

32ND JUDICIAL DISTRICT COURT FOR THE PARISH OF TERREBONNE

STATE OF LOUISIANA

NO: 175061

DIVISION: \_\_\_\_\_

STATE OF LOUISIANA-DIVISION OF ADMINISTRATION,  
OFFICE OF COMMUNITY DEVELOPMENT,  
DISASTER RECOVERY UNIT –  
HAZARD MITIGATION GRANT PROGRAM

VS.

DANIEL R. LIVINGSTON

---

**PETITION FOR DECLARATORY JUDGMENT AND FOR  
JUDGMENT TO RECOVER HAZARD MITIGATION  
GRANT PROGRAM FUNDS**

NOW INTO COURT, through undersigned counsel, comes Petitioner, the State of Louisiana, Office of Community Development, Disaster Recovery Unit - Hazard Mitigation Grant Program (hereinafter "HMGP"), which respectfully files this Petition for Declaratory Judgment and for Judgment to Recover Hazard Mitigation Grant Program Funds. In support, HMGP respectfully represents:

1.

The Defendant in this case is Daniel R. Livingston, a major domiciliary of Terrebonne Parish, who voluntarily participated in HMGP to mitigate his home after Hurricane Katrina.

2.

HMGP is a mitigation program funded by FEMA and is administered by the State of Louisiana, the grantee. HMGP assists homeowners whose homes were damaged as a result of Hurricanes Katrina and Rita. It also helps homeowners in coastal Louisiana protect their homes from damage, which may occur in future natural disasters, by elevating their homes, reconstructing safer structures, or installing individual mitigation measures. The State of Louisiana serves as the funding vehicle by which FEMA funds are awarded to eligible homeowners.

3.

Defendant executed a Voluntary Participation Agreement (hereinafter "VPA") on July 23, 2010 to participate in HMGP and to receive an HMGP grant. Defendant also agreed to comply with all HMGP guidelines, which includes using HMGP funds for their intended purpose. *Exhibit A.*

4.

FEMA Grant Funds in the amount of \$27,578.40 (hereinafter "FEMA Grant Funds") were paid to Defendant by HMGP on or about February 11, 2011 for the specific purpose of Elevation

Measures (hereinafter "Elevation") at his home located at 104 Pellegrain Street, Chauvin, LA 70344. *Exhibit B*.

5.

Photographs dated May 21, 2015 show that although the FEMA Grant Funds were received, Defendant's home was not elevated. *Exhibit C (in globo)*.

6.

Four (4) separate collection letters were mailed to Defendant at 104 Pellegrain Street, Chauvin, LA 70344, which was the address submitted by Defendant when he applied for the HMGP grant. The first letter dated November 25, 2013 was sent by Certified Mail 7012 3050 0001 2091 0128 and informed Defendant that the FEMA Grant Funds had to be returned to the State of Louisiana. Said letter was delivered and the Return Receipt was signed by Defendant on November 29, 2013. *Exhibit D (in globo)*.

7.

The second letter dated December 13, 2013 was sent by Certified Mail 7011 1150 0001 2125 3602 and delivered on December 16, 2013. *Exhibit E (in globo)*.

8.

The third letter dated February 5, 2015 was sent by Certified Mail 7014 2120 0000 5792 5218. Said letter was delivered and the Return Receipt was signed on February 7, 2015. *Exhibit F (in globo)*.

9.

The fourth letter dated April 13, 2015 was sent by Certified Mail 7014 0510 0001 1416 7808. Said letter was marked "Refused" and returned to HMGP. *Exhibit G (in globo)*.

10.

Defendant has failed to respond to the letters and has failed to return the funds to the State.

11.

Defendant's failure to return the FEMA Grant Funds has resulted in Defendant owing to HMGP the FEMA Grant Funds, which must be recovered by HMGP, the State program charged with distributing FEMA funds for mitigation projects.

12.

HMGP must account to FEMA for all funds issued to homeowners. Failure of HMGP to recover the FEMA Grant Funds from Defendant will result in reimbursement to FEMA being required by the State of Louisiana.

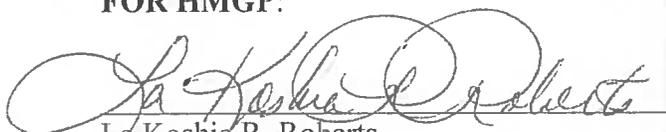
HMGP requests that the debt of \$27,578.40, owed by Daniel R. Livingston to HMGP, be recognized and that judgment in favor of HMGP be granted, directing Defendant to return and pay the FEMA Grant Funds to the State, in full.

**ALL PREMISES CONSIDERED, WHEREFORE, HMGP PRAYS:**

- a. That this Honorable Court declare that Defendant, Daniel R. Livingston, is non-compliant with the Voluntary Participation Agreement signed by him;
- b. That this Honorable Court declare that Defendant, Daniel R. Livingston, is indebted to HMGP in the amount of \$27,578.40 because of his failure to elevate his home according to his agreement to abide by HMGP guidelines, including using HMGP funds for their intended purpose;
- c. That Defendant, Daniel R. Livingston, be ordered to return the \$27,578.40 HMGP grant to HMGP, in full;
- d. That there be judgment rendered herein in favor of HMGP and against Defendant, Daniel R. Livingston, in the full sum of \$27,578.40;
- e. That Defendant, Daniel R. Livingston, be assessed all costs and fees associated with this matter; and
- f. That the Court grant such other relief as is just and proper.

Respectfully submitted:

**FOR HMGP:**



La Koshia R. Roberts  
Bar Roll No. 26715  
State of Louisiana, through  
its Division of Administration  
2021 Lakeshore Drive, Suite 100  
New Orleans, Louisiana 70122  
Telephone: (504) 284-4022  
Facsimile: (504) 284-4091  
LaKoshia.Roberts@la.gov

**PUBLIC ENTITY/FEE EXEMPT  
(La.R.S. 13:4521 and 13:5112)**

T. Randolph Richardson (Special Counsel)  
Bar Roll No. 11245  
Law Office of T. Randolph Richardson  
1010 Common Street, Suite 3000  
New Orleans, LA 70112  
Phone: 504-212-4163  
Fax: 504-581-7083  
Email: trichar994@aol.com

**PLEASE SERVE:**

**DANIEL R. LIVINGSTON  
104 PELLEGRIN STREET  
CHAUVIN, LA 70344**

**FILED**

**JUL 27 2015**

**S/ KAREN L. PICOU**

Deputy Clerk of Court  
Parish of Terrebonne, LA

32<sup>ND</sup> JUDICIAL DISTRICT COURT FOR THE PARISH OF TERREBONNE

STATE OF LOUISIANA

NO: 175061

DIVISION: \_\_\_\_\_

STATE OF LOUISIANA-DIVISION OF ADMINISTRATION,  
OFFICE OF COMMUNITY DEVELOPMENT,  
DISASTER RECOVERY UNIT –  
HAZARD MITIGATION GRANT PROGRAM

VS.

DANIEL R. LIVINGSTON

---

VERIFICATION

CONSIDERING THE FOREGOING PETITION FOR RECOVERY OF HAZARD  
MITIGATION GRANT PROGRAM FUNDS:

I, CRAIG P. TAFFARO, JR., Director of the State of Louisiana's Hazard Mitigation Grant Program, declare under penalty of perjury that the representations made in the foregoing Petition are true and correct to the best of my knowledge, belief and understanding.

THUS DONE ON THIS 22<sup>nd</sup> DAY OF July 2015 IN NEW ORLEANS,  
LOUISIANA.

  
\_\_\_\_\_  
Craig P. Taffaro, Jr.

  
\_\_\_\_\_  
La Koshia Reconda Roberts

Notary Public  
Bar Roll No. 26715  
My Commission expires at death.

**FILED**

**JUL 27 2015**

**AS/ KAREN L. PICOU**

Deputy Clerk of Court  
Parish of Terrebonne, LA

**OCD-DRU  
HAZARD MITIGATION PROGRAM  
VOLUNTARY PARTICIPATION AGREEMENT (VPA)**

*Complete and return this form by mail to:*  
OCD-DRU HMGP Program  
P.O. Box 5098  
Baton Rouge, LA 70821-5098

**SECTION 1: Mitigation ELECTION (check one)**

- I/We have sold the home that was damaged during the storm and therefore will not be participating in the OCD-DRU HMGP Award Program.
- I/We am not interested in receiving an OCD-DRU HMGP Award
- IF YOU CHECKED EITHER OF THE ABOVE: SIGN BELOW AND RETURN THIS FORM, OTHERWISE CONTINUE.**

Applicant or Co-Applicant NAME	Applicant or Co-Applicant SIGNATURE	Date
Applicant or Co-Applicant NAME	Applicant or Co-Applicant SIGNATURE	Date
Home Phone: ( )	Cell Phone: ( )	
Are you signing as an agent with Power of Attorney (POA) for an applicant? YES NO If signing as agent with Power of Attorney:		
Agent NAME (person with POA)	Agent SIGNATURE	Date

I/WE AM/ARE INTERESTED IN RECEIVING AN OCD-DRU HMGP AWARD. IF YOU CHECK THIS BOX, YOU NEED TO MEET ALL CRITERIA IN SECTION 2.

