

CONTEMPT AND MODIFICATION OF CHILD SUPPORT/ALIMONY PACKET

IMPORTANT NOTE ABOUT THIS PACKET

“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.

Alternative to filing a court case: Georgia Department of Child Support Services

You may open a case with the Georgia Department of Child Support Services by visiting their local office and making an application for modification of your out-of-state child support order. There is a small fee for the application, which can be downloaded at: <http://dcss.dhs.georgia.gov/application-services>. Enforcement through Child Support Services includes:

- Income deduction order
- Tax return intercept
- Driver’s license suspension
- Property liens
- Additional methods up to and including prosecution for contempt

Domestic Relations Case Filing Information Form

Superior Court

County _____

Date Filed _____

MM-DD-YYYY

Docket # _____

Plaintiff(s)

Defendant(s)

Last First Middle I. Suffix Prefix Maiden

Last First Middle I. Suffix Prefix Maiden

Last First Middle I. Suffix Prefix Maiden

Last First Middle I. Suffix Prefix Maiden

Plaintiff/Petitioner's Attorney

☐ Pro Se

Last First Middle I. Suffix

Bar # _____

Check Case Type (one or more)

☐ Divorce (includes annulment)

Contested? ☐ Yes ☐ No

Child Custody Issue? ☐ Yes ☐ No

Child Support Issue? ☐ Yes ☐ No

☐ Separate Maintenance

☐ Adoption

☐ Paternity (includes legitimation)

☐ Interstate Support Enforcement Action

☐ Domestication of Foreign Custody Decree

☐ Family Violence Act Petition

MODIFICATION

☐ Modification - Custody, Visitation, or Parenting Time

Does the modification include a parent selection
by a child who is at least 14 years old? ☐ Yes ☐ No

☐ Modification - Child Support and Alimony

☐ Modification - Child Support

☐ Modification - Alimony

CONTEMPT

☐ Contempt - Custody, Visitation, or Parenting Time

☐ Contempt - Child Support and Alimony

☐ Contempt - Child Support

☐ Contempt - Alimony

☐ Other Domestic Contempt

☐ Other Domestic Relations Specify _____

FAMILY VIOLENCE

Additional Information - Ex Parte Relief

Did the initial pleading include a request for relief?

1. From alleged family violence? ☐ Yes ☐ No

2. Was ex parte relief requested? ☐ Yes ☐ No

3. Was ex parte relief granted? ☐ Yes ☐ No

OTHER

Have the parties agreed to binding arbitration? ☐ Yes ☐ No

Have the parties reached a custodial agreement? ☐ Yes ☐ No

If yes, check one:

☐ Joint Custody

☐ Joint Legal Custody

☐ Joint Physical Custody

☐ Sole Custody to: _____

Financial Affidavit submitted? ☐ Yes ☐ No

Child Support Forms submitted? ☐ Yes ☐ No

**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.]

SUPERIOR COURT OF GWINNETT COUNTY
STATE OF GEORGIA

<div style="border-bottom: 1px solid black; margin-bottom: 10px; min-height: 20px;"></div> <div style="text-align: center;">Plaintiff/Petitioner,</div> <div style="margin-top: 40px; text-align: center;">vs.</div> <div style="border-bottom: 1px solid black; margin-top: 10px; min-height: 20px;"></div> <div style="text-align: center;">Defendant/Respondent.</div>	<div>Civil Action</div> <div>Case Number <div style="border-bottom: 1px solid black; display: inline-block; width: 150px; min-height: 1.2em;"></div></div>
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**PETITION FOR CITATION FOR CONTEMPT
AND MODIFICATION OF CHILD SUPPORT**

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

1. Jurisdiction and Venue:

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

☐ (a) Defendant/Respondent is a resident of Gwinnett County, Georgia and is subject to the jurisdiction of this Court as a result of the prior Order entered by this Court.

☐ (b) Defendant/Respondent is a resident of _____ County, Georgia and is subject to the jurisdiction of this Court as a result of the prior Order entered by this Court.

☐ (c) Defendant/Respondent is not a resident of Georgia, but is subject to the contempt jurisdiction of this Court as a result of the prior Order entered by this Court.

2. Service of Process: Defendant/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) Defendant/Respondent has acknowledged service of process. I am filing the Acknowledgment of Service (which has been signed by the Respondent) with this Petition.

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

☐ (b-1) [Check only if Defendant/Respondent resides outside of Gwinnett County.]

Defendant/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 Defendant/Respondent resides.

3. An Order was entered in the Superior Court of Gwinnett County, Civil Action File No. _____ on _____ (date). A copy of that Order is attached.

4. In the prior Order, Defendant/Respondent was ordered to [check all that apply]:

☐ (a) pay Plaintiff/Petitioner \$_____ per _____ in child support and, as of the date of the filing of this Petition, owes to the Plaintiff/Petitioner the following amount: \$ _____

☐ (b) To pay for and have medical insurance for the minor child(ren).

