

CONTESTED CHANGE OF CUSTODY

A change of custody is allowed when the parent(s) can prove that there are substantial changes affecting the welfare and best interests of the child(ren).

When a parent sues the other parent to change custody, the Court has the power to award sole custody, joint custody, joint legal custody, and joint physical custody. Additionally, the Court may award custody to a third person when both parents are proved to be unfit. The Judge has the power to Order a psychological evaluation of the family, an independent medical evaluation, or an investigation by the local family and children services agency.

A complaint for change of custody brought by the non-custodial parent must be brought in the county in which the legal custodian of the child or children. A complaint for change of custody brought by the legal custodian must be brought in the county in which the Defendant resides. **If the custodial parent and the children live in another state, the rules of jurisdiction and venue are governed by the Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA), which is quite complicated.** The UCCJEA has been adopted by forty-four states. You may read Georgia's version of this law at O.C.G.A. § 19-9-40 through § 19-9-104.

In a multi-state case, you are strongly encouraged to get an attorney.

A Judge may consider the desire of a child who is at least eleven years of age, but not yet fourteen. However, the child's desire by itself is not a material change of conditions or circumstances. The wishes of a child aged fourteen or older is controlling unless the parent whom the child chooses is unfit. During a custody hearing, the Court may Order the parents to leave the courtroom when a child testifies.

IN THE SUPERIOR COURT OF _____ COUNTY

STATE OF GEORGIA

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

COMPLAINT FOR CHANGE OF CUSTODY

Now comes the Plaintiff, _____, and states his/her claim against the Defendant, _____, for a change of custody as follows:

1.

Jurisdiction and Venue (choose a or b)

a) The Defendant, a Georgia resident, is the custodial parent and may be served at his or her address: _____

b) The Defendant, a Georgia resident, is the non-custodial parent and may be served at his or her address: _____

2.

Current Custody Arrangement (choose a or b)

a) The Defendant presently has legal custody of the minor child(ren), _____, age(s) _____, by virtue of a Final Order and decree of divorce in Civil Action No. _____, entered on the _____ day of _____, 20 _____, in the Superior Court of _____ County, Georgia.

b) The Defendant presently has legal custody of the minor child(ren), _____, age(s) _____, by virtue of an Order of Legitimation in Civil Action No. _____, entered on the _____ day of _____, 20 _____.

3.

Change in Circumstances

There has been a change in circumstances materially affecting the welfare of the minor child(ren) as follows: _____

4.

Proposed New Custody Arrangement

As a result of such change of circumstances, the Plaintiff asks that custody be changed as follows: _____

5.

Plaintiff's Ability to be Custodial Parent

The Plaintiff is a fit and capable parent and is otherwise qualified to assume full custody of the minor child(ren).

6.

Visitation

a) Plaintiff requests that the Defendant be awarded visitation with the minor child(ren) as follows (or attach a schedule): _____

b) The proposed visitation schedule is attached as Exhibit "_____."

7.

Child Support Amount

Please go to <http://www.georgiacourts.org/csc/> and complete the Child Support Worksheet.

The Plaintiff asks that Defendant be required to pay to the Plaintiff, as support of the minor child(ren), the sum of \$ _____ * per week/bi-weekly/ month, starting on _____, and continuing per week/bi-weekly/month thereafter until each respective child reaches the age of eighteen (18), or so long as the child is enrolled in and attending secondary school (not to exceed age twenty (20)), marries, dies, or becomes otherwise emancipated. The Plaintiff asks that the child support obligation be reduced as follows as each child becomes emancipated: _____

*This amount was derived from line 13 of the Child Support Worksheet, which is attached hereto as Exhibit 1.

8.

Child Support Method of Payment (Check a or b)

a) The Plaintiff asks that all payments of child support shall be paid directly to the Plaintiff at the following address: _____

b) The Plaintiff ask that all child support payments shall be paid to Georgia Child Support Enforcement pursuant to an Income Deduction Order.

