

# LEGITIMATION AND CUSTODY/VISITATION CONTESTED

---

## IMPORTANT NOTE ABOUT THIS PACKET

Complete this packet if you are a biological father seeking to legitimate your relationship with your child born out of wedlock. You may also ask for any of the following relief:

1. Entering your name on the child's birth certificate;
2. Changing the child's last name to your last name;
3. Establishing child support (or adopting /modifying existing child support);
4. Establishing court-ordered custody and visitation

### **\*\*IMPORTANT NOTE\*\***

In a legitimation case, the Court must determine the duty to provide child support.

**“Petitioner”**: The biological father's first and last name

**“Respondent”**: The other party's first and last name

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

### **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   GWINNETT   County

### For Clerk Use Only

Date Filed \_\_\_\_\_  
MM-DD-YYYY

Case Number \_\_\_\_\_

### Plaintiff(s)

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

### Defendant(s)

| 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 No. \_\_\_\_\_

\_\_\_\_\_  
**Plaintiff**

**v.**

\_\_\_\_\_  
**Defendant**

**SUMMONS**

TO THE ABOVE NAMED DEFENDANT:

You are hereby required to file with the Clerk of said Court and serve upon the plaintiff or plaintiff's attorney, whose name, address and email address are:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

an answer to the complaint which is hereby served on you. You must make your answer within 30 days after service of this summons upon you. This time excludes the day of service. If you fail to answer, the court will issue a default judgment against you for the relief sought in the complaint.

If this action pertains to a Protective Order, the answer is to be filed and served on or before the scheduled hearing date attached.

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Tiana P. Garner  
Clerk of Superior Court

By \_\_\_\_\_  
Deputy Clerk

[Attach addendum sheet for additional parties, if needed. You must make a notation on this sheet if used.]

IN THE SUPERIOR COURT OF GWINNETT COUNTY  
STATE OF GEORGIA

\_\_\_\_\_  
Plaintiff/Petitioner

Civil Action No. \_\_\_\_\_

v.

\_\_\_\_\_  
Defendant/Respondent

**NAVIGATING FAMILY CHANGE PARENTING SEMINAR**

This Order applies to all domestic actions involving a child or children under 18 years of age where the parties are involved in a separate maintenance, paternity action, change of custody, visitation, legitimation, divorce and any other domestic action, *excluding* domestic violence and contempt actions.

**ORDERED that:**

1. All parties successfully complete a parenting workshop sponsored by the circuit's Administrative Office of the Courts.
2. The program shall be successfully completed within 31 days of service of the original complaint upon the original defendant.
3. Appropriate action, including but not limited to contempt, may be taken upon a party's failure to successfully complete the workshop pursuant to this Order.
4. For good cause shown, the requirement of completion of this workshop may be waived in individual cases.



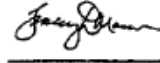
\_\_\_\_\_  
R. TIMOTHY HAMIL, Chief Judge



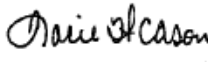
\_\_\_\_\_  
WARREN DAVIS, Judge

  
George Hutchinson (Dec 4, 2024 15:53 EST)

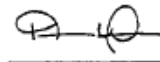
\_\_\_\_\_  
GEORGE F. HUTCHINSON, III, Judge



\_\_\_\_\_  
TRACEY D. MASON, Judge



\_\_\_\_\_  
TRACIE H. CASON, Judge



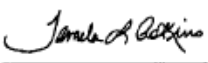
\_\_\_\_\_  
TADIA WHITNER, Judge

  
Angela Duncan (Dec 4, 2024 15:38 EST)

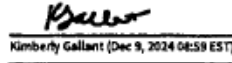
\_\_\_\_\_  
ANGELA D. DUNCAN, Judge

  
Deborah Fluker (Dec 4, 2024 15:37 EST)

\_\_\_\_\_  
DEBORAH R. FLUKER, Judge



\_\_\_\_\_  
TAMELA L. ADKINS, Judge

  
Kimberly Gallant (Dec 9, 2024 08:59 EST)

\_\_\_\_\_  
KIMBERLY A. GALLANT, Judge



\_\_\_\_\_  
TUWANDA RUSH WILLIAMS, Judge

**IN THE SUPERIOR COURT OF GWINNETT COUNTY  
STATE OF GEORGIA**

\_\_\_\_\_  
Plaintiff/Petitioner

v.