**SECTION 2: PROGRAM ELIGIBILITY**

A homeowner must meet ALL of the following criteria to be considered for the OCD-DRU HMGP Award:

- a. Applicant is eligible for Road Home Program benefits as part of the Homeowner Assistance Program. (NOTE: Even if a homeowner received a zero award letter from Road Home, that homeowner may still be eligible for money through the OCD-DRU HMGP.
- b. Homeowner selected *Road Home* Option 1 - "Keep Our Home".
- c. Homeowner still owns the home that was eligible for *Road Home* benefits.
- d. The structure is located in a FEMA designated ABFE area or the mitigation activity is deemed cost beneficial according to FEMA guidelines. (IMMs are not required to undergo a cost benefit analysis since FEMA has determined all IMMs to be globally cost beneficial for this grant.
- e. Homeowner agrees to comply with all OCD-DRU HMGP guidelines.

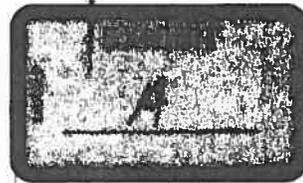
Page 1 of 2

**FILED**

**JUL 27 2015**

**MS/ KAREN L. PICOU**

Deputy Clerk of Court  
Parish of Terrebonne, LA



SECTION 3: I AM INTERESTED IN PARTICIPATING IN THE FOLLOWING PROGRAM/S:

Pilot Reconstruction       Elevation       Individual Mitigation Measures (IMM)

SECTION 4: VPA STATEMENT OF COMPLIANCE

This Agreement of Voluntary Participation is made on 7-30-2010 (date). I/We are the owner of the following property, eligible for Road Home assistance and damaged by Hurricane Katrina and/or Rita at the following municipal address:

507 MARGARET ST. HOUMA TERRIBONNE 70360 (the "Property").  
Street                                      City                                      Parish                                      ZIP

I/We currently plan to participate in the OCD-DRU HMGP Award program. I/We understand that the installation of approved mitigation measures at this property with an OCD-DRU HMGP Award is:

- Voluntary in nature;
- That I/We are under no obligation to participate;
- That I/We may drop out of the program at any time before receiving an award;
- That the program reimburses cost of mitigation measures, homeowner must complete measures and request reimbursement from OCD-DRU's HMGP;
- Due to limited funding, IMM will be serviced on a "first come, first serve" basis until all funding is exhausted.

I/We understand before cost will be reimbursed that I/We must sign an OCD-DRU HMGP Covenant.

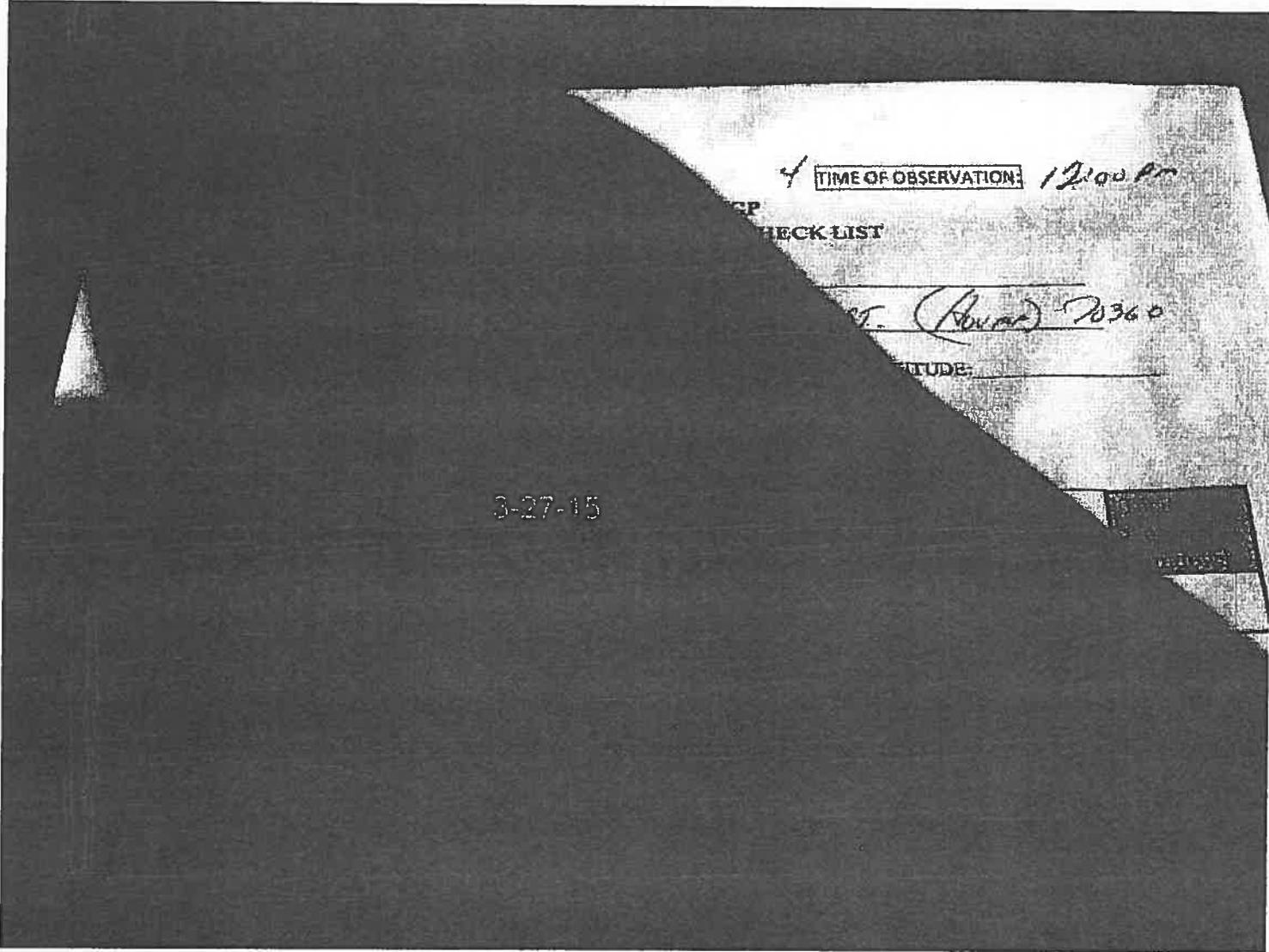
Patricia Payne                                      Patricia Payne                                      \* 7-30-10  
Applicant or Co-Applicant NAME                                      Applicant or Co-Applicant SIGNATURE                                      Date

\_\_\_\_\_  
Applicant or Co-Applicant NAME                                      Applicant or Co-Applicant SIGNATURE                                      Date

Are you signing as an agent with Power of Attorney (POA) for an applicant? YES NO If signing as agent with Power of Attorney:

\_\_\_\_\_  
Agent NAME (person with POA)                                      Agent SIGNATURE                                      Date