9.

Health Insurance

The Plaintiff asks that _____ shall be required to maintain a policy of medical, dental, and hospitalization insurance for the benefit of the minor child(ren) for so long as the child support obligation set forth herein exists. The Plaintiff asks that costs not covered under the insurance policy shall be divided between the parties as follows:

The Plaintiff further asks that _____ shall provide him/her with an insurance identification card or such other acceptable proof of insurance coverage and shall cooperate with the Plaintiff in submitting claims under the policy.

THEREFORE, Plaintiff prays:

(a) That custody of the minor child(ren) be changed as follows: _____

_____;

(b) That the Plaintiff have such additional relief as the Court may consider equitable and appropriate.

Plaintiff *pro se*

Address: _____

Telephone number(s): _____

IN THE SUPERIOR COURT OF _____ COUNTY

STATE OF GEORGIA

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

VERIFICATION

Personally appeared before me the undersigned who on oath states that the facts set forth in this Complaint are true and correct to the best of his/her knowledge and belief.

Plaintiff *pro se*

Sworn to and subscribed before me
this _____ day of _____, 20 _____.

Notary Public, State of Georgia

My Commission Expires: _____

IN THE SUPERIOR COURT OF _____ COUNTY

STATE OF GEORGIA

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

Defendant.	§	

PLAINTIFF'S AFFIDAVIT REQUIRED BY O.C.G.A. § 19-9-69

State of Georgia
County of _____

Personally before the undersigned officer authorized to administer oaths appeared _____, who, being duly sworn, does state on oath the following:

1.

That Affiant, _____, is the plaintiff named in the above- styled action.

2.

The above-styled action concerns the custody of:

Name: _____	DOB: _____	Sex: _____
Name: _____	DOB: _____	Sex: _____
Name: _____	DOB: _____	Sex: _____
Name: _____	DOB: _____	Sex: _____
Name: _____	DOB: _____	Sex: _____

3.

The present address of the child(ren) is: _____

Others with a Custody/Visitation Claim (Choose a or b)

a) I know of no other person, not a party to this proceeding, who has physical custody of the children or claims to have custody or visitation rights with respect to the minor children.

b) The following persons who are not a party to this proceeding have custody or visitation rights with the minor children:

<u>Name</u>	<u>Claim</u>
_____	_____
_____	_____
_____	_____
_____	_____

Affiant/Plaintiff

Sworn to and subscribed before me this _____ day
of _____, 20 _____.

Notary Public

IN THE SUPERIOR COURT OF _____ COUNTY

STATE OF GEORGIA

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

ELECTION OF _____.

This Affidavit is given by _____ who,
after being duly sworn before an officer authorized in the State of Georgia to administer oaths,
states the following:

1.

My name is _____, and I am the
son or daughter of _____ and _____.
I was born on _____ and am currently _____ years old.

2.

I sign this Affidavit to inform the Court that I wish to live and elect to live with
my mother/father/other _____ on a permanent and full-
time basis. I understand that my mother/father/other _____
may ask the Court to be made my custodial parent and desire that he be designated as my
custodial parent.

3.

I wish my _____ [non-custodial parent] to have
reasonable visitation rights.

4.

I hereby affirm that I have given this Affidavit under oath and that the statements contained herein are true and accurate.

5.

I have made this election voluntarily and not because of any pressure or duress or because of any problems made known to me by either of my parents or any other person.

Affiant

Sworn to and subscribed before me this _____ day

of _____, 20 _____.

Notary Public

My Commission Expires: _____

IN THE SUPERIOR COURT OF _____ COUNTY

STATE OF GEORGIA

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

SUMMONS

To the above-named defendant:

You are hereby summoned and required to file with the Clerk of said Court and serve upon _____, the pro se plaintiff, whose address is _____ an answer to the complaint which is herewith served upon you, within 30 days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint.

This _____ day of _____, 20_____.

