
(PETITIONER)

NO: _____ DIV. _____

VERSUS

**THE FAMILY COURT
PARISH OF EAST BATON ROUGE
STATE OF LOUISIANA**

(DEFENDANT)

1. The attorney, _____, and the client, _____, herein have agreed that the attorney will provide limited scope representation.

2. The attorney will represent the client:
_____ at the initial hearing and for any continuance of that hearing;
_____ until submission of the order or judgment after hearing;
_____ until resolution of the issues checked below by trial or by settlement; and/or
_____ other: _____.

3. The attorney will serve as counsel of record for the client only for the following issues in this case:

_____ Divorce: ___ 102; ___ No Fault 103; ___ Adultery; ___ Felony; ___ Covenant.
_____ Child Support: ___ Establish; ___ Enforce; ___ Modify. *Please describe:* _____

_____ Spousal Support: ___ Establish; ___ Enforce; ___ Modify. *Please describe:* _____

_____ Protection from Abuse. *Please describe:* _____

_____ Child Custody/Visitation: ___ Establish; ___ Enforce; ___ Modify. *Please describe:* _____

_____ Paternity/Filiation: ___ Establish; ___ Disavowal; ___ Revocation of Acknowledgment. *Please describe:* _____

_____ Community Property. *Please describe:* _____

_____ Contempt. *Please describe:* _____

_____ Other. *Please describe:* _____

4. By signing this form, or a subsequent Certificate of Acknowledgment of Limited Appearance, the client agrees that the attorney may withdraw at the completion of the stated representation.

5. The attorney named above is counsel of record and available for service of documents only for those specifically checked above. For all other matters, the client may be served directly at the following address:

Client Name: _____
Address: _____
City, State, ZIP: _____

6. Attorney contact information:

Attorney Name: _____
Address: _____
City, State, ZIP: _____
Telephone: _____
Facsimile: _____
E-mail: _____

CERTIFICATION OF ATTORNEY & CLIENT

The undersigned certify that this form sets forth the limited scope of representation agreed to between the undersigned attorney and client. If the client is not available to sign this agreement at the time of filing, a copy bearing his/her signature shall be filed within ten days of the initial filing of this notice.

CLIENT SIGNATURE

DATE

ATTORNEY SIGNATURE

DATE

CERTIFICATION OF SERVICE

I certify that a copy of this notice has been duly served on all counsel of record and/or self-represented parties via facsimile, e-mail, hand delivery, and/or by placing a copy of the same in the United States Mail, postage prepaid on _____.

ATTORNEY SIGNATURE

DATE