4 TIME OF OBSERVATION: 12:00 PM

CHECK LIST

70360

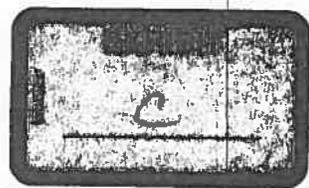
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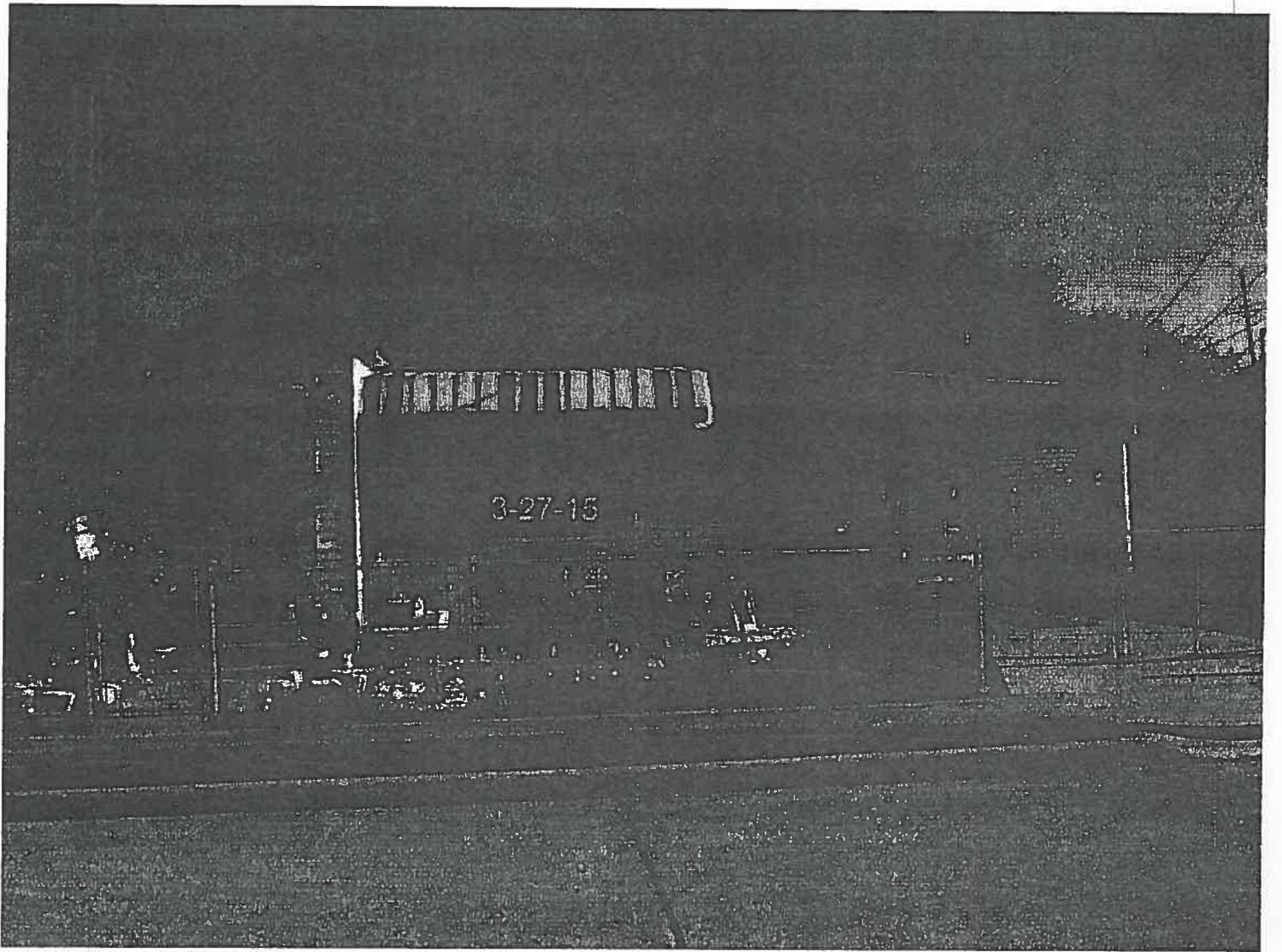
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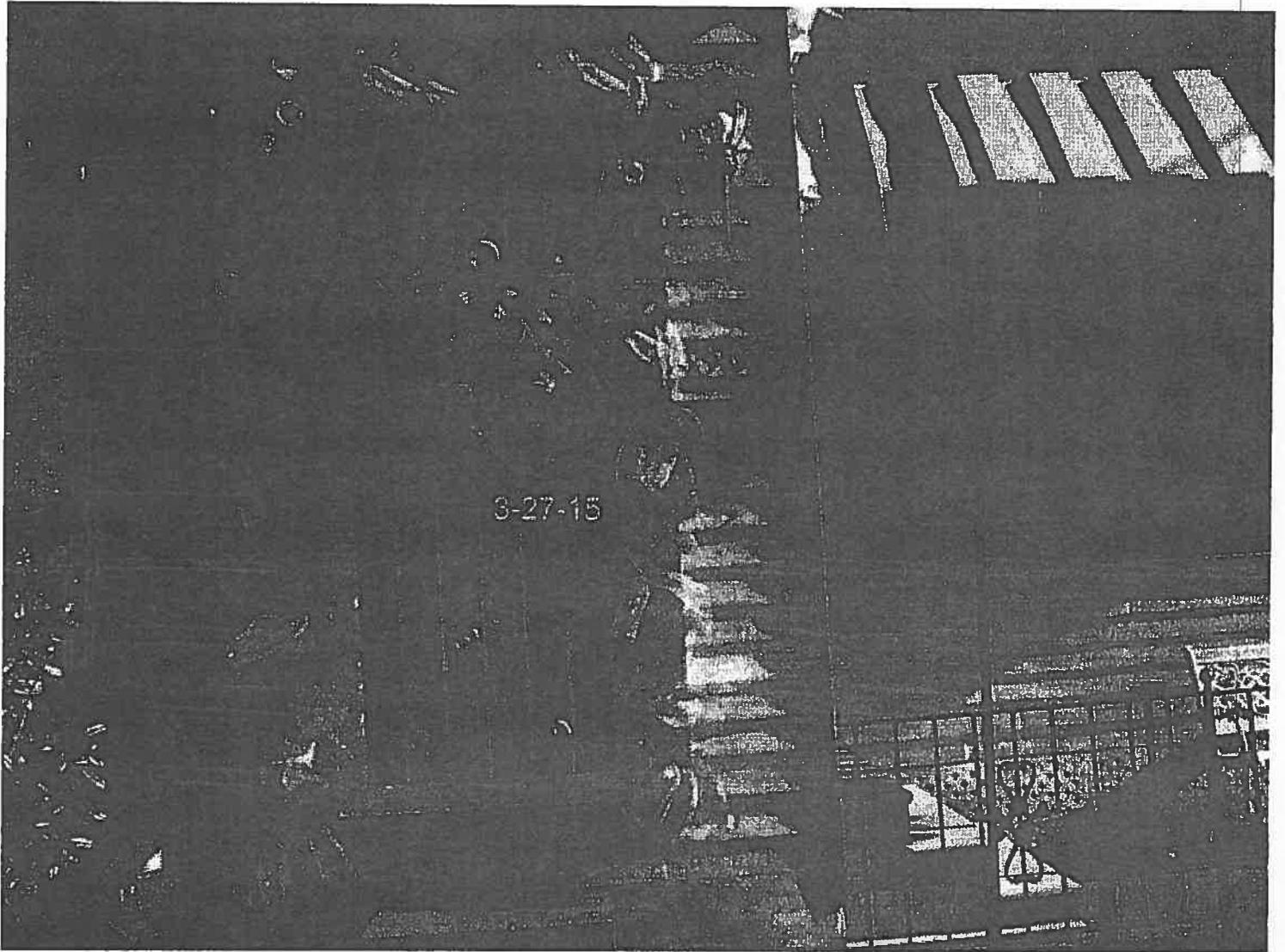
**FILED**

**JUL 27 2015**

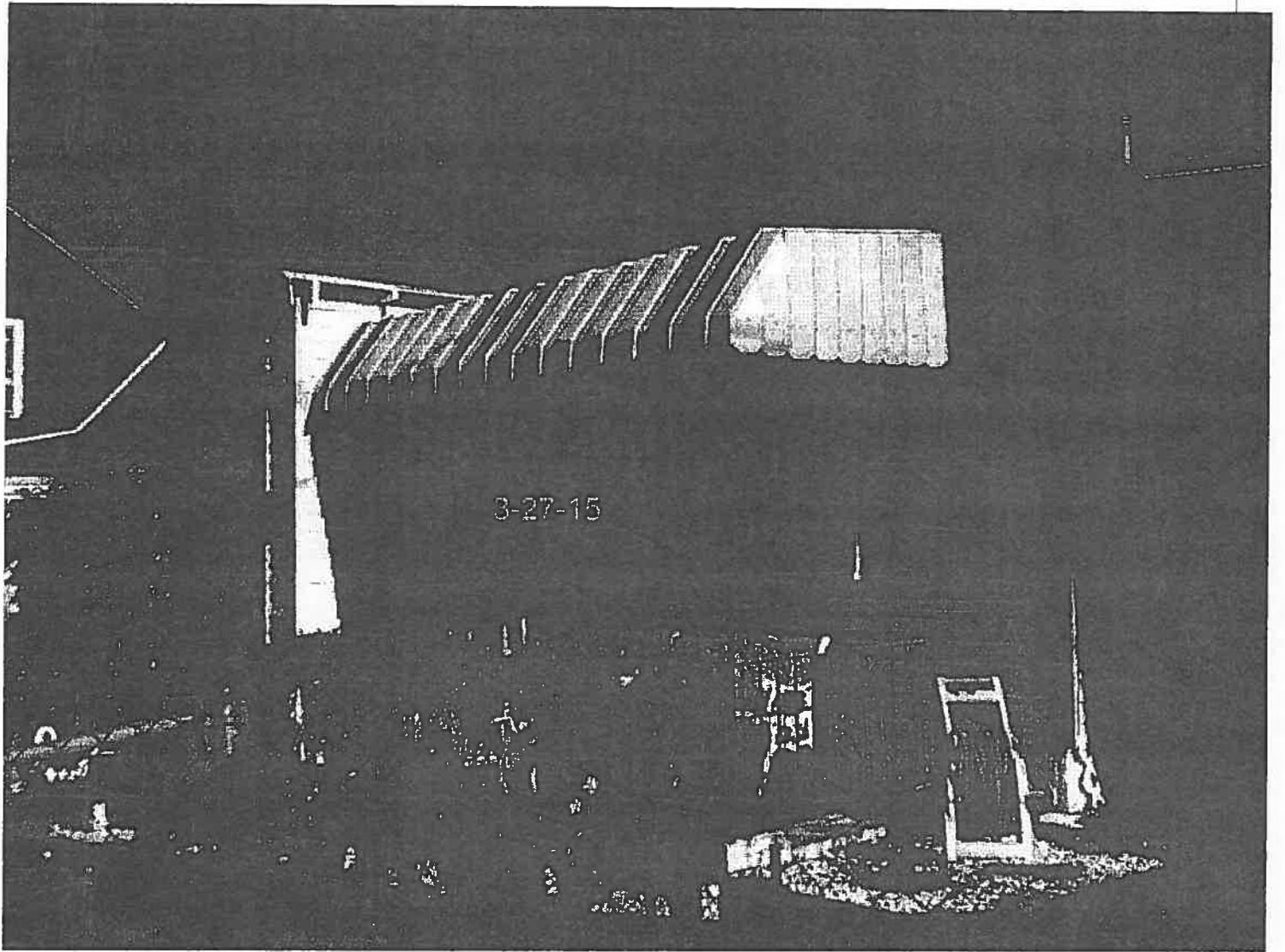
~~AS/ KAREN L. PICOU~~  
Deputy Clerk of Court  
Parish of Terrebonne, LA

