

MODIFICATION OF ALIMONY/CHILD SUPPORT PACKET

IMPORTANT NOTE ABOUT THIS PACKET

HELPFUL HINTS:

“Plaintiff”: The first and last name of the person who is filing this action

“Defendant”: The other party’s first and last name

“Case Number”: Leave this field blank if you are preparing to file a new case

Your financial testimony is required

You must complete a *Domestic Relations Financial Affidavit* documenting all of your own income, assets, expenses and liabilities. This document is your financial testimony given under oath.

OPTIONAL FORM:

If you are unable to afford the filing fees, you may ask the Court to waive the fees by completing the [Affidavit of Indigence and Eligibility to Proceed in Forma Pauperis \(Pauper’s Packet\)](#) and submit along with your other completed forms to the Clerk of Superior Court.

General Civil and Domestic Relations Case Filing Information Form

Superior or State Court of _____ County

For Clerk Use Only

Date Filed _____ Case Number _____
MM-DD-YYYY

Plaintiff(s)

Defendant(s)

Last	First	Middle I.	Suffix	Prefix

Last	First	Middle I.	Suffix	Prefix

Plaintiff's Attorney _____

Bar Number _____

Self-Represented

Check One Case Type in One Box

General Civil Cases

- Automobile Tort
- Civil Appeal
- Contract
- Garnishment
- General Tort
- Habeas Corpus
- Injunction/Mandamus/Other Writ
- Landlord/Tenant
- Medical Malpractice Tort
- Product Liability Tort
- Real Property
- Restraining Petition
- Other General Civil

Domestic Relations Cases

- Adoption
- Dissolution/Divorce/Separate Maintenance
- Family Violence Petition
- Paternity/Legitimation
- Support – IV-D
- Support – Private (non-IV-D)
- Other Domestic Relations

Post-Judgment – Check One Case Type

- Contempt
 - Non-payment of child support, medical support, or alimony
- Modification
- Other/Administrative

Check if the action is related to another action(s) pending or previously pending in this court involving some or all of the same parties, subject matter, or factual issues. If so, provide a case number for each.

_____ Case Number

_____ Case Number

I hereby certify that the documents in this filing, including attachments and exhibits, satisfy the requirements for redaction of personal or confidential information in O.C.G.A. § 9-11-7.1.

Is an interpreter needed in this case? If so, provide the language(s) required. _____
Language(s) Required

Do you or your client need any disability accommodations? If so, please describe the accommodation request.

IN THE SUPERIOR COURT OF GWINNETT COUNTY

STATE OF GEORGIA

CIVIL ACTION
NUMBER: _____

PLAINTIFF

VS.

DEFENDANT

SUMMONS

TO THE ABOVE NAMED DEFENDANT:

You are hereby summoned and required to file with the Clerk of said court and serve upon the Plaintiff's attorney, whose name and address is:

an answer to the complaint which is herewith served upon you, within 30 days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint.

This _____ day of _____, 20____.

**Richard T. Alexander, Jr.,
Clerk of Superior Court**

**By _____
Deputy Clerk**

INSTRUCTIONS: Attach addendum sheet for additional parties if needed, make notation on this sheet if addendum sheet is used.

SUPERIOR COURT OF GWINNETT COUNTY
STATE OF GEORGIA

Plaintiff,

v.

Defendant.

Civil Action
File Number: _____

**PETITION FOR MODIFICATION OF
CHILD SUPPORT/ALIMONY**

My name is _____ and I am representing myself
in this modification action. In support of my case, I state the following:

1. Subject Matter Jurisdiction and Venue:

[Check only one of the following, either (a), (b), or (c).]

- (a) The Respondent is a resident of Gwinnett County, Georgia and is subject to the jurisdiction of this Court.
- (b) The Respondent is a resident of _____ County, Georgia, and I live in Gwinnett County. The Respondent has acknowledged service of process and consented to the jurisdiction and venue of this Court.
- (c) The Respondent is not a resident of Georgia, but I am a resident of Gwinnett County, Georgia, and:
[Check only one of the following, either (1) or (2).]
 - (1) The Respondent was formerly a resident of Georgia, but currently resides in the State of _____. The Respondent is subject to the jurisdiction of the Court under Georgia's Long Arm Statute, OCGA § 9-10-91(5).

