REGISTRATION, CONTEMPT AND MODIFICATION OF SUPPORT

IMPORTANT NOTE ABOUT THIS PACKET

"Petitioner": The first and last name of the person who is filing this action

"Respondent": 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

General Civil and Domestic Relations Case Filing Information Form

☒ **Superior or** ☐ **State Court of** GWINNETT **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**
Last	**First**	**Middle I.**	**Suffix**	**Prefix**	**Last**	**First**	**Middle I.**	**Suffix**	**Prefix**
Last	**First**	**Middle I.**	**Suffix**	**Prefix**	**Last**	**First**	**Middle I.**	**Suffix**	**Prefix**
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 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

_____	
Petitioner,	Civil Action
v.	File No.: _____
_____	
Respondent.	

PETITION FOR REGISTRATION, CONTEMPT AND MODIFICATION OF SUPPORT ORDER

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

1. **Jurisdiction and Venue**:
The Respondent is a resident of Gwinnett County, Georgia and is subject to the jurisdiction of this Court.

2. **Service of Process:** The Respondent shall be served as provided under OCGA§ 9-11-4, by the Gwinnett County Sheriff's Department at the Respondent's ☐ home ☐ work address, which is

_____

_____

_____

_____

3. **Prior Out-of-State Order for Child Support:**
Another state entered a prior order concerning child support. The information concerning that order is as follows:

Date of Order: _____

State: _____

County: _____

Court's Name: _____

Case Number: _____

Party ordered to pay child support: _____

Amount of child support: _____

This Order has not been modified. See attached two copies, including one certified copy, of the Order marked Exhibit A and Exhibit B.

*[**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:

_____

_____

_____.

4. **Prior Out-of-State Order for Alimony:**
Another state entered a prior order concerning child support. The information concerning that order is as follows:

Date of Order: _____

State: _____

County: _____

Court's Name: _____

Case Number: _____

Party ordered to pay alimony: _____

Amount of alimony: _____

This Order has not been modified. See attached two copies, including one certified copy, of the Order.

*[**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.

5. **Domestication:**
As of the date of this filing, Petitioner seeks to register/domesticate this foreign child support order and further swears that Respondent has not paid child support as ordered.

6. **Contempt:**
Petitioner further swears and shows that to date, Respondent owes a child support arrearage of: $_____. [If you do not know the arrears and/or a separate agency is handling child support, you may attach a certified statement of custodian of records documenting the amount of child support owed instead].

7. The Respondent is able to do what the Court ordered, but has willfully refused to do so. Therefore, I am asking for an order finding the Respondent in willful contempt and establishing the amount of arrears owed.

THEREFORE, I request the following relief:
*[**Check all** that apply.]*

☐ (a) That the attached Support Order be registered and filed as a foreign judgment;

☐ (b) That the Court serve notice upon the Respondent and provide him/her with an opportunity to contest the validity of the registered order;

☐ (c) That a Rule Nisi be scheduled by the Court to decide on the relief I have requested;

☐ (d) That the order awarding child support be ☐increased ☐decreased ☐terminated;

☐ (e) That the order awarding alimony be ☐increased ☐decreased ☐terminated;

☐ (f) That the Respondent be held in contempt for his/her failure to comply with the Court's order;

☐ (g) That the Court order the parties to participate in mediation to try to resolve this matter;

☐ (h) That the Respondent be required to pay all costs of this action; 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

_____ Petitioner, v. _____ Respondent.	Civil Action File No.: _____

VERIFICATION

I am the Petitioner filing this action. I swear or affirm that I have read the *Petition for Registration, Contempt and Modification of Support* and that the facts contained within my *Complaint* are true and correct.

_____
Petitioner *[signature]*

SWORN AND AFFIRMED before me this

_____day of _____20____.

_____
NOTARY PUBLIC

IN THE SUPERIOR COURT OF GWINNETT COUNTY
STATE OF GEORGIA

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

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)	_____	_____	_____	_____

Description	Value	Plaintiff's Separate Asset	Defendant's Separate Asset	Basis of the Claim
Bank Accounts (list each account):				
Retirement Pensions, 401K, IRA, or Profit Sharing				
Money owed you:				
Tax Refund owed you:				
Real Estate:				
Home:				
: Debt owed				
Other:				
Debt owed				
Automobiles/Vehicles:				
Vehicle 1:				
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 (*Specify*)	
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

IN THE SUPERIOR COURT OF GWINNETT COUNTY
STATE OF GEORGIA

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

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
Last	First	Middle I.	Suffix	Prefix	Last	First	Middle I.	Suffix	Prefix
Last	First	Middle I.	Suffix	Prefix	Last	First	Middle I.	Suffix	Prefix
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?

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/