
(PETITIONER)

VERSUS

(DEFENDANT)

NO: _____ DIVISION _____

THE FAMILY COURT

PARISH OF EAST BATON ROUGE

STATE OF LOUISIANA

NOTICE OF LIMITED APPEARANCE

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 the resolution of the issues checked below by trial or settlement; and/or
_____ other: _____.

3. The attorney will serve as counsel of record for the client only for the following issues:
_____ DIVORCE: _____ Covenant; _____ No Fault 102; _____ No Fault 103 (1); _____ Adultery 103 (2); _____ Felony 103 (3); _____ Domestic Violence 103 (4) or (5).
_____ CHILD SUPPORT: _____ Establish; _____ Enforce; _____ Modify. *Describe:* _____
_____ SPOUSAL SUPPORT: _____ Establish; _____ Enforce; _____ Modify. *Describe:* _____
_____ PROTECTION FROM ABUSE. *Describe:* _____
_____ CHILD CUSTODY/VISITATION: _____ Establish; _____ Enforce; _____ Modify. *Describe:* _____
_____ PATERNITY/FILIATION: _____ Establish; _____ Disavowal; _____ Revocation. *Describe:* _____
_____ COMMUNITY PROPERTY. *Describe:* _____
_____ CONTEMPT OF COURT. *Describe:* _____
_____ OTHER. *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 using the following information:

CLIENT NAME: _____
STREET ADDRESS: _____
CITY, STATE, ZIP: _____
TELEPHONE: _____

6. The attorney's contact information is as follows:

ATTORNEY NAME: _____
STREET ADDRESS: _____
CITY, STATE, ZIP: _____
TELEPHONE: _____
FAX NUMBER: _____
EMAIL: _____

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.

ATTORNEY SIGNATURE

DATE

CLIENT 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 _____.

SIGNATURE

DATE