(2) The Respondent has acknowledged service of process and consented to the jurisdiction and venue of this Court.

2. **Service of Process:** The Respondent shall be served as provided under OCGA § 9-11-4, in the following manner:

[Check only one of the following, either (a) or (b).]

(a) The Respondent has acknowledged service of process. I am filing the *Acknowledgment of Service* (which has been signed by the Respondent) with this Petition.

(b) The respondent may be served by the Sheriff's Department at the Respondent's home/ work address, which is

(b-1) *[Check only if the Respondent resides outside of Gwinnett County.]* The Respondent resides outside of Gwinnett County, and shall therefore be served by second original, as provided under OCGA § 9-10-72. Service shall be made by the Sheriff's Department in the county where the Respondent resides.

2. **Prior Order for Child Support: Prior Order for Child Support:**
The Superior Court of the State of Georgia entered an order concerning child support. The information concerning that order is as follows:

Date of Order: _____

County: _____

Case Number: _____

Party ordered to pay child support: _____

Amount of child support: _____

[Check all that apply.]

(a) Since that date there has been a substantial change in the income or financial status of the _____ which increases decreases his/her ability to pay the amount of child support previously awarded.

(b) Since that date there has been a substantial change in the needs of the children as follows:

_____.

3. **Prior Order for Alimony:** On _____, the Superior Court of _____, County in the State of _____, Civil Action File Number _____ issued an order awarding alimony to the _____ in the amount of \$_____ per _____.

[Check all that apply.]

(a) Since that date there has been a substantial change in the income or financial status of the _____ which increases decreases his/her ability to pay the amount of alimony previously awarded. \$

(b) The Respondent is voluntarily cohabiting with a third party of the opposite sex in a meretricious relationship.

4. I have not filed a petition for modification within two years of the filing of this petition.

THEREFORE, I request the following relief:

[Check all that apply.]

(a) That the order awarding child support be increased/decreased/terminated ;

- (b) That the order awarding alimony be increased decreased terminated.
- (c) That the Respondent be required to pay all costs of this action;
- (d) That a Rule Nisi be scheduled by the Court to decide on the relief I have requested;
- (e) That the Court order the parties to participate in mediation to try to resolve this matter; and
- (f) That the Court order any and all other relief that the Court finds appropriate.

Dated: _____

 Petitioner *Pro se* [signature]

Name: _____

Address: _____

 City, State ZIP

Phone: _____

Email: _____

SUPERIOR COURT OF GWINNETT COUNTY
STATE OF GEORGIA

Petitioner,		Civil Action
v.		File Number: _____
Respondent.		

VERIFICATION

PERSONALLY APPEARED BEFORE ME, the undersigned officer authorized to administer oaths, the above-named Petitioner, who after having been duly sworn, on oath depose and states that the facts contained in the foregoing *Petition for Modification of Support* are true and correct.

Dated: _____
_____ Petitioner *Pro se* (Signature)

-

Subscribed and sworn before me on
_____, 20____.

Notary Public

IN THE SUPERIOR COURT OF GWINNETT COUNTY
STATE OF GEORGIA

_____		Civil Action File No.: _____
Plaintiff,		
v.		

Defendant.		

DOMESTIC RELATIONS FINANCIAL AFFIDAVIT

1. I swear and affirm under oath that the following financial information is true and complete:

My Name: _____ **My Age:** _____
Other Party's Name: _____ **Other Party's Age:** _____
Date of Marriage: _____ **Date of Separation:** _____

Names and birth dates of children for whom support is to be determined in this action:

Name	Year of Birth	Resides with
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Names and ages of my other children (under the age of 18):

Name	Age	Resides with
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. SUMMARY OF MY INCOME AND NEEDS *(complete this section last)*

- (a) Gross monthly income (from item 3A) _____
- (b) Net monthly income (from item 3B) _____
- (c) Average monthly expenses (item 5A) _____
- (d) Monthly payments to creditors _____
- Total monthly expenses and payments to creditors (item 5C) _____

3. A. MY GROSS MONTHLY INCOME (complete this section or attach Child Support Schedule A)

(All income must be entered based on monthly average regardless of date of receipt.)