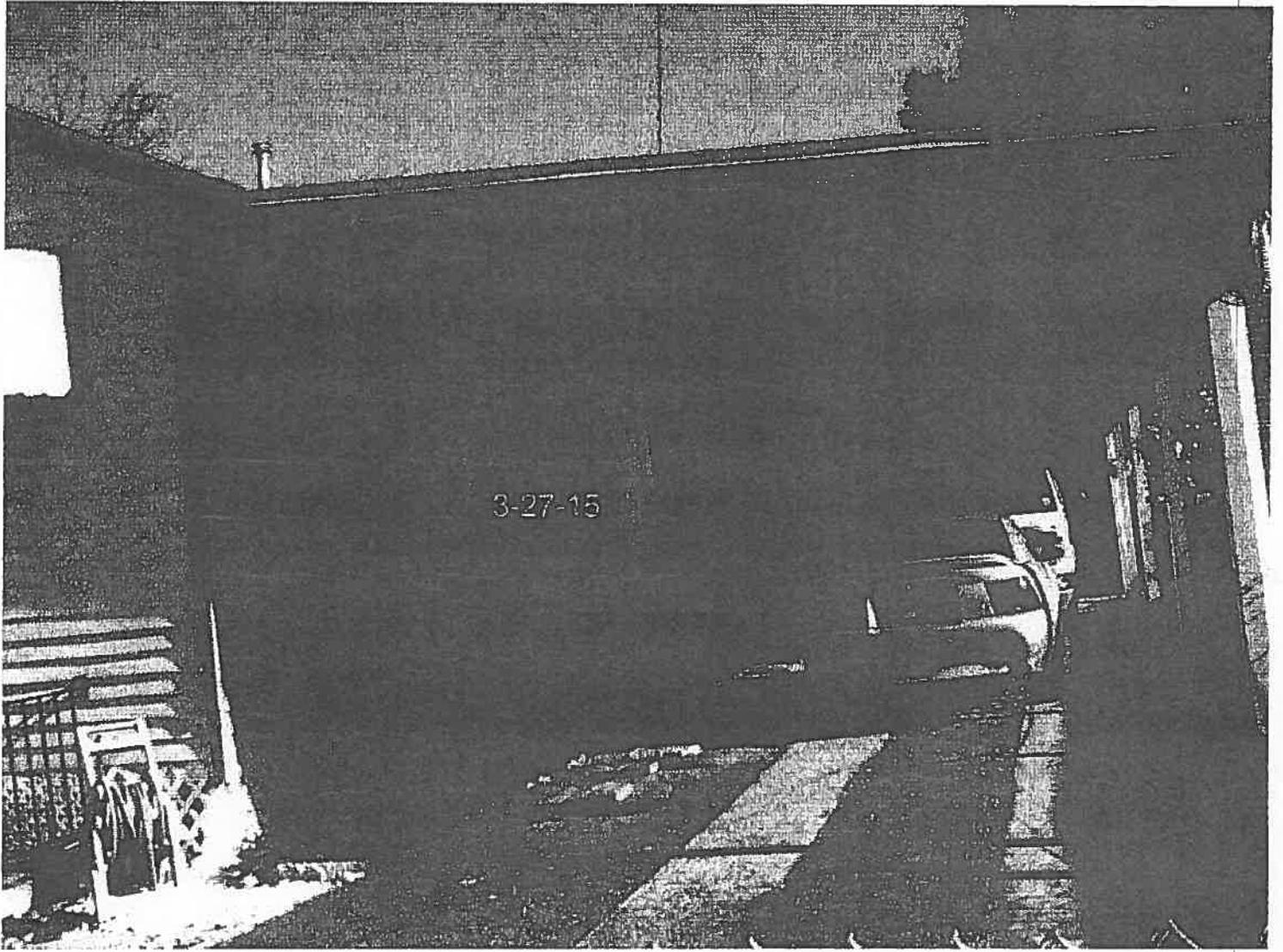


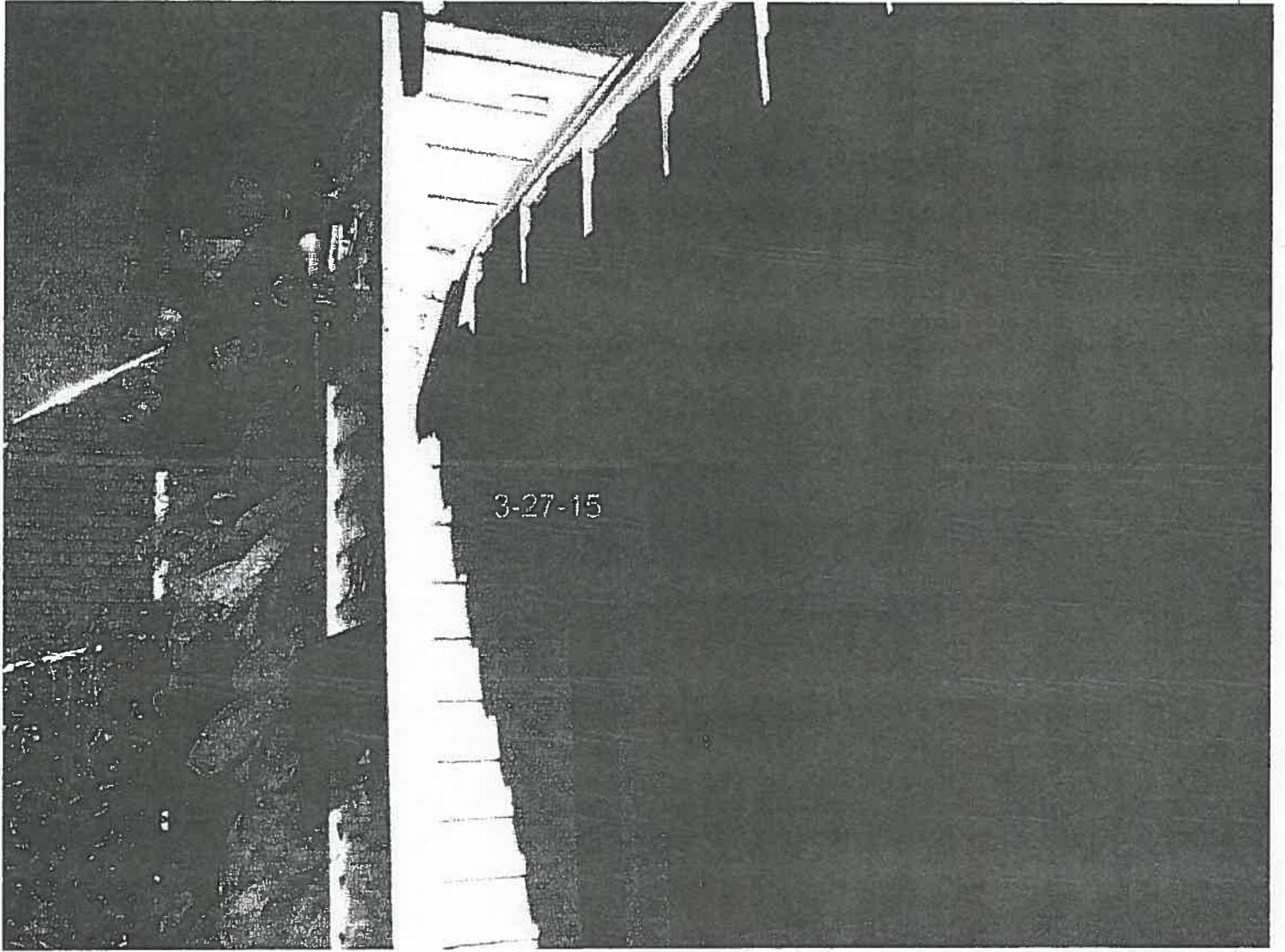




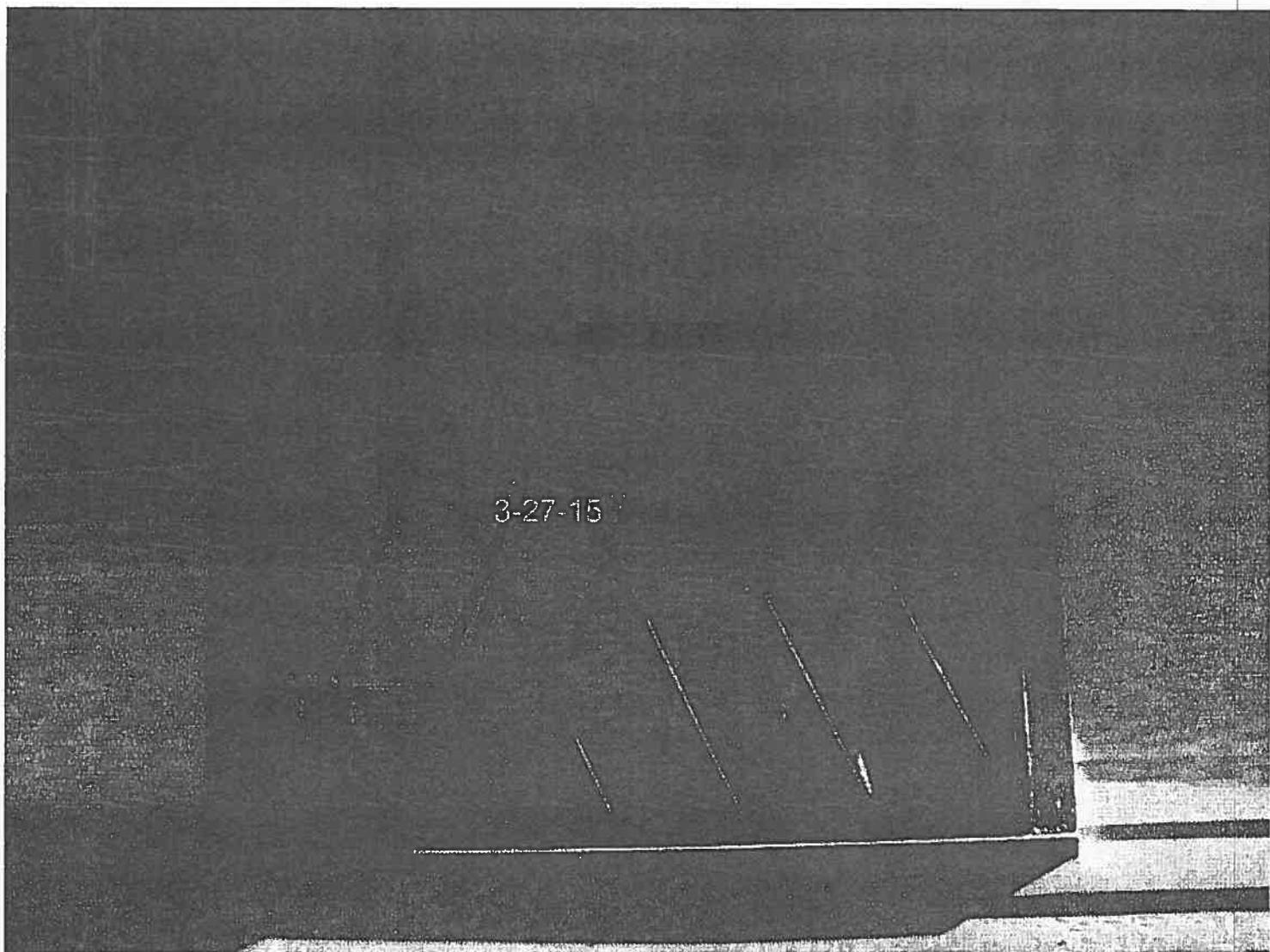
