SUPERIOR COURT OF GWINNETT COUNTY STATE OF GEORGIA

		;		
Petitioner, vs.			Case No.:	
		Respondent.		
		<u>PETITION</u>	FOR SUPPORT	
	My na	me is	and I am representing myself in this	
petitio	on. In si	upport of my case, I state the fol	llowing:	
1.	Subject Matter Jurisdiction: I am the Petitioner in this action and: [Check only one of the following, either (a) or (b).]			
	(a)	I am a resident of the State of	Georgia.	
	(b)	I am not a resident of the State State of Georgia.	e of Georgia, but Respondent is a resident of the	
2.	Jurisdiction and Venue: [Check only one of the following, either (a) or (b).]			
	(a)	The Respondent is a resident of jurisdiction of this Court.	of Gwinnett County, Georgia and is subject to the	
	(b)	The Respondent is a resident of live in Gwinnett County. The and consented to the jurisdiction	County, Georgia, but I Respondent has acknowledged service of process on and venue of this Court.	
3.	in the	ervice of Process: The Respondent shall be served as provided under OCGA § 9-11-4, the following manner: Check only one of the following, either (a) or (b).]		
	(a)		edged service of process. I am filing the which has been signed by the Respondent) with this	

Minor	· Children:	[Check only on	e of the following, either	(a) or (b).]			
The R	Respondent is the parent of		minor child(ren), listed below:				
Name	e of Child		Male / Female	Year of Birth			
	espondent: k only one of th	e following, eith	er (a), (b) or (c).]				
[Chec.		had his paternity of the child(ren) determined in another action. The court, the case number and the nature of the proceeding are as follows:					
[Chec.							
(a)	case number a	and the nature of		llows:			

- 7. The Respondent has failed to provide adequate support for the child(ren).
- 8. **Child Support:** The Respondent has income or is capable of earning sufficient money to support the minor child(ren).
- 9. **Health Insurance for Children:** [Check only one of these, either (a), (b) or (c).]
 - (a) The Respondent should be ordered to maintain a policy for medical, dental and hospitalization insurance for the minor children.
 - (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.
- 10. Other Medical Expenses for Children: [Check only one of these: (a), (b) or (c).]
 - (a) The Respondent should be responsible for all expenses incurred for the children'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 children'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.
- 11. Life Insurance to Support Children: [Check only one of these, either (a), (b) or (c).]
 - (a) The children depend on the Respondent for support, and therefore the Respondent should maintain a policy of insurance on the Respondent's life, with a face amount of \$\sqrt{\sq}}}}}}}}}}}}} \signta\septrimt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}}}}}} \signta\septrimt{\sint{\sint{\sint{\sind{\sint{\sint{\sint{\sint{\sint{\sint{\si
 - (b) I am not asking the Court to address this issue in this case.

WHEREFORE, the Petitioner respectfully requests the following:

- (a) That Respondent be served notice of this Petition as provided by law;
- (b) That the Respondent be ordered to pay the Petitioner support for the minor child(ren) in accordance with the child support guidelines, O.C.G.A. §19-6-15;

(c)	That the Respondent be ordered to maintain medical and dental insurance for the child(ren), and be ordered to pay any medical and dental expenses incurred on behalf of the child(ren) that are not covered by insurance;		
(d)	That the Respondent be ordered to maintain an insurance policy on his/her life for the benefit of the child(ren);		
<u></u> €	That an income deduction order be entered pursuant to O.C.G.A. §19-6-32;		
(f) (g)	That the Court order the parties to participate in mediation to try to resolve the matter; That the Respondent be required to pay all costs of this action; and		
(h)	That the Court order any and all other relief that the Court finds appropriate.		
Dated:			
	Petitioner, Pro se (Signature)		
	Name:		
	Address:		
	Phone:		
	Email:		

SUPERIOR COURT OF GWINNETT COUNTY STATE OF GEORGIA

Petitioner, vs.	Case No.:				
Respondent.					
<u>VERIFICATION</u>					
The Plaintiff personally appeared before the undersigned officer duly authorized to					
administer oaths, and did swear or affirm that he/she read the foregoing Petition for					
Support and that the information contained therein is true and correct.					
	Signature, Petitioner Pro se				
SWORN AND AFFIRMED before me this					
day of20					
NOTA DV DUDI IC					
NOTARY PUBLIC					