

## **Constable - Sworn Financial Statement**

Name:
Ward/District: Parish:
Physical Address:
Telephone: Email:
This annual sworn financial statement is required to be filed by March 31 with the Legislative Auditor by sending a pdf copy by email to <a href="mailto:ereports@lla.la.gov">ereports@lla.la.gov</a> , by fax to 225-339-3986 or by mailing to Louisiana Legislative Auditor – Local Government Services, P.O. Box 94397, Baton Rouge, LA 70804-9397.
AFFIDAVIT
Personally came and appeared before the undersigned authority, Constable (your name), who, duly sworn, deposes and says that the financial statement herewith given presents fairly the financial position of the Court of Parish, Louisiana, as of December 31,, and the results of operations for the year then ended, on the cash basis of accounting.
In addition, (your name), who, duly sworn, deposes and says that the Constable of Ward/District Parish of received \$200,000 or less in revenues and other
sources for the year ended December 31,, and accordingly, is required to
provide a sworn financial statement and affidavit and is not required to provide
for a compilation report for the previously mentioned fiscal year.
CONSTABLE SIGNATURE
Sworn to and subscribed before me, this day of,
NOTARY PUBLIC SIGNATURE

Under provisions of state law, this report is a public document. A copy of this report will be submitted to the Governor, to the Attorney General, and to other public officials as required by state law. A copy of this report will be available for public inspection at the Baton Rouge office of the Louisiana Legislative Auditor and online at www.lla.la.gov.

Revised: 03/2023



## Constable - Sworn Financial Statement/Compensation Schedule

Year:	Name:	Ward/District:	Parish:	
			Amount General	Amount Garnishments
Enter the a	supplemental Report mount of your State/Parish Sala	ary from Constable 2 form to the Legislative Auditor)	<u>oeneral</u>	Garrisimients
	cted any garnishments, enter th	· ,	<del></del>	
	cted any other fees as constable			
·	•	aid them to you, enter the amount		
If the paris		to the Attorney General for you,		
If you paid for them,	• •	General and you were reimbursed nce-related travel expenses)		
	cted any other receipts as const red expenses, per diem) describ			
Туре	of receipt			
Туре	of receipt			
Expenses  If you colled you paid to	cted any garnishments, enter th	ne amount of garnishments		
If you have	employees, enter the amount y	you paid them in salary/benefits	- <del></del> -	
	any travel expenses as constabl amount paid	e (including travel that was reimbursed),		
If you had a	any office expenses such as ren nt paid	t, utilities, supplies, etc., enter		
If you had a	any other expenses as constable	e, describe them and enter the amount		
Туре	of expense			
Туре	of expense			
remaining o	es have any cash left over after cash is normally kept by the con	paying the expenses above, the stable as his/her salary. If you have be your salary, please describe below.		
Constables associated	with their Constable office. If y	• Other Disclosures ets, receivables, debt, or other disclosures ou do have fixed assets, receivables, debt deral regulations, please describe below.		

Revised 03/2023