Civil Action No. \_\_\_\_\_

\_\_\_\_\_  
Defendant/Respondent

**STANDING ORDER: CHILD SUPPORT AND PERMANENT PARENTING PLANS**

This Order applies to all domestic actions involving child support and/or custody of a minor child or minor children. These domestic actions include, but are not limited to: divorce, modification of child support, modification of custody, separate maintenance cases that involve children, legitimations and paternity cases.

**CHILD SUPPORT COMPUTATION REQUIREMENTS AND PROCEDURES:**

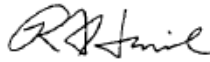
1. As of January 1, 2007, Child Support Computation **REQUIRES** the use of the internet *and/or* the use of an electronic worksheet downloaded to a computer.
2. Parties and/or their lawyers should go to <https://csc.georgiacourts.gov> to find the proper electronic worksheet. Parents should use *The Guided Electronic Worksheet*. Lawyers, Mediators, and other Professionals should use *The Practitioner's Electronic Worksheet*. Anyone can use *The Downloadable Electronic Worksheet*. Alternatively, go to <https://gwinnett.tiny.us/23cnde8z> to find your proper electronic worksheet.
3. Uniform Superior Court Rule 24 has been amended and compliance therewith is required. See <https://gwinnett.tiny.us/3erufkv>
4. Completion of the form *CHILD SUPPORT ADDENDUM*, available from the Clerk of Court, is **REQUIRED** anytime a child support Order is requested. <https://gwinnett.tiny.us/sedj6ak>
5. All final judgments involving child support and agreements furnished to the Court for approval and/or entry must comply with the drafting mandates of O.C.G.A. §19-5-12 & 19-6-15. A completed child support worksheet shall also be filed with the Clerk of Court, or submitted to the Court in accordance with the provisions of O.C.G.A. § 19-6-15(m)(1) to be attached and/or incorporated into any final judgment or order. The following form is available from the Clerk of Court for use: **FINAL JUDGMENT AND DECREE OF DIVORCE**  
<https://gwinnett.tiny.us/w7mw3mbh>
6. Pursuant to O.C.G.A. § 19-6-31, 32, & 33, the recipient of child support has the express right, without notice to the other party, at the time any child support order is entered or at any time thereafter, to submit a separate Income Deduction Order for Award of Child Support to the Court for immediate entry.

## PERMANENT PARENTING PLANS

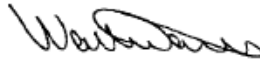
7. Pursuant to O.C.G.A. § 19-9-1, and U.S.C.R 24.10, in all cases in which the custody of any child is at issue between the parents, each parent shall prepare a parenting plan or the parties may jointly submit a parenting plan. The final decree in any legal action involving the custody of a child, including modification actions, shall incorporate a permanent parenting plan or written settlement agreement containing such permanent parenting plan. This requirement may also be satisfied by completion of the form *PERMANENT PARENTING PLAN*, available from the Clerk of Court. See, <https://qwinnett.tiny.us/p69rze>

The terms and conditions hereof may be modified or amended by subsequent order of any judge of this Court or any judge sitting by designation in this Court in any individual case.

SO ORDERED this 2 day of January, 2025.