Salary or Wages

ATTACH COPIES OF 2 MOST RECENT WAGE STATEMENTS _____

Commissions, Fees, Tips _____

Income from self-employment, partnership, close corporations,
and independent contracts (gross receipts minus ordinary
and necessary expenses required to produce income)

ATTACH SHEET ITEMIZING YOUR CALCULATIONS _____

Rental Income (gross receipts minus ordinary and
necessary expenses required to produce income)

ATTACH SHEET ITEMIZING YOUR CALCULATIONS _____

Bonuses _____

Overtime Payments _____

Severance Pay _____

Recurring Income from Pensions or Retirement Plans _____

Interest and Dividends _____

Trust Income _____

Income from Annuities _____

Capital Gains _____

Social Security Disability or Retirement Benefits _____

Workers' Compensation Benefits _____

Unemployment Benefits _____

Judgments from Personal Injury or Other Civil Cases _____

Gifts (cash or other gifts that can be converted to cash) _____

Prizes/Lottery Winnings _____

Child support from persons not in this case _____

Assets which are used for support of family _____

Fringe Benefits (if significantly reduce living expenses) _____

Any other income (do NOT include means-tested public assistance, such as TANF or food stamps) _____

GROSS MONTHLY INCOME _____

B. Affiant's Net Monthly Income from employment
(deducting only state and federal taxes and FICA) _____

Affiant's pay period (i.e., weekly, monthly, etc.) _____

Number of Exemptions Claimed _____

4. ASSETS

(If you claim or agree that all or part of an asset is non-marital, indicate the non-marital portion under the appropriate spouse's column and state the amount and the basis: pre-marital, gift, inheritance, source of funds, etc.).

Description	Value	Plaintiff's Separate Asset	Defendant's Separate Asset	Basis of the Claim
Cash	_____	_____	_____	_____
Investment accounts	_____	_____	_____	_____
Certificates (stocks/bonds)	_____	_____	_____	_____

Bank Accounts
(list each account):

Description	Value	Plaintiff's Separate Asset	Defendant's Separate Asset	Basis of the Claim
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Retirement
Pensions,
401K, IRA, or
Profit Sharing

_____	_____	_____	_____	_____
-------	-------	-------	-------	-------

Money owed you:

Tax Refund
owed you:

Real Estate:

Home:

Other: : Debt owed

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Automobiles/Vehicles:
Vehicle 1:

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Vehicle 2:

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Life Insurance
(net cash value):

_____	_____	_____	_____	_____
-------	-------	-------	-------	-------

Furniture/furnishings:

Jewelry:

Collectibles:

Other Assets:

_____	_____	_____	_____	_____
-------	-------	-------	-------	-------

Total Assets: _____

5. AVERAGE MONTHLY EXPENSES FOR MY HOUSEHOLD

HOUSEHOLD EXPENSES

Mortgage or Rent payments	_____	Gas	_____
Property taxes	_____	Repairs & Maintenance	_____
Homeowner's/Renter's Insurance	_____	Lawn care	_____
Electricity	_____	Pest control	_____
Water	_____	Cable TV/Internet	_____
Garbage & sewer	_____	Misc. household & Grocery items	_____
Telephone	_____	Meals Outside Home	_____
Residential Lines	_____	Other (<i>Specify</i>)	_____
Cellular Telephones	_____		
Total Household Expenses	\$ _____		

VEHICLE/AUTOMOTIVE

Gasoline & Oil	_____	Auto tags/Registration & License	_____
Repairs & Maintenance	_____	Insurance	_____
Public Transportation	_____		
Total Transportation Expenses	\$ _____		

OTHER VEHICLES (boats, trailers, RVs, etc.)