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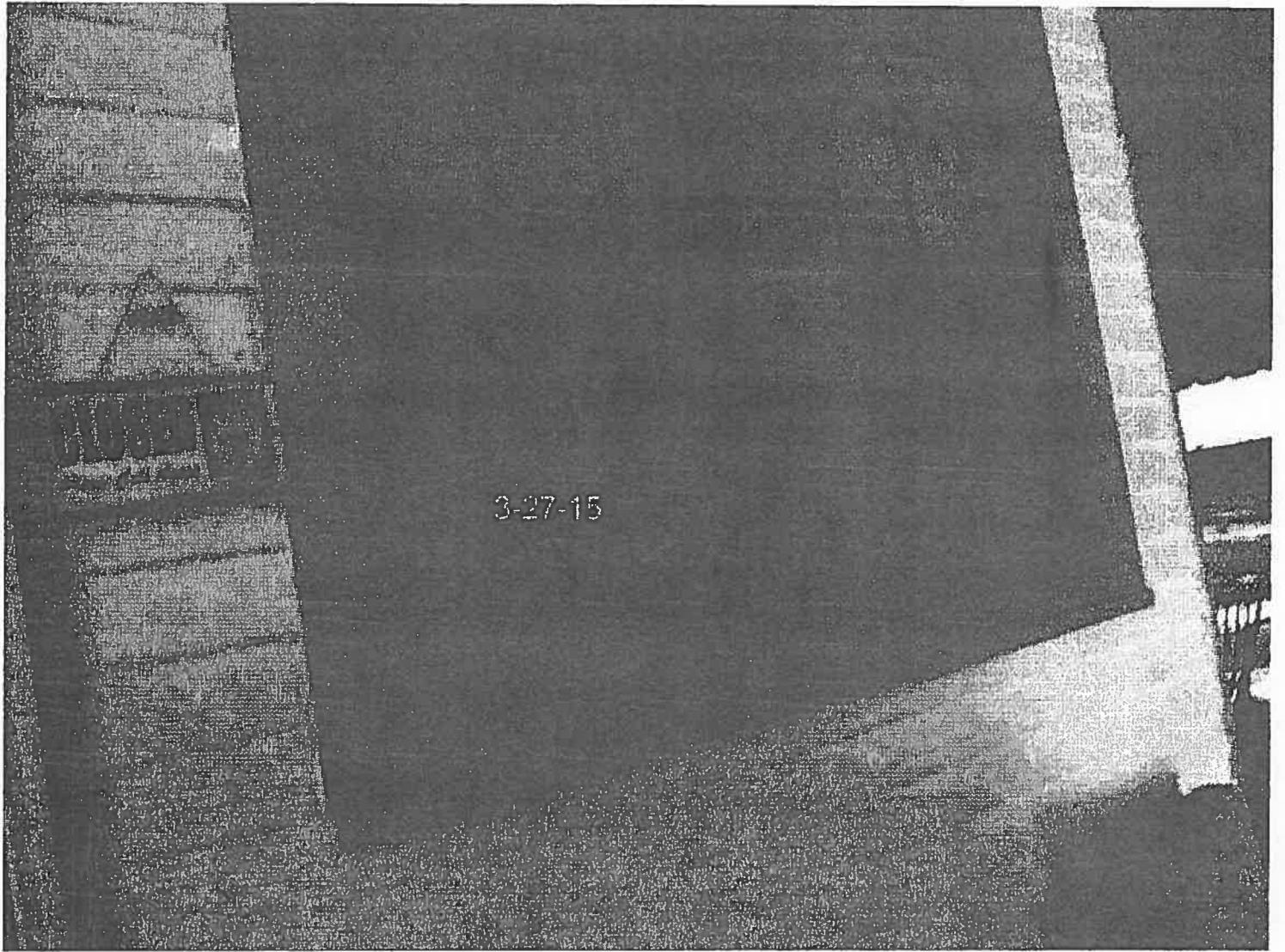


