
(PETITIONER)

NO: _____ DIVISION _____

VERSUS

THE FAMILY COURT

PARISH OF EAST BATON ROUGE

(DEFENDANT)

STATE OF LOUISIANA

DETAILED DESCRIPTIVE LIST

STATE OF _____

PARISH/COUNTY OF _____

BEFORE ME, the undersigned Notary Public, duly commissioned and qualified in this state and parish, personally appeared _____ who after being duly sworn, did depose and state that the following detailed descriptive list contains all of the community assets, liabilities, and reimbursement claims know to him/her and is accurate to the best of his/her knowledge.

COMMUNITY ASSETS

| <i>Property Description</i> | <i>Possessed By</i> | <i>Petitioner Value</i> | <i>Defendant Value</i> | <i>Concur/ Traverse</i> |
|-------------------------------------|---------------------|-------------------------|------------------------|-------------------------|
| Immovable Property | | | | |
| | | \$ | \$ | |
| | | \$ | \$ | |
| | | \$ | \$ | |
| | | \$ | \$ | |
| Banking & Other Accounts | | | | |
| | | \$ | \$ | |
| | | \$ | \$ | |
| | | \$ | \$ | |
| | | \$ | \$ | |
| | | \$ | \$ | |
| Movables | | | | |
| | | \$ | \$ | |
| | | \$ | \$ | |
| | | \$ | \$ | |
| | | \$ | \$ | |
| | | \$ | \$ | |
| | | \$ | \$ | |
| | | \$ | \$ | |
| | | \$ | \$ | |
| Other | | | | |
| | | \$ | \$ | |
| | | \$ | \$ | |
| | | \$ | \$ | |
| | | \$ | \$ | |
| | | \$ | \$ | |
| TOTAL COMMUNITY ASSETS | | \$ | \$ | --- |

COMMUNITY LIABILITIES

| <i>Description</i> | <i>Petitioner Amount</i> | <i>Defendant Amount</i> | <i>Concur/ Traverse</i> |
|------------------------------------|--------------------------|-------------------------|-------------------------|
| | \$ | \$ | |
| | \$ | \$ | |
| | \$ | \$ | |
| | \$ | \$ | |
| | \$ | \$ | |
| | \$ | \$ | |
| | \$ | \$ | |
| | \$ | \$ | |
| | \$ | \$ | |
| | \$ | \$ | |
| | \$ | \$ | |
| TOTAL COMMUNITY LIABILITIES | \$ | \$ | |

PETITIONER'S REIMBURSEMENT CLAIMS

| <i>Description</i> | <i>Petitioner Amount</i> | <i>Defendant Amount</i> | <i>Concur/ Traverse</i> |
|-----------------------------------|--------------------------|-------------------------|-------------------------|
| | \$ | \$ | |
| | \$ | \$ | |
| | \$ | \$ | |
| | \$ | \$ | |
| | \$ | \$ | |
| | \$ | \$ | |
| | \$ | \$ | |
| | \$ | \$ | |
| TOTAL REIMBURSEMENT CLAIMS | \$ | \$ | |

DEFENDANT'S REIMBURSEMENT CLAIMS

| <i>Description</i> | <i>Petitioner Amount</i> | <i>Defendant Amount</i> | <i>Concur/ Traverse</i> |
|-----------------------------------|--------------------------|-------------------------|-------------------------|
| | \$ | \$ | |
| | \$ | \$ | |
| | \$ | \$ | |
| | \$ | \$ | |
| | \$ | \$ | |
| | \$ | \$ | |
| | \$ | \$ | |
| | \$ | \$ | |
| TOTAL REIMBURSEMENT CLAIMS | \$ | \$ | |

SIGNATURE

SWORN TO AND SUBSCRIBED before me this _____ day of _____,

20_____, at _____.

NOTARY PUBLIC