Gasoline & Oil	_____	Tags/Registration/License	_____
Repairs & Maintenance	_____	Insurance	_____
Total Other Vehicles Expenses	\$ _____		

CHILDREN'S EXPENSES

Child Care (total monthly cost)	_____	Allowances	_____
School tuition	_____	Clothing	_____
Tutoring	_____	Diapers	_____

Private lessons (e.g., music, dance)	_____	Medical/Dental/Prescriptions	_____
School Supplies/Expenses	_____	Grooming, Hygiene	_____
Lunch money	_____	Gifts from children to others	_____
Other Educational Expenses (list type & amount):	_____	Entertainment	_____
Activities (including extra-curricular, school, religious, cultural, etc.)	_____	Summer Camps	_____
Total Children's Expenses	\$ _____		

INSURANCE

Health	_____	Child(ren)'s portion-health	_____
Dental	_____	Child(ren)'s portion – dental	_____
Vision	_____	Child(ren)'s portion – vision	_____
Life Insurance	_____	Beneficiary – Life	_____
Disability	_____	Other Insurance (specify)	_____
Total Insurance Expenses	\$ _____	Total Child(ren)'s Portion	\$ _____

OTHER EXPENSES

Dry cleaning & laundry	_____	Publications	_____
Clothing	_____	Dues, Clubs	_____
Medical/Dental/Prescription (out of pocket uncovered expenses)	_____	Religious & Charities	_____
Your Gifts (special holidays)	_____	Pet expenses	_____
Entertainment	_____	Alimony paid to former spouse	_____
Recreational Expenses (e.g. fitness)	_____	Child support paid for other children	_____
Vacations	_____	Date of initial CS order:	_____
Travel expenses for visitation	_____	Other (attach sheet to list)	_____
Total Other Expenses	\$ _____		

5(A) TOTAL MONTHLY EXPENSES (add household, transportation, children's, _____ **\$ _____**)

insurance, and other expenses)

B. PAYMENTS TO CREDITORS

(please check one)

To Whom:	Balance Due	Monthly Payment	Plaintiff	Defendant

5(B) TOTAL MONTHLY PAYMENTS TO CREDITORS: \$ _____

5(C) TOTAL MONTHLY EXPENSES AND PAYMENTS TO CREDITORS: \$ _____

This _____ day of _____, 20_____.

(signature)

Printed Name
 Plaintiff Defendant signs and affirms
under oath that the information contained in
this *Financial Affidavit* is complete true and
correct.

NOTARY PUBLIC

Child Support Worksheet

Create an account and create your child support worksheet by visiting:
<https://csconlinecalc.georgiacourts.gov/frontend/web/index.php>

Judicial Council of Georgia
Administrative Office of the Courts

Georgia Child Support Calculator

Welcome to the Georgia Online Child Support Calculator.

The Georgia Child Support Calculator has been developed and made available by the Georgia Commission on Child Support as the official calculator for Georgia's Child Support Guidelines statute found at O.C.G.A. §19-6-15. Information entered in the calculator is used to determine a presumptive amount of child support that may be deviated from to reach a final child support amount. Printable electronic forms are produced for filing with the court consisting of a Worksheet and Schedules. Begin by entering information for your Worksheet on the Basic Information Worksheet tab. Helpful instructions are included to assist as you navigate the calculator.

Announcement
The two Excel child support calculators and the EZ paper worksheet will be discontinued effective September 30, 2018. Make the transition today to the Online Child Support Calculator by clicking Signup above.

For additional help, please review the Child Support Worksheet slideshow at:
<http://gwinnettflc.atlantalegalaid.org/wp-content/uploads/2015/12/Child-Support-Slideshow.pdf>

IN THE SUPERIOR COURT OF GWINNETT COUNTY
STATE OF GEORGIA

_____ :
Plaintiff, :
v. : Civil Action File No.:
_____ :
Defendant. :
_____ :

CHILD SUPPORT ADDENDUM

Pursuant to O.C.G.A. § 19-6-15(c)(2), the Court makes the following applicable and required findings:

1. This addendum is issued as:

- a final; a temporary; in
 an initial action; a modification action.

2. The Gross Income of the Father is \$_____ per month. O.C.G.A. § 19-6-15(c)(2)(C).

The Gross Income of the Mother is \$_____ per month. O.C.G.A. § 19-6-15(c)(2)(C).

(SEE CHILD SUPPORT WORKSHEET(S) OF Mother Father Court,
 DATED/ FILED _____ INCORPORATED BY
REFERENCE HEREIN.) O.C.G.A. § 19-6-15(m)(1).

3. Is health insurance for the child(ren) involved reasonably available at a reasonable cost to either parent? YES NO

If YES, then (a) father, OR (b) mother, OR (c) both parents, shall provide accident and sickness insurance for the child(ren) for as long as child support continues. O.C.G.A. § 19-6-15(c)(2)(D).

