |
| ier are period or arrio | (openly interioral perior of the transfer) |
| | Signature of Affiant |
| | Print name of Affiant |
| | Address |
| | City/State/Zip Code |
| | Phone Number |
| SWODN TO AND SURSCOIR | |
| thisday of | ED BEFORE ME, at, Louisiana, , 20 |

| 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. | | | | | | |
| | | | | | | |
| 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: | | | | | | |
| | | | | | | |
| Did another court ever render a judgment of custody regarding the child(ren) whose custody is being transferred in this proceeding? | | | | | | |
| If the answer to the above is YES, what court rendered the custody judgment? | | | | | | |
| Vere the parents of the child(ren) whose custody is being transferred ever divorced? Yes No f YES, provide the court and docket number of that proceeding. | | | | | | |
| 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. | | | | | | |
| | | | | | | |
| 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? | | | | | | |
| | | | | | | |
| What is the name, address and phone number of the school(s) the child(ren) will be attending if this custody is granted? | | | | | | |
| | | | | | | |

| Print Name | |
|--------------------------------------------------------------------------------------------|----|
| Signature | |
| | |
| If yes for parent or child, please list the tribe(s) involved: | |
| Is either parent 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 |
| Yes | No |

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

| date of the investigation, the investigating | buse or neglect, type of abuse or neglect, the ng agency, the outcome of the investigation, his petition were the subject of the abuse or ation which you might think is important. |
|----------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
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| | Print name of recipient |