R. TIMOTHY HAMIL, Chief Judge



WARREN DAVIS, Judge

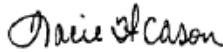


George F. Hutchinson (Dec 4, 2024 15:53 EST)

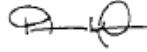
GEORGE F. HUTCHINSON, III, Judge



TRACEY D. MASON, Judge



TRACIE H. CASON, Judge



TADIA WHITNER, Judge



Angela Duncan (Dec 4, 2024 15:38 EST)

ANGELA D. DUNCAN, Judge

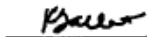


Deborah Fluker (Dec 4, 2024 15:37 EST)

DEBORAH R. FLUKER, Judge



TAMEA L. ADKINS, Judge



Kimberly Gallant (Dec 9, 2024 08:59 EST)

KIMBERLY A. GALLANT, Judge



TUWANDA RUSH WILLIAMS, Judge

**SUPERIOR COURT OF GWINNETT COUNTY  
STATE OF GEORGIA**

|                                                                                                                                                                                                                                                                                                           |                                                                                                                                                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 10px;"></div> <div style="text-align: center; padding: 10px 0;">Petitioner,</div> <div style="text-align: center; padding: 10px 0;">v.</div> <div style="border-bottom: 1px solid black; height: 20px; margin-top: 10px;"></div> | <div style="padding-top: 20px;">Civil Action<br/>File No.: <div style="border-bottom: 1px solid black; width: 200px; display: inline-block;"></div></div> |
| Respondent.                                                                                                                                                                                                                                                                                               |                                                                                                                                                           |

**PETITION FOR LEGITIMATION AND  
□ CUSTODY, VISITATION, and CHILD SUPPORT**

My name is \_\_\_\_\_ and I am representing myself in this legitimation petition. In support of my case, I state the following:

1.     The Respondent     *[Check only one of the following, either (a), (b), or (c).]*  
is

- ☐ (a) the mother of my child(ren)
- ☐ (b) the legal guardian of my child(ren)
- ☐ (c) the legal custodian of my child(ren).

2.     **Jurisdiction and Venue:**

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

- ☐ (a) The Respondent is a resident of Gwinnett County, Georgia.
- ☐ (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 resides in the State of \_\_\_\_\_ but I am a resident of Gwinnett County and my child(ren) reside(s) in Georgia.

☐ (d) The Respondent resides in the State of \_\_\_\_\_ but my child(ren) reside(s) in Gwinnett County.

☐ (e) The Respondent's whereabouts are unknown to me, but I am a resident of Gwinnett County and my child(ren) reside in Georgia. I am filing my *Affidavit of Due Diligence* with this *Petition*, and incorporate it here by reference.

☐ (f) The Respondent's whereabouts are unknown to me, but my child(ren) reside(s) in Gwinnett County. I am filing my *Affidavit of Due Diligence* with this *Petition*, and incorporate it here by reference.

3. **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), (b), or (c).]*

☐ (a) The Respondent may be served by the Sheriff's Department at the Respondent's residence/work address, which is:

---

---

---

---

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

☐ (c) The Respondent's whereabouts are unknown to me. I am filing my *Affidavit of Due Diligence* with this *Petition*. The Respondent shall be served by publication as provided under OCGA § 9-11-4(e)(1) for those who cannot be found within the State of Georgia.

To the best of my knowledge, the Respondent's last known address is:

---

---



4. **Minor Child(ren):**

I am the father of the minor child(ren), listed below:

| <u>Name of child</u> | <u>Sex</u> | <u>Year of Birth</u> | <u>Lives with (mother, father, other)</u> |
|----------------------|------------|----------------------|-------------------------------------------|
| _____                |            |                      |                                           |
| _____                |            |                      |                                           |
| _____                |            |                      |                                           |
| _____                |            |                      |                                           |
| _____                |            |                      |                                           |

The minor child(ren) was/were born out of wedlock.

5. **Child(ren)'s Current Residence:**

Child(ren)'s current address: \_\_\_\_\_  
City, State ZIP \_\_\_\_\_  
County: \_\_\_\_\_

The child(ren) has/have lived at this address since approximately (month and year): \_\_\_\_\_

6. **Child(ren)'s Past Residences:**

During the past five years, the child(ren) has/have lived at the following addresses:

| <u>Dates at Address</u> | <u>Address</u> |
|-------------------------|----------------|
| _____                   | _____          |
| _____                   | _____          |
| _____                   | _____          |
| _____                   | _____          |

7. **Adults With Whom Child(ren) Has/Have Lived:**

During the past five years, the child(ren) has/have lived with the following adults:

**Name of Person**

**Current Address**

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

8. **Other Court Cases About Child(ren):**

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

☐ (a) I have never participated as a party or a witness or in any other capacity in any other litigation concerning the custody of or visitation with the minor child(ren) in this or any other state.