Clerk of Superior Court, _____ County

IN THE SUPERIOR COURT OF _____ COUNTY

STATE OF GEORGIA

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

DOMESTIC RELATIONS FINANCIAL AFFIDAVIT OF PLAINTIFF

1. AFFIANT'S NAME: _____ Age _____

Spouse's Name: _____ Age _____

Date of Marriage: _____ Date of Separation _____

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

Name	Date of Birth	Resides with
_____	_____	_____
_____	_____	_____
_____	_____	_____

Names and birth dates of affiant's other children:

Name	Date of Birth	Resides with
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. SUMMARY OF AFFIANT'S INCOME AND NEEDS

(a) Gross monthly income (from item 3A) \$ _____

(b) Net monthly income (from item 3C) \$ _____

(c) Average monthly expenses (item 5A) \$ _____

Monthly payments to creditors + _____
Total monthly expenses and payments to credits (item 5C) \$ _____
(subsections (d) & (e) deleted)

3. A AFFIANT'S 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 Wage \$ _____
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 \$ _____
 Alimony and maintenance 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 \$ _____
 (prior section B deleted)

3. 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: premarital, gift, inheritance, source of funds, etc.)

Description	Value	Separate Asset of the Husband	Separate Asset of the Wife	Basis of the Claim
Cash	\$ _____	_____	_____	_____
Stocks, bonds	\$ _____	_____	_____	_____
CD's/Money Market Accounts	\$ _____	_____	_____	_____
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. A AVERAGE MONTHLY EXPENSES

HOUSEHOLD

Mortgage or rent payments	\$ _____	Cable TV	\$ _____
Property taxes	\$ _____	Misc. household and grocery items	\$ _____
Homeowner/Renter Insurance	\$ _____	Meals outside the home	\$ _____
Electricity	\$ _____	Other	\$ _____
Water	\$ _____	AUTOMOBILE	
Garbage and Sewer	\$ _____	Gasoline and Oil	\$ _____
Telephone:	\$ _____	Repairs	\$ _____
residential line:	\$ _____	Auto Tags and license	\$ _____
cellular telephone:	\$ _____	Insurance	\$ _____
Gas	\$ _____	OTHER VEHICLES	
Repairs and maintenance:	\$ _____	(boats, trailers, RVs, etc.)	
Lawn Care	\$ _____	Gasoline and oil	\$ _____
Pest Control	\$ _____	Repairs	\$ _____
		Tags and license	\$ _____
		Insurance	\$ _____

CHILDREN'S EXPENSES

Child care (<u>total monthly cost</u>)	\$ _____
School tuition	\$ _____
Tutoring	\$ _____
Private lessons (e.g., music, dance)	\$ _____
School supplies/expenses	\$ _____
Lunch Money	\$ _____
Other Educational Expenses (list)	
_____	\$ _____
_____	\$ _____
Allowance	\$ _____

AFFIANT'S OTHER EXPENSES

Dry cleaning/laundry	\$ _____
Clothing	\$ _____
Medical, dental, <u>prescription</u> (out of pocket/uncovered expenses)	\$ _____
Affiant's gifts (special holidays)	\$ _____
Entertainment	\$ _____
Recreational Expen. (e.g., fitness)	\$ _____
Vacations	\$ _____
Travel Expenses	\$ _____
Visitation	\$ _____
Publications	\$ _____
Dues, clubs	\$ _____

Clothing	\$ _____	Religious and charities	\$ _____
Diapers	\$ _____	Pet expenses	\$ _____
Medical, dental, prescription (out of pocket/uncovered expenses)	\$ _____	Alimony paid to former spouse	\$ _____
Grooming, hygiene	\$ _____	Child support paid for other children	\$ _____
Gifts from children to others	\$ _____	Date of initial Order:	_____
Entertainment	\$ _____	Other (attach sheet)	\$ _____
Activities (including extra-curricular, school, religious, cultural, etc.)	\$ _____		
Summer Camps	\$ _____		
OTHER INSURANCE			
Health	\$ _____		
Child(ren)'s portion:		\$ _____	
Dental	\$ _____		
Child(ren)'s portion:		\$ _____	
Vision	\$ _____		
Child(ren)'s portion:		\$ _____	
Life	\$ _____		
Relationship of Beneficiary:		_____	
Disability	\$ _____		
Other(specify):	\$ _____		
TOTAL ABOVE EXPENSES	\$ _____		