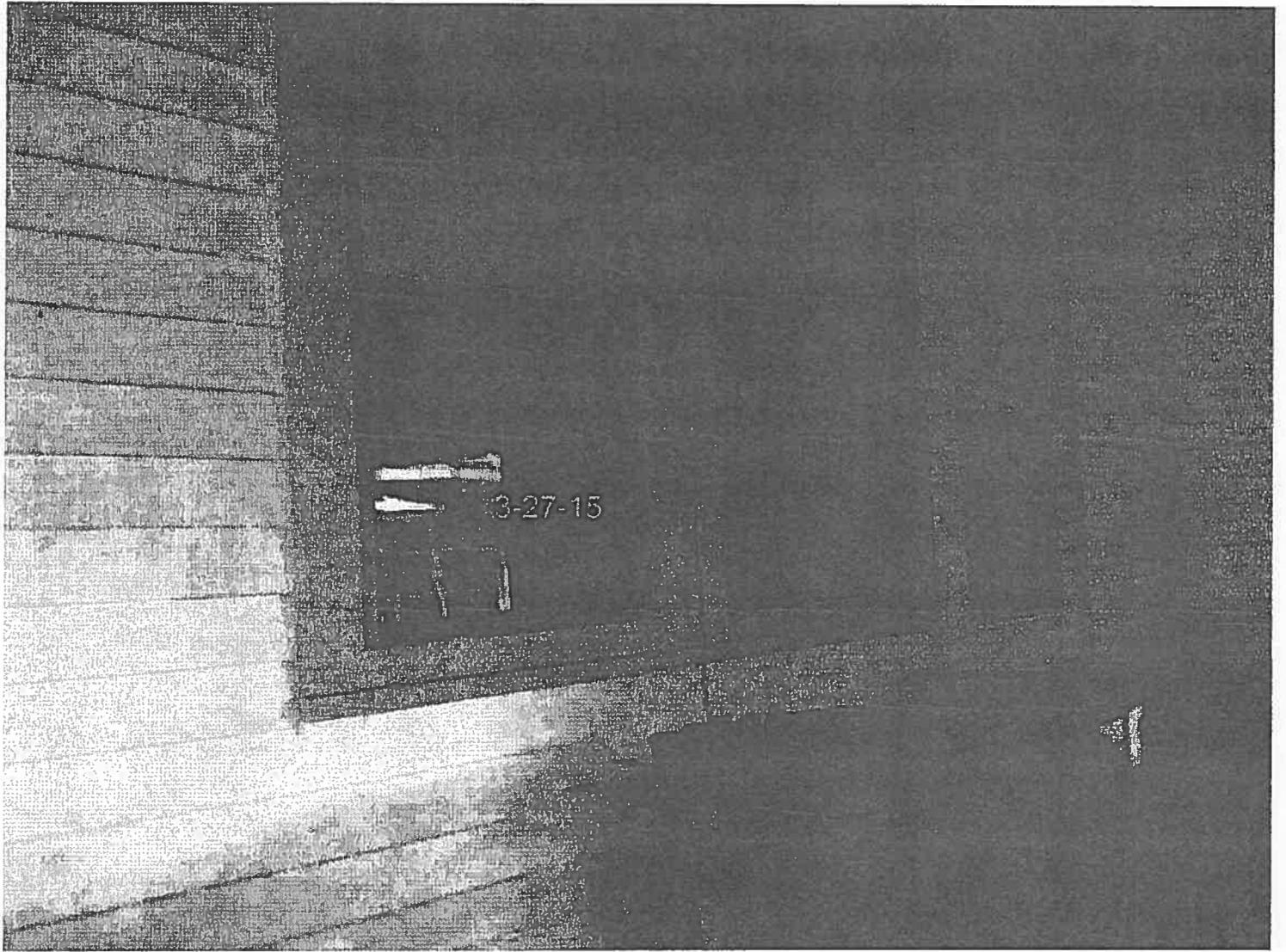
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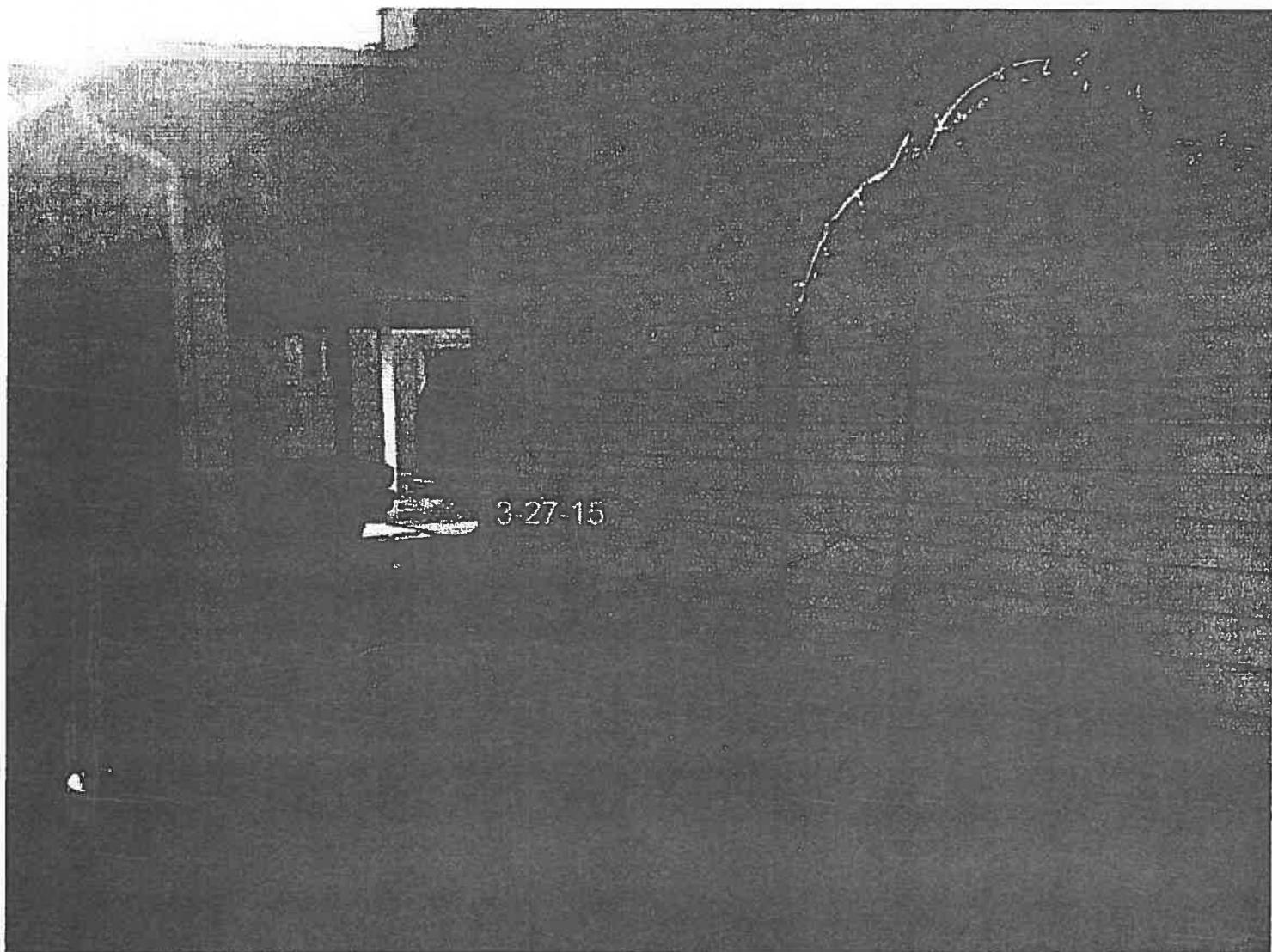
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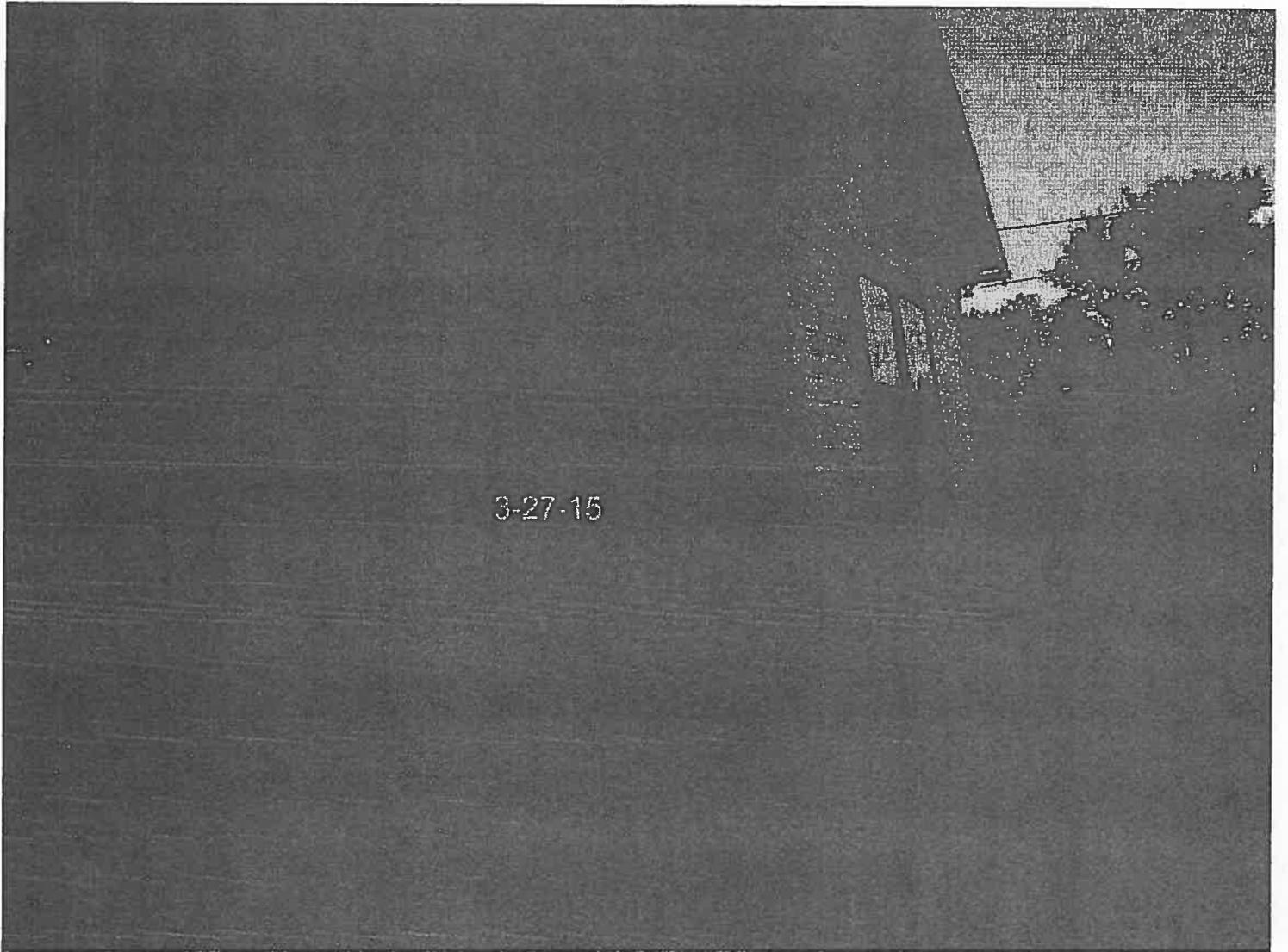


