(Letterhead, or name of qualified third party and, if applicable, the name of their shelter, office or agency)

            I and/or my (family or household member) have suffered domestic abuse as defined in R.S. 9:3261.1.

            Briefly describe the incident giving rise to the claim of domestic abuse:

            The incident(s) that I rely on in support of this declaration occurred on the following date(s) and time(s): *Date and time*

The incident occurred at the following location(s): *Location*

            The incident(s) that I rely on in support of this declaration was/were committed by the following person(s), if known: *Name of abuser*

            I state under penalty of perjury under the laws of the state of Louisiana that the foregoing is true and correct. By submitting this statement I do not waive any legally recognized privilege protecting any communications that I may have with the agency or representative whose name appears below or with any other person or entity. I understand that my obligation to pay rent does not end until the early termination date of my lease as decided by the lessor or until I vacate the premises upon receiving agreement by the lessor to terminate my obligations under the lease early. I understand that my lessor may keep my security deposit or other amounts as permitted under law.

            Dated at *Parish*, Louisiana, this X day of 20XX.

            (Signature of Lessee or Lessee's family or household member)

            PRINTED NAME

            I verify under penalty of perjury under the laws of the state of Louisiana that I have provided services to the person whose signature appears above and that, based on information communicated to me by the person whose signature appears above, the individual or his or her family or household member has suffered domestic abuse as defined by R.S. 9:3261.1, and that the individual informed me of the name of the alleged perpetrator of the actions, giving rise to the claim, if known. This verification does not waive any legally recognized privilege that I, my agency, or any of its representatives have with the person whose signature appears above.

            Dated this day of X, 20XX.

           (Signature of qualified third party)

            PRINTED NAME

            (License number or organizational tax identification number)

            (Organization name)

            (Printed address)