☐ (c) To pay Plaintiff/Petitioner back for medical bills in the amount of \$ _____

☐ (d) Other:

5. Defendant/Respondent was able to do what the Court ordered.
Defendant/Respondent's refusal to do so is willful.
- ☐ 6. Defendant/Respondent should be held in contempt of this Court's Order and incarcerated until such time as he/she purges him/herself of this contempt.
7. Defendant/Respondent should be ordered to reimburse the Plaintiff/Petitioner for payment in filing this action and for cost of service.
8. Since the date of the Court's order [*Check all that apply*]:
- ☐ (a) **Change in Petitioner's Income.** There has been a substantial change in my income or financial status which ☐ increases ☐ decreases my ability to pay the amount of child support previously awarded.
- ☐ (b) **Change in Respondent's Income.** There has been a substantial change in the income or financial status of the Defendant/Respondent which ☐ increases ☐ decreases his/her ability to pay the amount of child support previously awarded.
- ☐ (c) There has been a substantial change in the needs of the children as follows:
- _____
- _____
- _____
- ☐ (d) The obligation for support has terminated for the following reason(s):
- _____
- _____
9. I have not filed a petition for modification within two years of the filing of this petition.

WHEREFORE, I respectfully request the following relief [*check all that apply*]:

- (a) That process and summons issue as provided by law;
- (b) That Defendant/Respondent be served with a copy of this Petition;
- ☐ (c) That Defendant/Respondent be held in contempt and incarcerated for failure to comply with the Court's Order;

- ☐ (d) That a Rule Nisi be scheduled by the Court to decide on the relief I have ☐ requested;
- ☐ (e) That the order awarding child support be ☐ increased ☐ decreased ☐ terminated ;
- ☐ (f) That the Court order the parties to participate in mediation to try to resolve this matter;
- ☐ (g) That Defendant/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: _____

Plaintiff *Pro se*

Name: _____

Address: _____

City, State ZIP

Phone: _____

Email: _____

SUPERIOR COURT OF GWINNETT COUNTY
STATE OF GEORGIA

<div style="text-align: center;">_____, Plaintiff/Petitioner, vs. _____, Defendant/Respondent.</div>	<div>Civil Action Case Number _____</div>
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VERIFICATION

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

Dated: _____

☐ Plaintiff/Petitioner

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:

Debt owed

Debt owed

Vehicle 2:

Debt owed

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)

School Supplies/Expenses

Lunch money

Other Educational
Expenses (list type &
amount):

Activities (including extra-
curricular, school, religious,
cultural, etc.)

Medical/Dental/Prescriptions

Grooming, Hygiene

Gifts from children to others

Entertainment

Summer Camps

Total Children's Expenses

\$

INSURANCE

Health

Dental

Vision

Life Insurance

Disability

Child(ren)'s portion-health

Child(ren)'s portion – dental

Child(ren)'s portion – vision

Beneficiary – Life

Other Insurance (specify)

Total Insurance Expenses

\$

Total Child(ren)'s Portion

\$

OTHER EXPENSES

Dry cleaning & laundry

Clothing

Medical/Dental/Prescription (out
of pocket uncovered expenses)

Your Gifts (special holidays)

Entertainment

Recreational Expenses (e.g.
fitness)

Vacations

Travel expenses for visitation

Publications

Dues, Clubs

Religious & Charities

Pet expenses

Alimony paid to former spouse

Child support paid for other
children

Date of initial CS order:

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

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

NEXT STEPS...

Step #1: Download all current administrative court forms at:

<http://gwinnettflc.atlantalegalaid.org/administrative-court-forms/>

Step #2: Serve the other Party

Depending on your situation you will need to have the other party acknowledge your case, or you will have to arrange to have them served. Download your filing instructions by visiting:

<http://gwinnettflc.atlantalegalaid.org/filing-and-service-instructions/>

INSTRUCTIONS FOR SERVICE BY GWINNETT COUNTY SHERIFF

- ☐ 1. Double check that you have signed all of your documents.
- ☐ 2. Make 2 copies of all of the forms.
- ☐ 3. The filing fee for a new case file is \$204. You may pay with check, cash, or money order.
- ☐ 4. Go to the Clerk of Superior Court. Give all of the copies to the clerk to have them stamped. The clerk will keep the original. One copy is yours to keep.
- ☐ 5. One copy goes to the Gwinnett County Sheriff. You must pay separately for their service of Summons, which is \$50 if you have not obtained a fee waiver.
- ☐ 6. The Sheriff will send you a copy of proof the opposing party has been served. You should contact the court, or visit the website to confirm the Sheriff's entry of service has been documented for your case.
- ☐ 7. Wait for notice of a court date or request for additional information from the court or from the other side.

Courthouse Information

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