B. PAYMENTS TO CREDITORS
(please check one)

To Whom:	Balance Due	Monthly Payment	Joint	(please check one)	
				Plaintiff	Defendant
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

TOTAL MONTHLY PAYMENTS TO CREDITORS: \$ _____

C. TOTAL MONTHLY EXPENSE: \$ _____

This _____ day of _____, 20 _____.

Affiant

Notary Public

My Commission expires: _____

IN THE SUPERIOR COURT OF _____ COUNTY
STATE OF GEORGIA

Plaintiff,)
) Civil Action
) Case Number _____
vs.)
)

Defendant.)

PARENTING PLAN

The parties have agreed to the terms of this plan and this information has been furnished by both parties to meet the requirements of OCGA Section 19-9-1. The parties agree on the terms of the plan and affirm the accuracy of the information provided, as shown by their signatures at the end of this order.

This plan has been prepared by the judge.

This plan is a new plan.

modifies an existing Parenting Plan dated _____.

modifies an existing Order dated _____.

Child's Name	Date of Birth

I. Custody and Decision Making:

A. Legal Custody shall be (choose one:)

- with the Mother
- with the Father
- Joint

B. Primary Physical Custodian

For each of the children named below the primary physical custodian shall be:

	d/o/b:	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Joint
	d/o/b:	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Joint
	d/o/b:	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Joint
	d/o/b:	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Joint
	d/o/b:	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Joint

WHERE JOINT PHYSICAL CUSTODY IS CHOSEN BY THE PARENTS OR ORDERED BY THE COURT, A DETAILED PLAN OF THE LIVING ARRANGEMENTS OF THE CHILD(REN) SHALL BE ATTACHED AND MADE A PART OF THIS PARENTING PLAN.

C. Day-To-Day Decisions

Each parent shall make decisions regarding the day-to-day care of a child while the child is residing with that parent, including any emergency decisions affecting the health or safety of a child.

D. Major Decisions

Major decisions regarding each child shall be made as follows:

- Educational decisions mother father joint
- Non-emergency health care mother father joint
- Religious upbringing mother father joint
- Extracurricular activities mother father joint
- _____ mother father joint
- _____ mother father joint

E. Disagreements

Where parents have elected joint decision making in Section I.D above, please explain how any disagreements in decision-making will be resolved.

II. Parenting Time/Visitation Schedules

A. Parenting Time/Visitation

During the term of this parenting plan the non-custodial parent shall have at a minimum the following rights of parenting time / visitation (choose an item):

- The weekend of the first and third Friday of each month.
- The weekend of the first, third, and fifth Friday of each month.
- The weekend of the second and fourth Friday of each month.
- Every other weekend starting on _____.
- Each _____ starting at _____ a.m./p.m. and ending _____ a.m./p.m.
- Other: _____.
- and weekday parenting time / visitation on (choose an item):
 - None
 - Every Wednesday Evening
 - Every other Wednesday during the week prior to a non-visitation weekend.
 - Every _____ and _____ evening.
 - Other: _____.

For purposes of this parenting plan, a weekend will start at _____ a.m./p.m. on [Thursday / Friday / Saturday / Other: _____] and end at _____ a.m./p.m. on [Sunday / Monday / Other: _____].

Weekday visitation will begin at _____ a.m./p.m. and will end [at _____ p.m. / when the child(ren) return(s) to school or day care the next morning / Other: _____].