☐ (b) I have participated in other litigation concerning the custody of the minor child(ren) in Georgia or another state. The court, case number and date of any order concerning custody or visitation under the other litigation are as follows:

|       |
|-------|
| _____ |
| _____ |
| _____ |
| _____ |

9. **Other Proceedings That Could Affect Custody or Visitation in This Case:**

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

☐ (a) I do not have any information of any proceeding that could affect this case, including proceedings for enforcement and proceedings relating to family violence, protective orders, termination of parental rights, and adoptions in this or any other state.

- ☐ (b) I have information about a proceeding that could affect this case, including proceedings for enforcement and proceedings relating to family violence, protective orders, termination of parental rights, or adoptions in this or another state. The court, the case number and the nature of the proceeding are as follows:

---

---

---

---

10. **Others Claiming Custody or Visitation:**

*[Check only one of these, either (a) or (b).]*

- ☐ (a) I do not know of any person who is not a party to this case, who has physical custody of the child(ren) or who claims to have custody or visitation rights with respect to the child(ren).
- ☐ (b) I know of someone who is not a party to this case, who has physical custody of the child(ren) or who claims to have custody or visitation rights with respect to the child(ren). The names and present addresses of the person(s) are:

---

---

11. I want to legitimate my relationship with the child(ren).

☐ 12. I want to change the name of the child(ren) from:

|       |    |       |
|-------|----|-------|
| _____ | to | _____ |
| _____ | to | _____ |
| _____ | to | _____ |
| _____ | to | _____ |

☐ 13. I seek to have my name entered as the father on the birth record of each child.

14. **Child Custody and Visitation:** I am a fit and capable parent, and I believe that the following custody arrangement is in the best interests of the children:  
[*Check only one of the following, either (a), (b), (c) or (d).*]

- ☐ (a) I should have legal and physical custody.
- ☐ (b) The Respondent and I should share joint legal custody but I should have primary physical custody and the Respondent should have visitation.
- ☐ (c) The Respondent and I should share joint legal custody but the Respondent should have primary physical custody and I should have visitation.
- ☐ (d) Other custody arrangement:

---

---

---

**Permanent Parenting Plan.** I understand I am required to prepare a Parenting Plan which:

- ☐ I am filing a Parenting Plan at the same time with this *Petition*.
- ☐ I will file a Parenting Plan before the first hearing in this case.

15. **Child Support:** [*Check only one of these, either (a), (b), (c) or (d).*]

- ☐ (a) The Respondent has income or is capable of earning sufficient money to support the minor child(ren).
- ☐ (b) I have income or I am capable of earning sufficient money to support the minor child(ren).
- ☐ (c) I am already paying child support. The child support order is attached to this *Petition* and marked as Exhibit "A." I am asking the Court to:
- ☐ Adopt the existing order without changes
- ☐ Modify the child support order
- ☐ (d) I am not asking the Court to address this issue in this case.
- ☐ (e) The issue of child support cannot be decided in this action because the Court does not have personal jurisdiction over the Respondent.

16. **Health Insurance for Child(ren):**

*[Check only one of these, either (a), (b), (c) or (d).]*

- ☐ (a) The Respondent should be ordered to maintain a policy for medical, dental and hospitalization insurance for the minor child(ren).
- ☐ (b) I already provide health insurance for the child(ren), and the Respondent should be required to reimburse me for a fair share of the cost each month.
- ☐ (c) I am not asking the Court to address this issue in this case.
- ☐ (d) The issue of health insurance cannot be decided in this action because the Court does not have personal jurisdiction over the Respondent.

