AV-APP
Issued 06/22
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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 noncustodial 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.

ITEMS YOU WILL NEED:

- ☐ Valid Driver's License or State ID
- ☐ Social Security Number
- ☐ Birth Certificate for each child listed
- ☐ Divorce Decree or Judgment of Child Support
- ☐ Copy of Temporary Restraining Order
- ☐ Financial Summary from Child Support Case

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Office Use Only

Received Date:

ACCESS AND VISITATION PROGRAM APPLICATION

Application Date: _____ Case Number: _____

Please indicate how you learned about the Access and Visitation Program: (check below)

- ☐ Self
- ☐ Domestic Violence Agency
- ☐ Other: _____
- ☐ Child Support Agency
- ☐ Child Protection Agency

Section A. Applicant's Information

Please complete the following information:

Name: _____

Street Address: _____

City _____ State _____ Zip Code _____

Mailing Address _____

City _____ State _____ Zip Code

Phone _____ DOB _____ Sex _____

Email Address:

Name of Employer: _____

Street Address of Employer: _____

City _____ State _____ Zip Code _____

Mailing Address of Employer: _____

City _____ State _____ Zip Code _____

Phone _____

Race of the Applicant

- ☐ Am. Indian
- ☐ Black or African American
- ☐ Native American
- ☐ Other _____
- ☐ Asian
- ☐ Hispanic or Latino
- ☐ White

Income Range per Year (check one)

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

Your Relationship to the Children

- ☐ Mother
- ☐ Father
- ☐ Other (please explain): _____

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

If not, please provide information for where the child lives and who they live with?

Name: _____

Street Address: _____

City _____ State _____ Zip Code _____

Mailing Address _____

City _____ State _____ Zip Code

Phone _____

Section B. Mother's Information (If different from applicant)

Please complete the following information on the mother if known:

Name: _____

Street Address: _____

City _____ State _____ Zip Code _____

Mailing Address _____

City _____ State _____ Zip Code _____

Phone _____ DOB _____ Sex _____

Email Address: _____

Name of Employer: _____

Street Address of Employer: _____

City _____ State _____ Zip Code _____

Mailing Address of Employer: _____

City _____ State _____ Zip Code _____

Phone _____

Section C. Father's Information (If different from applicant)

Please complete the following information on the father if known:

Name: _____

Street Address: _____

City _____ State _____ Zip Code _____

Mailing Address _____

City _____ State _____ Zip Code _____

Phone _____ DOB _____ Sex _____

Email Address: _____

Name of Employer: _____

Street Address of Employer: _____

City _____ State _____ Zip Code _____

Mailing Address of Employer: _____

City _____ State _____ Zip Code _____

Phone _____

Section D. Child/Children's Information

Child 1:

Name: _____ Date of Birth: _____

Social Security Number _____ Race: _____

Current State of Residence _____

Relationship of parents when child was born
☐ Never Married to each other ☐ Married to each other
☐ Separated from each other ☐ Divorced from each other

Is the father listing on the birth certificate? ☐ Yes ☐ No

Is there an existing court order for visitation? ☐ Yes ☐ No

If yes, please list the court and docket number

Court _____ Docket# _____

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

Explain:

Child 2:

Name: _____ Date of Birth: _____

Social Security Number _____ Race: _____

Current State of Residence _____

Relationship of parents when child was born
☐ Never Married to each other ☐ Married to each other
☐ Separated from each other ☐ Divorced from each other

Is the father listing on the birth certificate? ☐ Yes ☐ No

Is there an existing court order for visitation? ☐ Yes ☐ No

If yes, please list the court and docket number

Court _____ Docket# _____

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

Explain:

Child 3:

Name: _____ Date of Birth: _____

Social Security Number _____ Race: _____

Current State of Residence _____

Relationship of parents when child was born
☐ Never Married to each other ☐ Married to each other
☐ Separated from each other ☐ Divorced from each other

Is the father listing on the birth certificate? ☐ Yes ☐ No

Is there an existing court order for visitation? ☐ Yes ☐ No

If yes, please list the court and docket number

Court _____ Docket# _____

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

Explain:

Child 4:

Name: _____ Date of Birth: _____

Social Security Number _____ Race: _____

Current State of Residence _____

Relationship of parents when child was born ☐ Never Married to each other ☐ Married to each other ☐ Separated from each other ☐ Divorced from each other

Is the father listing on the birth certificate? ☐ Yes ☐ No

Is there an existing court order for visitation? ☐ Yes ☐ No

If yes, please list the court and docket number

Court _____ Docket# _____

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

Explain:

SIGNATURE OF APPLICANT

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