

AFFIDAVIT OF CHILD(REN)’S PHYSICAL  
PRESENCE IN THE CARETAKER’S HOME

AFFIDAVIT

I \_\_\_\_\_ , the undersigned affiant do hereby certify and affirm that I am the  
Name of Affiant  
Caretaker of the minor child(ren) named below;

That I am the applicant/recipient of support enforcement services on behalf of the minor child(ren) whose  
Name(s) appear(s) below;

That I have requested that the Department of Children and Family Services, Child Support Enforcement Section  
(DCFS, CSE) secure a court order to authorize the child support payments that are due and payable by the  
obligor and/or the obligee on behalf of the minor child(ren) whose name(s) appear(s) below to be redirected to  
me, the affiant, on behalf of the minor child(ren);

That I do hereby further certify and affirm that the minor child(ren) whose name(s) appear(s) below  
have been **physically** residing with me in my residence since \_\_\_\_\_ , \_\_\_\_\_  
located in the parish/county of \_\_\_\_\_ state of \_\_\_\_\_ .

Name(s) of Children	Date of Birth

I solemnly swear or affirm that the foregoing statements are true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
SIGNATURE OF AFFIANT

\_\_\_\_\_  
PRINT NAME OF AFFIANT

SUBSCRIBED AND SWORN TO BEFORE ME ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ .  
AT \_\_\_\_\_ , LOUISIANA.

\_\_\_\_\_  
PRINT NAME OF ATTORNEY OR NOTARY PUBLIC

\_\_\_\_\_  
SIGNATURE OF ATTORNEY OR NOTARY PUBLIC

\_\_\_\_\_  
NOTARY NUMBER OF NOTARY PUBLIC OR  
BAR ROLL NUMBER OF ATTORNEY

MY COMMISSION EXPIRES: \_\_\_\_\_