17. **Other Medical Expenses for Child(ren):**

*[Check only one of these: (a), (b), (c) or (d).]*

- ☐ (a) The Respondent should be responsible for all expenses incurred for the child(ren)'s medical, dental and hospital care, that are not covered by insurance.
- ☐ (b) The Respondent and I should share the cost of expenses incurred for the child(ren)'s medical, dental and hospital care, that are not covered by insurance.
- ☐ (c) I am not asking the Court to address this issue in this case.
- ☐ (d) The issue of health care expenses for the child(ren) cannot be decided in this action because the Court does not have personal jurisdiction over the Respondent.

18. **Life Insurance to Support Child(ren):**

*[Check only one of these, either (a), (b) or (c).]*

- ☐ (a) The child(ren) depend(s) on the Respondent for support, and therefore the Respondent should maintain a policy of insurance on the Respondent's life, for the benefit of the minor child(ren). The Respondent should maintain the policy for so long as at least one of the children is a minor or is otherwise entitled to child support.
- ☐ (b) I am not asking the Court to address this issue in this case.
- ☐ (c) The issue of life insurance for the child(ren) cannot be decided in this action because the Court does not have personal jurisdiction over the Respondent.

FOR THESE REASONS, I REQUEST THE FOLLOWING RELIEF:

***[Check all that apply.]***

- ☐ (a) That the Court enter a Order legitimating my relationship with the child(ren) so hat the child(ren) and I will be capable of inheriting from each other in the same manner as if the child(ren) had been born in wedlock;
- ☐ (b) That the name of the child(ren) be changed according to Paragraph 12;
- ☐ (c) That the Department of Vital Statistics be ordered and directed to amend the birth records of each child and reissue a birth certificate showing me as the father and changing each child's name as requested above;
- ☐ (d) That the custody and visitation for the child(ren) be ordered according to Paragraph 14;
- ☐ (e) That child support, health insurance, medical expenses and life insurance for the support of the child(ren) be ordered according to Paragraphs 15, 16, 17 and 18;
- ☐ (f) That Respondent be served with notice of this Petition as provided by law;
- ☐ (g) That a Rule Nisi be scheduled by the Court, to decide on the relief I have requested;
- ☐ (h) That the Court order the parties to participate in mediation, to try to resolve this matter; and
- ☐ (i) 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

|                                                                                                                                    |  |                                         |
|------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------|
| <hr/> <p style="text-align: center;">Petitioner,</p> <p>v.</p><br><br><br><br><hr/> <p style="text-align: center;">Respondent.</p> |  | <p>Civil Action<br/>File No.: <hr/></p> |
|------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------|

**VERIFICATION**

The Petitioner, duly sworn and affirmed, has read this document and states that the facts contained in the *Petition for Legitimation and Custody/Visitation* are true and correct.

---

Petitioner, *Pro se* (signature)

SWORN AND AFFIRMED before me this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

# **SELECT AND COMPLETE A PARENTING PLAN**

All divorce actions involving children must include a Parenting Plan. The parenting plan includes required language and provisions as established by Georgia law.

Options:

1.     **Blank parenting plan**  
Select your own provisions based on your family's special circumstances.
2.     **Standard parenting plan**  
Includes provisions such as joint legal custody, alternating weekends, alternating holidays and two weeks of summer vacation. You may customize provisions as necessary.
3.     **Long distance parenting plan**  
Includes provisions for situations where the non-custodial parent lives out of state.
4.     **Sole custody to petitioner**  
This plan is intended for the following situations:
  - The non-custodial parent cannot be located
  - The non-custodial parent is incarcerated
  - The Defendant is not the biological father of the child(ren) born since you married.
    - If your spouse is the biological/adoptive parent of any of the other children, you will need to select a 2<sup>nd</sup> Parenting Plan from the options above.
5.     **Joint legal and joint physical (50/50) custody.** Attorney consultation is recommended.

