

STATE OF LOUISIANA
DEPARTMENT OF CHILDREN
AND FAMILY SERVICES
SUPPORT ENFORCEMENT

CASE _____
DIVISION: NON-SUPPORT
16TH JUDICIAL DISTRICT
ST. MARTIN PARISH

CONCERNING THE CHILDREN OF _____

LASES _____

NOTICE OF APPEAL

I, _____ do hereby state that I am appealing the non-support case which was heard on _____ in the Parish of St. Martin before Maggie Simar, Administrative Hearing Officer.

I hereby certify that this appeal was filed in the St. Martin Parish Clerk of Court's Office within (5) business days of the hearing I am requesting to appeal.

Grounds for appeal:

_____ involuntary unemployment	_____ change in custody/visitation
_____ increase/decrease of income	_____ adding/dropping medical insurance
_____ change in child care costs	_____ extraordinary medical expenses
_____ extraordinary expenses for child	
_____ other (describe) _____	

RESPECTFULLY SUBMITTED BY _____ ON _____

ORDER

IT IS HEREBY ORDERED that a hearing in this matter be fixed on the ____ day of _____ 20____ at _____ A.M. in St. Martin Parish before Judge _____.

THUS DONE, ORDERED AND SIGNED at St. Martinville, St. Martin Parish, Louisiana on this ____ day of _____ 20_____.

DISTRICT JUDGE

Please serve:

