

Certification Letter for Victim of  
Family Violence for Waiver of Initial Utility Deposit

This letter serves to certify that \_\_\_\_\_ (Name of Applicant for Service) is a victim of family violence as defined in La. R.S. 46:2121.1, and therefore has demonstrated satisfactory credit for the purposes of establishing service.

Requirement of initial deposit must be waived for the above named customer.

The following Certifying Entity has determined that the above named Applicant is a victim of family violence as defined in La. R.S. 46:2121.1. (Only one certifying entity is required.)

Family Violence Program (Agency name): \_\_\_\_\_

Treating Medical Personnel (Name of clinic/ hospital): \_\_\_\_\_

Law Enforcement Personnel (Specify division): \_\_\_\_\_

Office of Attorney General (Specify division): \_\_\_\_\_

Office of a Louisiana District Attorney (Specify division): \_\_\_\_\_

**By my signature I certify that the above named Applicant has been determined to be a victim of family violence as defined in La. R.S. 46:2121.1 and I am qualified to make that determination.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name: \_\_\_\_\_

Job Title: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Title of Supervisor: \_\_\_\_\_

This form expires ninety (90) days from the date of the signature of the certifying individual.