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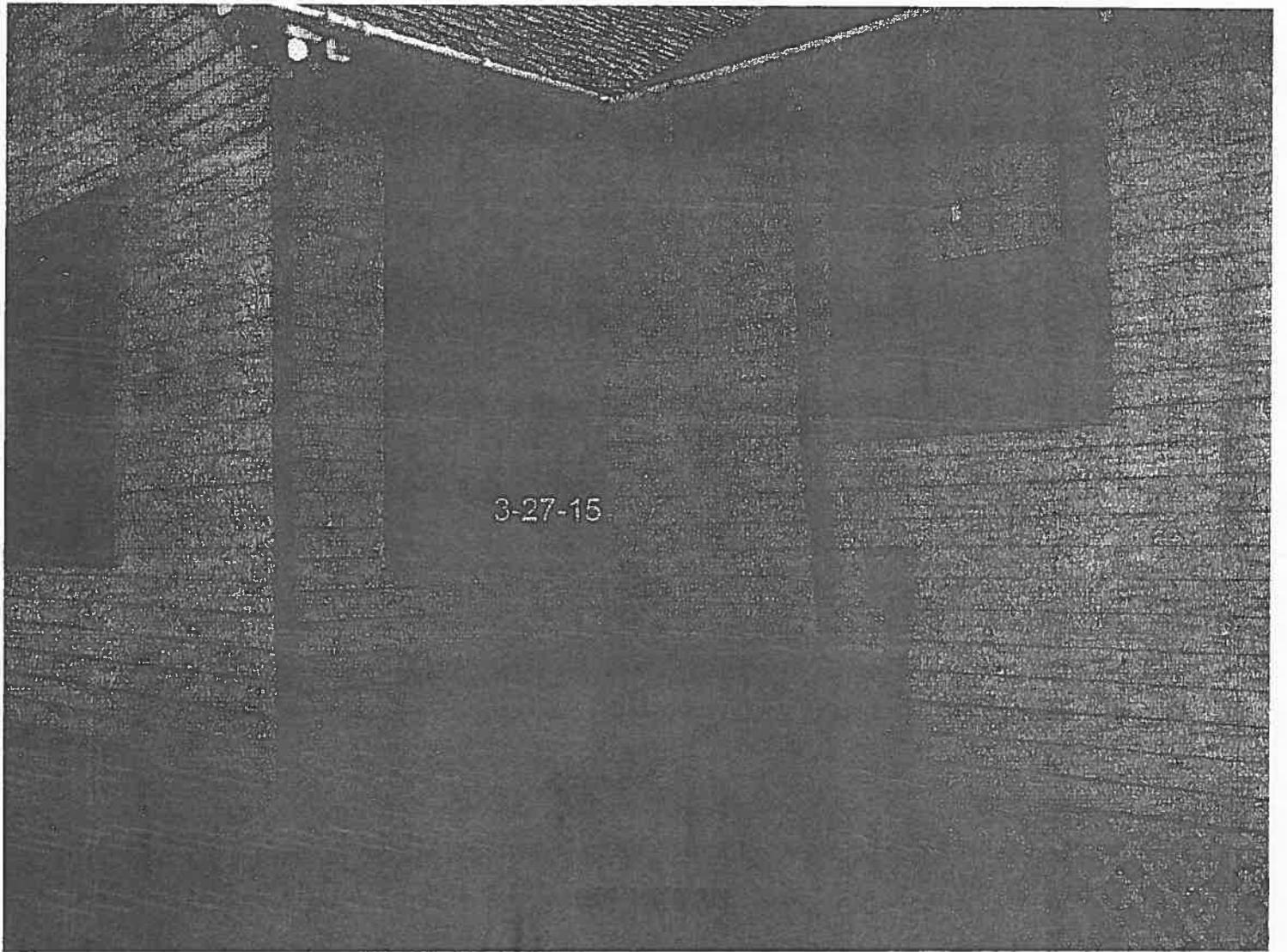






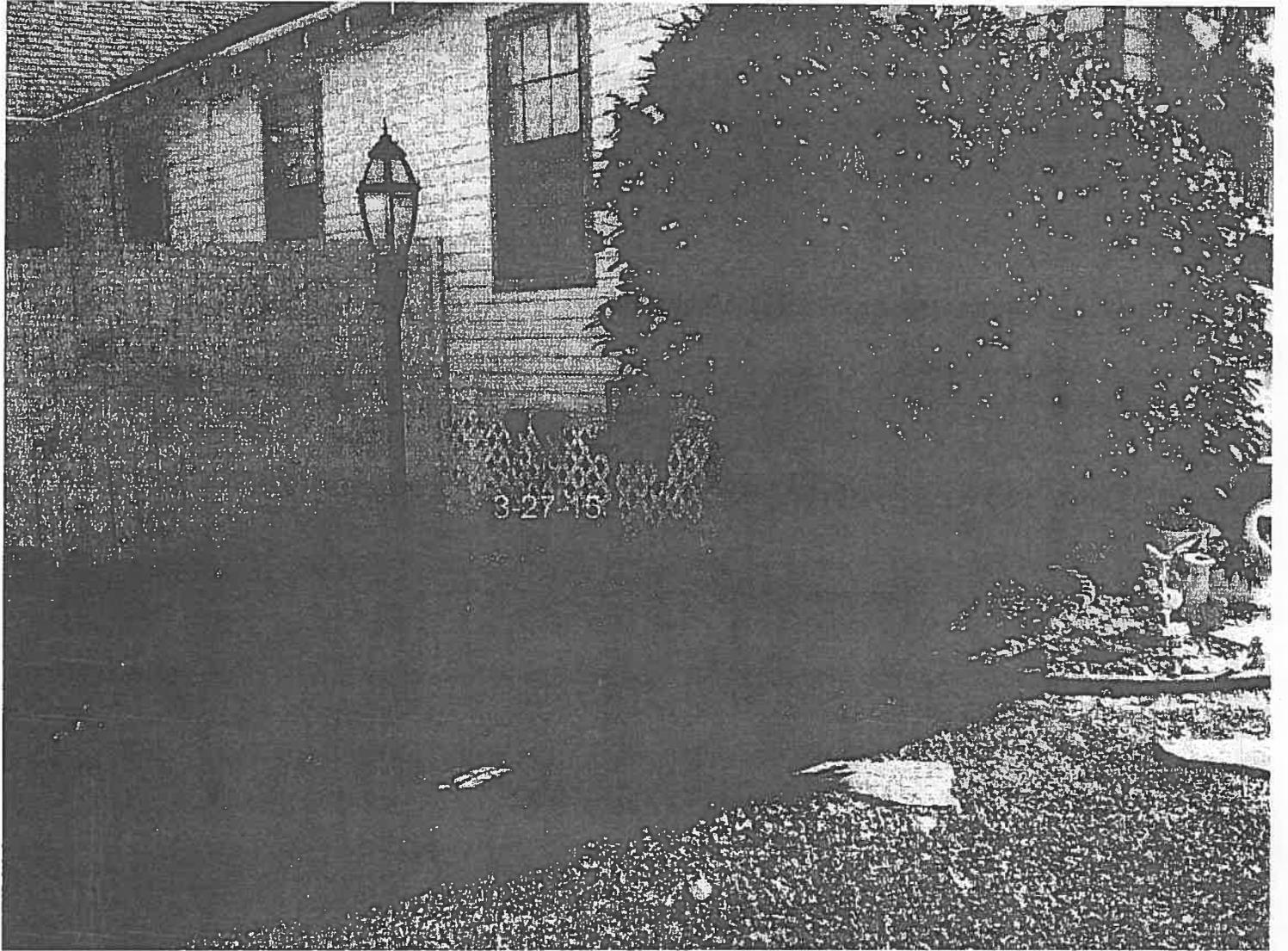
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3-27-15

U.S. Army  
No. \_\_\_\_\_  
No. \_\_\_\_\_  
No. \_\_\_\_\_  
U.S. Army  
No. \_\_\_\_\_  
No. \_\_\_\_\_  
No. \_\_\_\_\_



State of Louisiana

HAZARD MITIGATION GRANT PROGRAM

P.O. Box 5098 • BATON ROUGE, LA 70821-5098 • TOLL FREE (877) 824-8312 • FAX 225-330-0846 • hazardmitigation@mitigatela.org

12/16/2014

Road Home ID: 06HH129582

PATRICIA PAYNE
507 MARGARET STREET
HOUMA, LA 70360

SUBJECT: Verification of Mitigation Grant Funds

Dear PATRICIA PAYNE:

A review has been completed on your Hazard Mitigation grant file in order to confirm you received the correct amount of grant funds. The grant requires that the homeowner meet specific requirements listed in the Alternative Payment Option Affidavit and Agreement. Failure to satisfy the conditions listed in the Alternative Payment Option Affidavit and Agreement and the OCD-DRU HMGP Covenant will place you in default of this agreement. In hopes that your input may prevent the need to seek a return of grant funds, please review the information below for accuracy and provide additional documentation as necessary.

Our review has determined that the following apply to your IMM grant(s):

Table with 4 columns: Grant Type, Amount Received, Grant Type, Amount Adjusted. Rows include Elevation Grant, Individual Mitigation Measures (IMM), Reconstruction Grant, and Total HMGP Funds Received/Total Hazard Mitigation Benefit.

Based on the calculations above, our records indicate that the overpayment of your Hazard Mitigation Grant 06HH is \$3,886.00

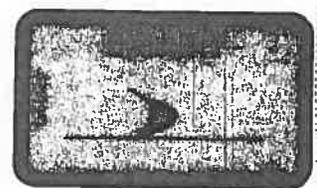
Please understand that the State of Louisiana remains committed to ensuring that your application was processed in an accurate and fair manner, and in accordance with all governing laws, rules, and policies. We have assigned Rhonda Laurent, a case manager in our office, to work with you in connection with this request for input. If you believe that the reason(s) stated above for the change of your grant amount is wrong, we need you to provide information for our

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JUL 27 2015

/s/ KAREN L. PICOU

Deputy Clerk of Court
Parish of Terrebonne, LA



consideration that shows the above finding is incorrect. Please return ATTACHMENT 1 (page 3 of this letter) with all supporting documentation to OCD for a final review.

**Your response must be postmarked within fifteen (15) days of the date at the top of this notification letter. If you have additional questions regarding this letter, please call 504-284-4020 or send email to [rhonda.laurent@la.gov](mailto:rhonda.laurent@la.gov) for assistance.**

If you agree with the finding that an overpayment has occurred, you can return the funds as provided in Attachment 1. If you are unable to provide a full payment at this time, please contact your case manager for further instructions.

We appreciate your assistance in connection with this request. Failure to respond will be interpreted as your confirmation of this calculation and determination, and may result in additional collection activities.