This parenting schedule begins:

- _____ OR date of the Court's Order
(day and time)

B. Major Holidays and Vacation Periods

Thanksgiving

The day to day schedule shall apply unless other arrangements are set forth:

beginning _____.

Winter Vacation

The () mother () father shall have the child(ren) for the first period from the day and time school is dismissed until December _____ at _____ a.m./p.m. in () odd numbered years () even numbered years () every year. The other parent will have the child(ren) for the second period from the day and time indicated above until 6:00 p.m. on the evening before school resumes. Unless otherwise indicated, the parties shall alternate the first and second periods each year.

Other agreement of the parents:

_____.

Summer Vacation

Define summer vacation period: _____

The day to day schedule shall apply unless other arrangements are set forth:

beginning _____.

Spring Vacation (if applicable)

Define: _____

The day to day schedule shall apply unless other arrangements are set forth:

beginning _____.

Fall Vacation (if applicable)

Define: _____

The day to day schedule shall apply unless other arrangements are set forth:

beginning _____.

C. Other Holiday Schedule (if applicable)

Indicate if child(ren) will be with the parent in ODD or EVEN numbered years or indicate EVERY year:

	MOTHER	FATHER
Martin Luther King Day	_____	_____
Presidents' Day	_____	_____
Mother's Day	_____	_____
Memorial Day	_____	_____
Father's Day	_____	_____
July Fourth	_____	_____
Labor Day	_____	_____
Halloween	_____	_____
Child(ren)'s Birthday(s)	_____	_____
Mother's Birthday	_____	_____
Father's Birthday	_____	_____
Religious Holidays:	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Other: _____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Other: _____	_____	_____
Other: _____	_____	_____
_____	_____	_____

D. Other extended periods of time during school, etc. (refer to the school schedule)

E. Start and end dates for holiday visitation

For the purposes of this parenting plan, the holiday will start and end as follows (choose one):

- Holidays that fall on Friday will include the following Saturday and Sunday
- Holidays that fall on Monday will include the preceding Saturday and Sunday
- Other: _____

F. Coordination of Parenting Schedules

Check if applicable:

The holiday parenting time/visitation schedule takes precedence over the regular parenting time/visitation schedule.

When the child(ren) is/are with a parent for an extended parenting time/visitation period (such as summer), the other parent shall be entitled to visit with the child(ren) during the extended period, as follows:

G. Transportation Arrangements

For visitation, the place of meeting for the exchange of the child(ren) shall be:

The _____ will be responsible for transportation of the child at the beginning of visitation.

The _____ will be responsible for transportation of the child at the conclusion of visitation.

Transportation costs, if any, will be allocated as follows:

Other provisions: _____

H. Contacting the child

When the child or children are in the physical custody of one parent, the other parent will have the right to contact the child or children as follows:

Telephone

Other: _____

Limitations on contact:

I. Supervision of Parenting Time (if applicable)

Check here if Applicable

Supervised parenting time shall apply during the day-to-day schedule as follows:

Place: _____

Person/Organization supervising: _____

Responsibility for cost: mother father both equally

J. Communication Provisions

Please check:

Each parent shall promptly notify the other parent of a change of address, phone number or cell phone number. A parent changing residence must give at least 30 days notice of the change and provide the full address of the new residence.

Due to prior acts of family violence, the address of the child(ren) and victim of family violence shall be kept confidential. The protected parent shall promptly notify the other parent, through a third party, of any change in contact information necessary to conduct visitation.

III. Access to Records and Information

Rights of the Parents

Absent agreement to limitations or court ordered limitations, pursuant to O.C.G.A. § 19-9-1 (b) (1) (D), both parents are entitled to access to all of the child(ren)'s records and information, including, but not limited to, education, health, extracurricular activities, and religious communications. Designation as a non-custodial parent does not affect a parent's right to equal access to these records.

