WWW.ORLEANSCIVILDISTRICTCOURT.ORG

APPLICATION FOR RULE FOR POSSESSION OF PREMISES

EVICTIONS DIVISION

FIRST CITY COURT ~ PARISH OF ORLEANS, STATE OF LOUISIANA 421 LOYOLA AVENUE, ROOM 201 ~ NEW ORLEANS, LA. 70112

Telephone: (504) 407-0400 MUST BE TYPED OR PRINTED

Also, visit <u>www.orleanscivildistrictcourt.org</u> for information.

Plaintiff: (Landlord or Property O	wner)	,	WOST BE	TIPED OR PRINTED	
Full Name		Street Address			
Full Name		City, State, Zip			
		Landlord/Owner Phone Number (above)			
Defendant(s): (Tenant(s) being evidence	cted)	Landlord/Owner Email Address (above)			
Full Name		Street Address (Eviction Address) New Orleans, LA. (ZIP CODE)			
Full Name		TENANT'S PHONE NUMBER:			
Full Name		Check One: Residential Commercial			
Person Filing: (Choose One) Same as Plaintiff (Skip	to next section) Owner	Attorney	Agent Other	
Full Name		City, State, Zip			
Street Address		Phone			
Information on evictions Is there a written lease in effect?		IF YOU NEED TO COI	NTACT THE CO	<u>URT</u>	
Is there a written lease in effect? Yes - Lease must be filed.	Section 'A' Section 'B'	9 1			
No REASON(S) FOR EVICTION: For AMER	Section 'C' Section 'D' ICAN WITH DISABIL	Judge Veronica F Judge Ernestine T ITIES ACT (ADA) accom	lenry Frahan modation reque	504-407-0360 504-407-0431 ests, contact Ambrose Pratt a	
OWNER WANTS POSSESSION MANDATORY (if the information below	DUE TO NON v is not provided,	I-PAYMENT OF the Rule For Posses	RENT. sion may be <u>di</u>		
Total Owed: \$	Date Beginning	Number of rent period(s) late: g: Date Ending:			
Court Fees Owed: \$ DEFENDANT VIOLATED LEAS Please provide specific provision a	SE PROVISIO	. ,			
* IF YOU NEED ADDITIONAL S LEASE HAS EXPIRED AND/O defendant in rule herein has been notifie * IF THE LEASE HAS EXPIRED, TH Select if applicable: Lease attached Five day notice waived (lease must	R OWNER W. ed to vacate acco	ANTS POSSESS ording to law. (Market Be FILED WITH The Is this	ION OF THat y require 10	TE PREMISES. The days or more notice). OR POSSESSION.	
		Date Filed:			
Print Name – Person Filing	NOTICE: FACE COVERINGS/MASKS ARE REQUIRED. AMERICANS WITH DISABILITIES ACT (ADA)				
Signature of Filer				odation, contact Mr. re your court date.	