Visit the Parenting Plan page located at:

<http://gwinnettfrc.atlantalegalaid.org/child-custody/parenting-plans/>



IN THE SUPERIOR COURT OF GWINNETT COUNTY  
STATE OF GEORGIA

|                                                                                                                                                           |  |                                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------|
| <hr/> <div style="text-align: center;">Plaintiff,</div> <div style="text-align: center;">v.</div> <hr/> <div style="text-align: center;">Defendant.</div> |  | <div>Civil Action<br/>File No.:</div> <hr/> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------|

**DOMESTIC RELATIONS FINANCIAL AFFIDAVIT**

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

|                           |                           |
|---------------------------|---------------------------|
| <b>My Name:</b> _____     | <b>My Age:</b> _____      |
| 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<br>Separate Asset | Defendant's<br>Separate<br>Asset | Basis of the<br>Claim |
|---------------------------------------|-------|-------------------------------|----------------------------------|-----------------------|
| Cash                                  |       |                               |                                  |                       |
| Investment<br>accounts                |       |                               |                                  |                       |
| Certificates<br>(stocks/bonds)        |       |                               |                                  |                       |
| Bank Accounts<br>(list each account): |       |                               |                                  |                       |

| Description                                                | Value       | Plaintiff's<br>Separate Asset | Defendant's<br>Separate Asset | Basis of the<br>Claim |
|------------------------------------------------------------|-------------|-------------------------------|-------------------------------|-----------------------|
| _____                                                      | _____       | _____                         | _____                         | _____                 |
| _____                                                      | _____       | _____                         | _____                         | _____                 |
| Retirement<br>Pensions,<br>401K, IRA, or<br>Profit Sharing | _____       | _____                         | _____                         | _____                 |
| Money owed you:                                            | _____       | _____                         | _____                         | _____                 |
| Tax Refund<br>owed you:                                    | _____       | _____                         | _____                         | _____                 |
| Real Estate:                                               |             |                               |                               |                       |
| Home:                                                      | _____       | _____                         | _____                         | _____                 |
|                                                            | _____       |                               |                               |                       |
| Other:                                                     | : Debt owed |                               |                               |                       |
|                                                            | _____       | _____                         | _____                         | _____                 |
|                                                            | _____       |                               |                               |                       |
| Automobiles/Vehicles:                                      | Debt owed   |                               |                               |                       |
| Vehicle 1:                                                 | _____       | _____                         | _____                         | _____                 |
|                                                            | _____       |                               |                               |                       |
|                                                            | Debt owed   |                               |                               |                       |
| Vehicle 2:                                                 | _____       | _____                         | _____                         | _____                 |
|                                                            | _____       |                               |                               |                       |
|                                                            | Debt owed   |                               |                               |                       |
| Life Insurance<br>(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             | _____           |                                 |       |
| <b>Total Household Expenses</b> | <b>\$</b> _____ |                                 |       |

---

### VEHICLE/AUTOMOTIVE

---

|                                      |                 |                                  |       |
|--------------------------------------|-----------------|----------------------------------|-------|
| Gasoline & Oil                       | _____           | Auto tags/Registration & License | _____ |
| Repairs & Maintenance                | _____           | Insurance                        | _____ |
| Public Transportation                | _____           |                                  |       |
| <b>Total Transportation Expenses</b> | <b>\$</b> _____ |                                  |       |

---

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

---

|                                      |                 |                           |       |
|--------------------------------------|-----------------|---------------------------|-------|
| Gasoline & Oil                       | _____           | Tags/Registration/License | _____ |
| Repairs & Maintenance                | _____           | Insurance                 | _____ |
| <b>Total Other Vehicles Expenses</b> | <b>\$</b> _____ |                           |       |

---

### CHILDREN'S EXPENSES

---

|                                               |       |                               |       |
|-----------------------------------------------|-------|-------------------------------|-------|
| Child Care (total monthly cost)               | _____ | Allowances                    | _____ |
| School tuition                                | _____ | Clothing                      | _____ |
| Tutoring                                      | _____ | Diapers                       | _____ |
| Private lessons ( <i>e.g., music, dance</i> ) | _____ | Medical/Dental/Prescriptions  | _____ |
| School Supplies/Expenses                      | _____ | Grooming, Hygiene             | _____ |
| Lunch money                                   | _____ | Gifts from children to others | _____ |
| Other Educational                             | _____ | Entertainment                 | _____ |

|                                                                                     |           |              |  |
|-------------------------------------------------------------------------------------|-----------|--------------|--|
| Expenses (list type & amount):                                                      |           |              |  |
| Activities ( <i>including extra-curricular, school, religious, cultural, etc.</i> ) |           |              |  |
|                                                                                     |           | Summer Camps |  |
| <b>Total Children's Expenses</b>                                                    | <b>\$</b> |              |  |