Limitations on access rights: _____

Other Information Sharing Provisions: _____

IV. Modification of Plan or Disagreements

Parties may, by mutual agreement, vary the parenting time/visitation; however, such agreement shall not be a binding court order. Custody shall only be modified by court order.

Should the parents disagree about this parenting plan or wish to modify it, they must make a good faith effort to resolve the issue between them.

V. Special Considerations

Please attach an addendum detailing any special circumstances of which the Court should be aware (e.g., health issues, educational issues, etc.)

VI. Parents' Consent

Please review the following and initial:

1. We recognize that a close and continuing parent-child relationship and continuity in the child's life is in the child's best interest.

Mother's Initials: _____ Father's Initials: _____

2. We recognize that our child's needs will change and grow as the child matures; we have made a good faith effort to take these changing needs into account so that the need for future modifications to the parenting plan are minimized.

Mother's Initials: _____ Father's Initials: _____

3. We recognize that the parent with physical custody will make the day-to-day decisions and emergency decisions while the child is residing with such parent.

Mother's Initials: _____ Father's Initials: _____

() We knowingly and voluntarily agree on the terms of this Parenting Plan. Each of us affirms that the information we have provided in this Plan is true and correct.

Father's Signature

Mother's Signature

Sworn and subscribed
before me this _____ day of
_____, 20____.

Sworn and subscribed
before me this _____ day of
_____, 20____.

Notary Public

Notary Public

ORDER

The Court has reviewed the foregoing Parenting Plan, and it is hereby made the order of this Court.

This Order entered on _____, 20____.

JUDGE

COUNTY SUPERIOR COURT

IN THE SUPERIOR COURT FOR _____ COUNTY
STATE OF GEORGIA

_____,
Plaintiff,
vs. _____,
Defendant.

: : : : : : : :

CIVIL ACTION NUMBER: _____

CHILD SUPPORT ORDER ADDENDUM

All parts of this Addendum must be completed and it must be attached to all temporary and final orders and judgments determining the amount of child support. However, it is not required for orders on contempt motions.

[You must check one of the following boxes.]

() The parties have agreed to the terms of this Order and this information has been furnished by both parties to meet the requirements of O.C.G.A. § 19-6-15. The parties agree on the terms of the Order and affirm the accuracy of the information provided, as shown by their signatures at the end of this Addendum.

-or-

() This Addendum includes findings of fact and conclusions of law and fact made by the Court, in compliance with O.C.G.A. § 19-6-15.

APPLICATION OF CHILD SUPPORT GUIDELINES. The statutory requirements of O.C.G.A. § 19-6-15 have been applied in reaching the amount of child support provided under the final order in this action. The specifics are as follows:

1. **Gross Income:** The Father's gross monthly income (before taxes) is \$ _____; the Mother's monthly income (before taxes) is \$ _____.
2. **Number of Children:** The number of children for whom support is being provided in this Order is _____.
3. **Attachments:** The *Child Support Worksheet* and *Schedule E* are attached and made a part of this Addendum, along with other applicable Schedules.
4. **Child Support Amount:** The _____ shall pay to the _____, for the support of the minor children, the sum of _____ Dollars (\$ _____) per month, beginning on _____, 20__.

5. Duration of Child Support

[You must check & complete only one of the following paragraphs.]

(a) **Beyond Age 18 for High School:** The child support shall continue monthly thereafter until each child reaches the age of eighteen, dies, marries, or otherwise becomes emancipated; provided that if a child becomes eighteen years old while enrolled or attending secondary school on a full-time basis, then the child support shall continue for the child until the child has graduated from secondary school or reaches twenty years of age, whichever occurs first.

(b) **Stops at Age 18:** The child support shall continue monthly thereafter until each child reaches the age of eighteen, dies, marries, or otherwise becomes emancipated.

(c) **Until Further Order:** This is not a final order, so the child support shall continue until further order of the Court.

(d) **Until Specific Date:** The child support shall continue monthly thereafter until _____.

