_____ _____ COURT

PETITIONER-IN-RECONVENTION
V.

_____ PARISH/CITY OF _____

DEFENDANT-IN-RECONVENTION

STATE OF LOUISIANA

_____ DIVISION: _____ NUMBER: _____

Parent/Guardian name if defendant-in-reconvention is a minor

FILED: _____ CLERK: _____

CONFIDENTIAL ADDRESS FORM

TO BE USED WHEN PETITIONER-IN-RECONVENTION DOES NOT WANT DEFENDANT-IN-RECONVENTIONTO LEARN ADDRESS

PETITION FOR PROTECTION FROM ABUSE

The petition of _____, born _____ , a resident of the
your name *month, day, year*

State of _____, respectfully represents:

Paragraph 1

Petitioner-in-reconvention files this petition on behalf of:

a. ☐ Petitioner-in-reconvention, and/or

b. ☐ Minor child(ren) as follows: (Name, Date of Birth, Relationship to Petitioner-in-reconvention)

_____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

c. ☐ Alleged incompetent: (Name, Date of Birth, Relationship to Petitioner-in-reconvention)

_____ _____ _____

_____ _____ _____

Paragraph 2

Petitioner-in-reconvention's current address:

_____
No. & Street *Apt. No.*

_____
City *State* *Zip Code*

The minor child(ren)'s or alleged incompetent's current address:

_____
No. & Street *Apt. No.*

_____
City *State* *Zip Code*

THIS COVER SHEET IS TO BE FILED UNDER SEAL AND ITS CONTENTS TO REMAIN CONFIDENTIAL TO THE COURT PURSUANT TO LA. R.S. 46:1844, R.S. 46:2134(B), R.S. 13:4248(A), or Ch. C. Article 1568(B).