_____ PETITIONER

V.

_____ DEFENDANT

_____
Parent/Guardian name if defendant is a minor

_____ COURT

PARISH/CITY OF _____

STATE OF LOUISIANA

DIVISION: _____ NUMBER: _____

FILED: _____ CLERK: _____

CONFIDENTIAL ADDRESS FORM

TO BE USED WHEN PETITIONER DOES NOT WANT DEFENDANT TO 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 files this petition on behalf of:

a. ____ Petitioner, and/or

b. ____ Minor child(ren) as follows: (Name, Date of Birth, Relationship to Petitioner)

_____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

c. ____ Alleged incompetent: (Name, Date of Birth, Relationship to Petitioner)

_____ _____ _____

_____ _____ _____

Paragraph 2

Petitioner'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).