6. Deviation from Presumptive Amount of Child Support

[You must check & complete only one of the following paragraphs.]

(a) **No Deviation:** It has been determined that none of the Deviations allowed under O.C.G.A. § 19-6-15 applies in this case, as shown by the attached *Schedule E*. The amount of support in Paragraph 4 above is the Presumptive Amount of Child Support shown on the attached *Child Support Worksheet*.

(b) **Deviation:** It has been determined that one or more of the Deviations allowed under O.C.G.A. § 19-6-15 applies in this case, as shown by the attached *Schedule E*. The Presumptive Amount of Child Support that would have been required under O.C.G.A. § 19-6-15 if the deviations had not been applied is \$_____ per month, as shown on the attached *Child Support Worksheet*. The attached *Schedule E* 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.

7. Health, Dental & Vision Insurance for Children

[You must check & complete only one of the following paragraphs, (a) or (b).]

(a) **Insurance Available:** The following insurance for the children involved in this action is available at a reasonable cost to the _____ through that parent's employer, private insurance, or the Peach Care program:

- () Health (medical, mental health and hospitalization)
- () Dental
- () Vision

So long as it remains available to that parent, the _____ shall maintain the types of insurance checked above for the benefit of the minor children, until each child reaches the age of eighteen, dies, marries, or otherwise becomes emancipated; except that if a child becomes eighteen years old while enrolled in or attending secondary school on a full-time basis, then the insurance shall be continued for the child until the child has graduated from secondary school or reaches twenty years of age, whichever occurs first.

(1) The parent who maintains the insurance shall provide the other parent with an insurance identification card or such other acceptable proof of insurance coverage and shall cooperate with the other parent in submitting claims under the policy.

(2) All money received by one of the parties for claims processed under the insurance policy shall be paid within five (5) days after the party receives the money, to the other party (if that other party paid the applicable health care service provider) or to the applicable health care provider (if the provider has not been paid by one of the parties).

() (b) **Insurance Not Available:** Insurance (other than Medicaid) is not available at this time to either party at a reasonable cost. If health insurance for the children later becomes available to the parent who is required to pay child support for these children, then that parent must obtain the following types of insurance, unless it is the being provided by the other parent:

- Health (medical, mental health and hospitalization)
- Dental
- Vision

When insurance has been obtained by either party, Paragraphs 7 (a) (1) and (2) shall apply.

8. **Uninsured Health Care Expenses:** The _____ shall pay _____% and the _____ shall pay _____% of all reasonable and necessary 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 a health care expense for one of the children shall provide verification of the amount to the other party. That other party shall reimburse the incurring party (or pay the health care provider directly) for the appropriate percentage of the expense, within fifteen (15) days after receiving the verification of a particular health care expense.

9. **Parenting Time Amounts:** The approximate number of days of parenting time per year according to the visitation order is _____ days for the father and _____ days for the Mother.

10. Social Security Benefits

[You must check & complete only one of the following paragraphs.]

(a) **Not Received:** The children do not receive Title II Social Security benefits under the account of the parent ordered to pay child support.

(b) **Received:** The children receive Title II Social Security benefits under the account of the parent ordered to pay child support. The benefits received by the children shall be counted as child support payments, and shall be applied against the final child support order to be paid by that parent.

(1) If the amount of benefits received is less than the amount of support ordered, the obligor shall pay the amount exceeding the Social Security benefit.

(2) If the amount of benefits received is equal to or more than the amount of child support ordered, the obligor's responsibility is met and no further support shall be paid.

(3) Any Title II benefits received for the children's benefit shall be retained by the custodial parent or third-party custodian for the children's benefit, and it shall not be used as a reason for decreasing the final child support order or reducing arrearages.

11. Modification:

[You must check & complete only one of the following paragraphs.]

(a) **Not Modification Action:** This is an initial determination of child support, not a modification action.