4. Mother shall pay _____% and Father shall pay _____% of all expenses incurred for the children's health care (including medical, dental, mental health, hospital and vision care) that are not covered by insurance. The party who incurs such expense shall provide documentation thereof to the other party within fourteen days of said expenditure with a short note explaining the details, the reasons, et cetera, of said expenditure. The other party shall reimburse the incurring party (or pay the health care provider directly) for the appropriate percentage of the expense, within fourteen days after receiving the verification of a particular health care expense. O.C.G.A. § 19-6-15(c)(2)(G).
5. Pursuant to the visitation schedule, the noncustodial parent's parenting time is _____ percent annually. (*Standard Visitation with alternating weekends, holidays plus 2 weeks during the summer represents 20.8% parenting time for the noncustodial parent. With three weeks of summer vacation, the noncustodial parent's parenting time is 22.8% and with four weeks of summer vacation, the noncustodial parent's parenting time is 24.7%.*) O.C.G.A. § 19-6-15(c)(2)(F).
6. The presumptive amount of child support as indicated by the *Child Support Worksheet* (#9 on Page 1 thereon) is \$_____ per month for Mother and \$_____ per month for Father. O.C.G.A. § 19-6-15(c)(2)(A) and (B).
7. Deviation(s)
- a. *No Deviation. (If NO deviation, please skip the remaining items in item 7 and continue to item 8 to complete this form.)*
- b. *Deviation. If DEVIATION, you MUST complete EITHER item 7(b)(i) OR item 7(b)(ii)*
- ii. It has been determined that one or more of the Deviations allowed under O.C.G.A. §19-6-15 applies in this case. *Schedule E of the Child Support Worksheet*, docketed separately but simultaneously herewith, explains the reasons for the deviation, how the application of the guidelines would be unjust or inappropriate considering the relative ability of each parent to provide support, and how the best interest of the children who are subject to this child support determination is served by deviation from the presumptive amount of child support.

OR

iii. The reasons for deviation are:

Would the presumption amount be unjust or inappropriate?

Explain_____

Would deviation serve the best interests of the children for whom support is being determined? Explain_____

Would deviation seriously impair the ability of the CUSTODIAL or NON-CUSTODIAL PARENT to maintain adequate housing, food and clothing for the children being supported by the order and to provide other basic necessities. Explain_____

8. Taking into consideration all of the applicable data from the *Child Support Worksheet*, the award of child support which Mother / Father shall pay to Mother / Father for support of the child(ren) is \$_____dollars per month. Said amount shall be payable monthly weekly bi-weekly semi-monthly OR (c) other period: _____ in the amount of \$_____ beginning on _____, and payable thereafter on payable monthly weekly bi-weekly semi-monthly OR (c) other period: _____ until the child becomes 18 years of age, dies, marries, or otherwise becomes emancipated, except that if the child becomes 18 years of age while enrolled in and attending secondary school on a full-time basis, then such support shall continue until the child completes secondary school provided that such support shall not be required after the child attains 20 years of age. O.C.G.A. § 19-6-15(c)(2)(A) and (B).

So found, this _____ day of _____, 20_____.

 Judge, Superior Court Gwinnett Judicial Circuit
 [] by designation.

Consented to by:

 Plaintiff

 Defendant

 Date

 Date

General Civil and Domestic Relations Case Disposition Information Form

Superior or State Court of _____ County

For Clerk Use Only

Date Disposed _____ Case Number _____
MM-DD-YYYY

Case Style _____

Plaintiff(s)

Defendant(s)

Last	First	Middle I.	Suffix	Prefix
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Last	First	Middle I.	Suffix	Prefix
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Reporting Party _____

Plaintiff's Attorney _____

Bar Number _____

Self-Represented

Defendant's Attorney _____

Bar Number _____

Self-Represented

Manner of Disposition
Check Only One

Jury Trial

Bench/Non-Jury Trial

Non-Trial Disposition

Alternative Dispute Resolution

- Check if any party was self-represented at any point during the life of the case.
- Check if the court ordered an interpreter for any party, witness, or other involved individual.
- Was the case referred/ordered to a court-annexed alternative dispute resolution (ADR) process?