

## Louisiana Electronic Event Registration System

**ADMINISTRATIVE**

For Vital Records Use Only
Date Received: __ / __ / ____
Date Created: __ / __ / ____
User ID: _____

# USER ID REQUEST FORM

## DIVORCE MODULE

**All Fields are required to complete Registration**

### SECTION 1 - USER INFORMATION

Last Name: <input style="width: 95%;" type="text"/>	First Name: <input style="width: 95%;" type="text"/>	Middle: <input style="width: 95%;" type="text"/>
Job Title: <input style="width: 100%;" type="text"/>		
Phone: <input style="width: 95%;" type="text"/>	Extension: <input style="width: 95%;" type="text"/>	Email:* <input style="width: 95%;" type="text"/>
<b>User Is:</b>		
Check certifier if this user is authorized to certify records: <input type="checkbox"/> <b>CERTIFIER</b>		
<input type="radio"/> VR CENTRAL OFFICE	<input type="radio"/> DEPUTY CLERK OF COURT	<input type="radio"/> OTHER (Specify Below:)
<input type="radio"/> CLERK OF COURT	<input type="radio"/> COURT CLERK	<input style="width: 100%;" type="text"/>

*\* This email will be used to send password information, Personal Identification Number (PIN) (where relevant) and other LEERS related communication to the user named in Section I.*

### SECTION 2 - FACILITY INFORMATION

Facility Name: <input style="width: 95%;" type="text"/>		
Type of Facility (e.g., Clerk of Court): <input style="width: 95%;" type="text"/>		
Street Address: <input style="width: 95%;" type="text"/>		
Parish <input style="width: 95%;" type="text"/>	City/Town: <input style="width: 95%;" type="text"/>	Zip Code <input style="width: 95%;" type="text"/>

## **SECTION 3**

### **User Agreement for LEERS Divorce Registration**

The undersigned understands and agrees that use of this system falls under the Louisiana Department of Health (LDH). The undersigned also agrees to abide by the User Agreement and understands that non-compliance with any part of this agreement may constitute grounds for termination of the agreement and access to LEERS. This agreement allows the user access to LEERS and will be reviewed annually for compliance. Otherwise, it is effective until terminated.

**Please read through this User Agreement thoroughly and follow the instructions. Applications are processed in the order they are received. If you have any questions please contact the LEERS Help Desk at (504) 593-5101 or [LEERS@la.gov](mailto:LEERS@la.gov)**

This agreement is between the Louisiana Department of Health (LDH) and its predecessor agencies, and the user completing this agreement. This agreement sets forth the expectations for access to and use of the Louisiana Electronic Event Registration System in registering divorce records. The terms "facility" include Clerks of Court offices using the LEERS program.

The user must complete this User Agreement and User ID Request Form before access to the LEERS program will be given.

**The user will not disclose their assigned user ID or password to another individual. The user will not allow another user access to LEERS through their account.**

Each user is responsible for all activity which occurs under the auspices of their user ID.

The user provided access to LEERS must comply with the "LDHIT Network Security Standards and Procedures" as provided by LDH at the signing of this agreement.

<http://www.dhh.louisiana.gov/offices/miscdocs/docs-252/LEERS/LA%20DHIT%20Network%20Security%20Standards%20and%20procedures.pdf>

The user will not use or disclose any information contained in the LEERS program except to fulfill their obligations as an employee of stated facility or as required by applicable law.

User agrees to enter and register divorce reports in accordance with Louisiana Revised Statutes (LA RS 40:57).

LDH will provide technical assistance for LEERS.

Failure to comply with the User Agreement Requirements may result in **termination** of the agreement and access to LEERS.

## SECTION 4 - SIGNATURES

### SUPERVISOR STATEMENT

*(Not required if the user mentioned in Section 1 is a Clerk of Court)*

I do hereby certify that I have discussed this agreement with the above named user and have explained that execution of this form is: (1) necessary for compliance with state and federal confidentiality guidelines, (2) Mandatory in order to perform functions of the user's position.

Phone Number:

Supervisor's Name (Print)

Date

Supervisor's Signature

### USER STATEMENT

I certify that I have read and understand the User Agreement for LEERS. I agree to abide by this policy.

User's Name (Print)

Date:

User Signature

Submit this form by clicking the print button and obtaining signatures, then fax to: (504) 593-5916  
Attn: LEERS Program or email to [LEERS@la.gov](mailto:LEERS@la.gov)

Your User ID, password, temporary PIN (if applicable) will be emailed to the address provided on this form when your User ID is activated.