Sincerely,

Office of Community Development - HMGP

0904 9542 0000 0E92 E102

U.S. Postal Service	
<b>CERTIFIED MAIL RECEIPT</b>	
<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
<b>OFFICIAL USE</b>	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent To	Patricia Payne
Street, Apt. No., or PO Box No.	507 Margaret St.
City, State, ZIP+4	Houma, LA 70360
PS Form 3800, April 2007 Edition	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee  <i>Patricia Payne</i></p> <p>B. Received by (Printed Name) _____ C. Date of Delivery <i>12/2</i></p>
<p>1. Article Addressed to:</p> <p><i>Patricia Payne  507 Margaret St.  Houma, LA  70360</i></p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type  <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number  <small>(Transfer from service label)</small></p>	<p><b>7013 2630 0000 7456 4080</b></p>
<p>PS Form 3811, July 2013</p>	<p>Domestic Return Receipt</p>

UNITED STATES POSTAL SERVICE  
NEW ORLEANS  
LA 700  
17 DEC '14  
PH 11

First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4® in this box.®

OCD-DRY HMGP  
2021 LAKESHORE DRIVE - SUITE 100  
NEW ORLEANS, LOUISIANA 70122

DEC 18 2014

2354225

Attachment 1

THIS FORM MUST BE SIGNED BY THE BELOW NAMED APPLICANT AND RETURNED BY MAIL TO THE OFFICE OF COMMUNITY DEVELOPMENT, DISASTER RECOVERY UNIT HMGP ON OR BEFORE 15 DAYS FROM 12/16/2014.

Road Home ID: 06HH129582

Applicant Name: PATRICIA PAYNE  
Address: 507 MARGARET STREET

Rhonda Laurent:

Please select **one** (1) option below. This form must be returned within fifteen (15) days of the date on this letter.

- I have elected to return the overpayment to the Office of Community Development, Disaster Recovery Unit HMGP. I have enclosed my certified check, made payable to "Louisiana Division of Administration - HMGP", in the amount of \$3,886.00 mailed to:

Division of Administration  
Office of Community Development  
Hazard Mitigation Grant Program  
2021 Lakeshore Drive, Ste. 100  
New Orleans, LA 70122

- I agree with the finding that an overpayment has occurred but cannot make full payment at this time. Please review my proposed repayment plan which is attached.

- I disagree with the finding of an overpayment of my Hazard Mitigation grant and have enclosed supporting documents. The following factors used to calculate my award are incorrect:

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PRINTED NAME: \_\_\_\_\_ Date \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

- I am not the primary applicant for this case. If checked, please state your relationship:

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State of Louisiana

**HAZARD MITIGATION GRANT PROGRAM**

P.O. Box 5098 • BATON ROUGE, LA 70821-5098 • TOLL FREE (877) 824-8312 • FAX 225-330-0846 •  
hazardmitigation@mitigatela.org

1/31/2015

PATRICIA PAYNE  
507 MARGARET STREET  
HOUMA, LA 70360

Road Home ID: 06HH129582

**SUBJECT: Final HMGP Collection Attempt**

Dear PATRICIA PAYNE:

The Hazard Mitigation Grant Program has previously informed you of the need to reconcile the grant funds that were disbursed to you for your specific mitigation activity. The Program has previously sent you correspondence regarding the need to reconcile these funds. Because you have not responded, either through the return of grant funds or by providing satisfactory proof of completion of the funded mitigation activity, you are hereby notified that the Hazard Mitigation Grant Program is required to pursue collection of all funds.

You should be aware that the Hazard Mitigation Grant Program will use all available resources to recoup the grant funds disbursed to you including, but not limited to, collection agency services, wage garnishments, civil action, and income tax return liens.

This is the last correspondence you will receive from the Program in an attempt to collect these funds. **If you fail to return the \$3,886.00 owed to the State within five (5) calendar days your file will then be referred to the appropriate agencies for collection efforts as well as review for potential criminal violations.** All future correspondence will be directly from the appropriate collection agency. A table has been attached describing the grant funds received and the related activity for those funds.

You may stop the above actions by immediately contacting the Hazard Mitigation Grant Program at (504) 284-4067 to make acceptable repayment arrangements. Once your file has been referred for collection, your ability to reconcile the funds directly with the Program will end.

Respectfully,

Craig P. Taffaro, Jr.  
Director, Hazard Mitigation Grant Program  
and Recovery Coordination

**FILED**

**JUL 27 2015**

**KAREN L. PICOU**

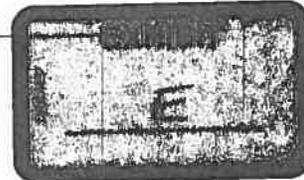
Deputy Clerk of Court  
Parish of Terrebonne, LA

**Enclosure**

OCD-DRU HMGP is a federally-funded program. Providing false or misleading information in an attempt to fraudulently obtain HMGP funds is a federal violation and will be prosecuted to the full extent of the law. Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. Because the HMGP program is a federally funded program, applicants are subject to Title 18, Section 1001 of the U.S. Code.

The Office of Community Development Disaster Recovery Unit does not discriminate on the basis of race, color, national origin, sex, age, religion or disability, and provides, upon request, reasonable accommodation, including auxiliary aids and services, to afford an individual with a disability an equal opportunity to participate in all services, programs and activities. Any persons requiring special needs assistance should contact a Call Center Specialist, at (877) 824-8312 at least five business days prior to any scheduled meeting. The TDD number for the hearing impaired is 1-800-846-5277. Additional information regarding the use of the Louisiana Relay service can be found at the following link: [http://www.hamiltonrelay.com/states/la\\_howto.htm](http://www.hamiltonrelay.com/states/la_howto.htm).

AN EQUAL OPPORTUNITY EMPLOYER





State of Louisiana

## HAZARD MITIGATION GRANT PROGRAM

P.O. Box 5098 • BATON ROUGE, LA 70821-5098 • TOLL FREE (877) 824-8312 • FAX 225-330-0846 •  
hazardmitigation@mitigatela.org

Our review has determined that the following apply to your IMM grant(s) because **the applicant performed no mitigation activity:**

HMGP Grant Funds Received		Adjusted HMGP Values	
Elevation Grant	\$ 0.00	Elevation Grant	\$ 0.00
Individual Mitigation Measures (IMM)	\$3,886.00	Individual Mitigation Measures (IMM)	\$3,886.00
Reconstruction Grant	\$ 0.00	Reconstruction Grant	\$ 0.00
<b>Total HMGP Funds Received</b>	<b>\$3,886.00</b>	<b>Total Hazard Mitigation Benefit</b>	<b>\$3,886.00</b>

**Based on the calculations above, our records indicate that the overpayment of your Hazard Mitigation Grant 06HH129582 is \$3,886.00.**

Payment should be delivered to the following address:

State of Louisiana  
Hazard Mitigation Grant Program  
2021 Lakeshore Drive, Suite 100  
New Orleans, La. 70122

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AN EQUAL OPPORTUNITY EMPLOYER

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark  
Here

Total Postage & Fees

129.58

Sent to

Street & Apt. No.  
or PO Box No.

City, State, ZIP+4

P. Payne

507 Margaret

Hawthorn, VA. 70360

7014 2120 0000 5792 5409

SENDER: COMPLETE THIS SECTION	RECEIVER: COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature: <i>X. W. Payne</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery <i>2-3</i></p>
<p>1. Article Addressed to:</p> <p><i>P. PAYNE</i>  <i>507 Margaret</i>  <i>HOUSTON, TX 70360</i>  <i>129582</i></p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No          If YES, enter delivery address below: _____</p> <p>3. Service Type  <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collection Delivery</p> <p>4. Restricted Delivery? (Extra Fee) <input checked="" type="checkbox"/> Yes</p>
<p>2. Article Number          (Transfer from service label)</p>	<p>7014 2120 0000 5792 5409</p>
<p>PS Form 3811, July 2013</p>	<p>Domestic Return Receipt</p>



State of Louisiana  
**HAZARD MITIGATION GRANT PROGRAM**

2021 LAKESHORE DRIVE, SUITE 100, NEW ORLEANS, LA 70122 • PHONE: 504-284-4020

April 13, 2015

06HH129582  
PATRICIA PAYNE  
507 MARGARET STREET  
HOUMA LA 70360

Re: Collection of Outstanding Debt in the Amount of **\$3,886.00**

Dear PATRICIA PAYNE:

This letter is pursuant to your agreement to voluntarily participate in the State of Louisiana's Hazard Mitigation Grant Program ("HMGP") and to comply with all HMGP and Federal Emergency Management Agency ("FEMA") rules and guidelines, which includes the proper use of Federal grant funds for the mitigation of your home located at 507 MARGARET STREET HOUMA.

You have been notified on multiple occasions via demand letters about your debt owed to HMGP in the amount of **\$3,886.00**. However, you have continuously disregarded these notices. You have also been given the opportunity to execute a re-payment agreement which would allow you to satisfy your debt within an agreed upon timeframe and at an agreed monthly amount. However, as of this date, you have failed to and/or refused to execute a re-payment agreement.

If payments have been paid pursuant to a payment agreement, then you should immediately contact the Program to verify the amount currently owed to the Program.

Please know that litigation and/or prosecution will be instituted against you for the collection of your unresolved debt.

Sincerely,

La Koshia R. Roberts  
Attorney for HMGP

**FILED**

**JUL 27 2015**

**/s/ KAREN L. PICOU**

Deputy Clerk of Court  
Parish of Terrebonne, LA



7014 2120 0004 5100 8340

U.S. Postal Service  
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Domestic Mail Only

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Return Receipt Fee (Endorsement Required)		
Registered Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

12 9582

Send To: *Patricia Payne*

Street & Apt. No. or PO Box No.: *509 Margaret St*

City, State, ZIP+4: *Albany LA 71701*

129582

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:  
*Patricia Payne*  
*507 Margaret St*  
*Slouma, LA 70360*

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
*Patricia Payne*  Addressee

B. Received by (Printed Name)  C. Date of Delivery  
*Patricia Payne* *4-16*

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail®  Priority Mail Express™  
 Registered  Return Receipt for Merchandise  
 Insured Mail  Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) **7014 2120 0004 5100 8340**