### 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)         |           |
| <b>Total Insurance Expenses</b> | <b>\$</b> | <b>Total Child(ren)'s Portion</b> | <b>\$</b> |
|                                 |           |                                   |           |

### OTHER EXPENSES

|                                                                         |           |                                       |  |
|-------------------------------------------------------------------------|-----------|---------------------------------------|--|
| Dry cleaning & laundry                                                  |           | Publications                          |  |
| Clothing                                                                |           | Dues, Clubs                           |  |
| Medical/Dental/Prescription ( <i>out of pocket uncovered expenses</i> ) |           | 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 ( <i>attach sheet to list</i> ) |  |
| <b>Total Other Expenses</b>                                             | <b>\$</b> |                                       |  |

**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>



For additional help, please review the Child Support Worksheet slideshow at:  
<http://gwinnettfllc.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

## HOW TO FILE YOUR DOCUMENTS AT THE COURTHOUSE

- ☐ 1. Download all current administrative court forms at:  
<http://gwinnettflc.atlantalegalaid.org/administrative-court-forms/>
- ☐ 2. Double-check that you have signed all of your documents.
- ☐ 3. Go to the Clerk of Superior Court; they have a computer and scanner available for you to use.
- ☐ 4. Scan your documents, at the kiosk, one at a time

SUPERIOR COURT OF GWINNETT COUNTY  
STATE OF GEORGIA

|           |                           |
|-----------|---------------------------|
| Plaintiff | Civil Action<br>File No.: |
| Defendant | TITLE OF DOCUMENT         |

*Example of case heading*

- Each page with the case heading is a separate document.
- Label the document in a way you will remember, for example:
  - Initials, Summons
  - Initials, Complaint
  - Initials, Financial Affidavit

- ☐ 5. Follow the instructions on the computer for filing with Tyler's Odyssey eFileGA.
- ☐ 6. Ask for help if necessary.
- ☐ 7. Set up an account or enter in your email address. There is no fee to set up an account.
- ☐ 8. Choose "upload documents" and then upload all of the documents you just scanned.
- ☐ 9. After filing, wait 24 to 48 business hours to receive an "acceptance" email. If your filing was not accepted, you will receive an email that explains why (for example, no signature or no date).
- ☐ 10. The accepted documents will be stamped with a case number, date and time.
- ☐ 11. Print two copies of the stamped, accepted document(s). One copy is for your records. The second copy is for the other party.
- ☐ 12. Serve the other party. Review your options at <http://gwinnettflc.atlantalegalaid.org/filing-and-service-instructions/>

**Want to file your case from home? Visit**  
**<http://gwinnettflc.atlantalegalaid.org/how-to-efile/>**

# INSTRUCTIONS FOR

## SERVICE BY GWINNETT COUNTY SHERIFF

---

- ☐ 1. **Efile from the courthouse or from home.** For more details, visit:  
<http://gwinnettfcl.atlantalegalaid.org/how-to-efile/>.
- ☐ 2. Once your case has been accepted, print a copy of all the date-stamped forms and deliver them to the Gwinnett County Sheriff/Civil Processing Unit. You must pay separately for their service of Summons, which is \$50 if you have not obtained a fee waiver.
- ☐ 3. The Sheriff will file the proof of service in the court record. You should contact the court, or visit the website to confirm that the Sheriff's entry of service has been documented for your case.
- ☐ 4. Wait for notice of a court date or a request for additional information from the court or from the other party.

### **Courthouse Information**

Gwinnett Justice and Administration Center  
ATTN: Clerk of Superior Court  
75 Langley Drive  
Lawrenceville, GA 30046  
Tel: (770) 822-8100

**Can't serve the other party in Gwinnett County? See more options at**  
**<http://gwinnettfcl.atlantalegalaid.org/category/filing-instructions/>.**