



Department of
**Children &
Family Services**

Building a Stronger Louisiana

IN THE BEST INTEREST OF THE CHILD

ACCESS AND VISITATION

FOR

NON-CUSTODIAL PARENTS

The objective of the State of Louisiana, Department of Children and Family Services Division of Programs, Child Support Enforcement Section, under the Access and Visitation Program, is the promotion of emotional, mental and physical well being of children in the state and to facilitate and encourage the duty, obligation and responsibility of each parent to share and participate in the upbringing of their child.

To foster this mandate, the Department of Children and Family Services has implemented a program to assist non-custodial parents in gaining access and visitation to their minor children through the courts.

RIGHTS AND RESPONSIBILITIES

- The central test for awarding visitation rights is what is in “the best interest of the child.”
- All non-custodial parents are entitled to access and visitation with their minor children, UNLESS THERE IS AN ALLEGATION OF ABUSE.
- Non-custodial parents who have a history of family violence or physical abuse toward the child or children may not be allowed visitation privileges and if allowed by the courts, only under supervised visitation.
- All access, visitation and contact between a parent and child is prohibited if that parent has been found guilty of sexual abuse.

- The Access and Visitation Program will not modify or enforce current or past interim visitation orders.
- This program is available only to those individuals who have an active case with the Child Support Enforcement Section.
- Failure to cooperate with the Access and Visitation Program will result in the closure of your case within 20 (twenty) days, but *only* as it relates to obtaining visitation. Your child support case will remain active.
- Any information that would permit identification of the parents will be held in strict confidence and will be used only by persons engaged in and for the purpose of Access and Visitation Program, except as required by law.
- After your application has been processed the Access and Visitation attorney will contact you for an appointment. Please bring the items available to you on the checklist for your appointment.

Checklist:

- Valid driver's license or state issued ID.
- Social Security Number.
- Divorce decree or judgment of child support.
- The children's birth certificates.
- Copy of any Temporary Restraining Orders.
- Copy of the Financial Summary Screen from your case with Child Support Enforcement (child support office).

ACCESS AND VISITATION PROGRAM APPLICATION

DATE _____ CASE NUMBER _____

Please indicate how you learned about the Access and Visitation Program by checking the appropriate box in referral type below:

- Referral Type:** **Self** **Court** **Child Support Agency**
 Domestic Violence Agency
 Child Protection Agency **Other**

Section A: Applicant's Information

Name of Applicant _____
Street Address _____ SS# _____
Mailing Address _____
City _____ State _____ Zip Code _____
Phone _____ DOB _____ Sex _____

Name of Employer _____
Street Address of Employer _____
Mailing Address _____
City _____ State _____ Zip Code _____
Phone _____

Please indicate your race and your current income level by checking the appropriate box below:

Race: Applicant

- | | |
|--|--------------------------------|
| <input type="checkbox"/> Am. Indian /Alaska Native | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> White |
| <input type="checkbox"/> Two or More Races | <input type="checkbox"/> Other |
| <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | |
| <input type="checkbox"/> Hispanic or Latino | |

Income: Applicant

- Less than \$10,000
- \$10,000 to \$19,999
- \$20,000 to \$29,999
- \$30,000 to \$39,999
- \$40,000 and above

Please indicate the race of the custodial parent by checking the appropriate box below:

Race: Custodial Parent

- Am. Indian /Alaska Native
- Black or African American
- Two or More Races
- Native Hawaiian or Other Pacific Islander
- Asian
- White
- Other

Please indicate the current relationship of the parents and your relationship to the child(ren) by checking the appropriate box below:

Relationship of Parents:

- Never married to each other
- Married to each other
- Separated from each other
- Divorced from each other

Relationship to the child(ren) Mother Father Other_____

Does the child(ren) live with you? Yes No

If not, where and with whom? _____

Name of Custodial Party: _____

Street Address _____

Mailing Address _____ SS# _____

City _____ State _____ Zip Code _____

Phone _____ DOB _____ Sex _____

Section B. Mother's Information (if other than applicant)

Please complete the following information on the mother if known:

Name _____

Street Address _____

Mailing Address _____ SS# _____
 City _____ State _____ Zip Code _____
 Phone _____ DOB _____ Sex _____
 Name of Employer _____
 Street Address of Employer _____
 Mailing Address _____ SS# _____
 City _____ State _____ Zip Code _____
 Phone _____ DOB _____ Sex _____

Section C. Father's Information (if other than applicant)

Please complete the following information on the father if known:

Name _____
 Street Address _____
 Mailing Address _____ SS# _____
 City _____ State _____ Zip Code _____
 Phone _____ DOB _____ Sex _____

Name of Employer _____
 Street Address of Employer _____
 Mailing Address _____ SS# _____
 City _____ State _____ Zip Code _____
 Phone _____ DOB _____ Sex _____

Section D. Child/Children's Information

1. First Child:

Name	Date of Birth	Address
Social Security #	Race	Sex

Current State of Residence _____

Is there an existing court order for visitation? Yes No

If yes, please list the court and docket number _____.
If yes, is the visitation order specific and reasonable? Yes No
Explain _____

2. Second Child

Name	Date of Birth	Address
Social Security #	Race	Sex

Current State of Residence

Is there an existing court order for visitation? Yes No
If yes, please list the court and docket number _____.
If yes, is the visitation order specific and reasonable? Yes No
Explain _____

3. Third Child

Name	Date of Birth	Address
Social Security #	Race	Sex

Current State of Residence

Is there an existing court order for visitation? Yes No
If yes, please list the court and docket number _____.
If yes, is the visitation order specific and reasonable? Yes No
Explain _____

4. Fourth Child

Name	Date of Birth	Address
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Social Security #

Race

Sex

Current State of Residence

Is there an existing court order for visitation Yes No

If yes, please list the court and docket number _____.

If yes, is the visitation order specific and reasonable? Yes No

Explain _____

I have read the above application and attest that the foregoing information is true and correct to the best of my knowledge and understanding. I understand that ANY allegation or history of domestic violence or abuse will result in my case being closed immediately as it pertains to the Access and Visitation Program. I further understand that failure to cooperate with the Access and Visitation Program will not have any impact on my child support case and that case will remain active. I understand that through this Program, the Child Support Enforcement Section's Access and Visitation Attorneys will not pursue enforcement or modification of a current or past visitation order. I understand that I have the right to obtain (at my own expense) legal counsel on the issue of custody and or visitation at any time. I further understand that the Support Enforcement Services' Access and Visitation Program attorneys represent the State of Louisiana in the best interest of the child and *DO NOT represent me*. I understand that submission of my application does not guarantee that the Access and Visitation Program will provide any service whatsoever other than to review your application for any possible action that can be taken by the Program.

Signature of Applicant _____

Date _____