(b) **Support Amount Not Modified:** This action is a modification action, but the order does not modify the amount of child support that was previously ordered for these children. The date of the initial support order concerning this child support case was:

_____.

(c) **Support Amount Modified:** The order modifies the amount of child support that was previously ordered for these children. The basis for the modification is:

- (1) Substantial change in the income and financial status of the Father;
- (2) Substantial change in the income and financial status of the Mother;
- (3) Substantial change in the needs of the Children;
- (4) The non-custodial parent failed to exercise visitation provided under the prior order;
- (5) The non-custodial parent has exercised more visitation than was provided in the prior order.

The date of the initial support order concerning this child support case was:

_____.

12. **Continuing Garnishment for Child Support:** Whenever, in violation of the terms of the order, there shall have been a failure to make the support payments, so that the amount unpaid is equal to or greater than the amount payable for one month, the payments required to be made may also be collected by the process of continuing garnishment for support.

13. Income Deduction Order:

[You must check & complete only one of the following paragraphs, (a), (b) or (c).]

(a) An *Income Deduction Order* shall be entered by the Court, under O.C.G.A. § 19-6-32, for payment of the child support and alimony (if any) provided. The *Income Deduction Order* shall take effect:

[To finish (a), you must check either (1) or (2). Do not check both.]

(1) immediately upon entry of the Court.

-or-

(2) upon accrual of a delinquency equal to one month's support. The *Income Deduction Order* may be enforced by serving a "Notice of Delinquency," as provided in O.C.G.A. § 19-6-32 (f).

(b) The parties agree that an *Income Deduction Order* is not immediately necessary.

(c) The Court finds that there is good cause not to require income deduction, having determined that income deduction will not serve the children's best interests and that there has been sufficient proof of timely payment of any previously ordered support.

14. Type of Action:

Parties' Consent: We knowingly and voluntarily agree on the terms of this order. Each of us affirms that the information we have provided in this Addendum is true and correct.

Father's Signature

Mother's Signature

Third Party Custodian

Contested Hearing.

ORDER

() This Court has reviewed the foregoing *Child Support Addendum*, and it is hereby made the order of this Court.

-or-

() After a hearing in the above-styled case, the Court hereby makes the findings of facts as shown on this *Child Support Order Addendum*.

SO ORDERED, on this ___ day of _____, 20__.

Judge of Superior Courts
Ogeechee Judicial Circuit

Prepared By:

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

)	
)	
PLAINTIFF(S))	
)	
vs.)	Civil Action No. _____
)	
)	
)	
DEFENDANT(S))	

NOTICE OF HEARING

Notice is hereby given to the above-named parties that a hearing will be held before the Honorable _____, on _____, 20__ at ___:___ AM/PM in the Effingham County Judicial Complex on the third floor in the _____ Courtroom.

Parties are directed and required to be and appear before the court at said date, time and place ready for said hearing.

This _____ day of _____, 20__.

Clerk/Deputy Clerk Superior Court
Effingham County

IN THE SUPERIOR COURT OF _____ COUNTY

STATE OF GEORGIA

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

FINAL JUDGMENT AND DECREE
MODIFICATION OF CUSTODY

The original Order for custody, Civil Action File No. _____, which was issued on the _____ day of _____, 20 _____, is hereby modified as follows:

Legal Custody is awarded to: _____.

Physical Custody is awarded to: _____.

Visitation is awarded as follows: _____

Based on the evidence presented, including the Child Support Worksheet, Schedules "A" through "E," incorporated by reference, and specifically the Child Support Worksheet and Schedule "E" attached hereto, and where applicable, Special Interrogatories also attached hereto, the Court finds as follows:

1. Children for whom support is being determined:

Child	Date of Birth

2. (a) For purposes of Calculating Child Support, the Court Orders that the Custodial Parent shall be _____.

(b) For purposes of Calculating Child Support the Court Orders that the Non-custodial Parent shall be _____.

(c) The Court finds that the amount of the Non-custodial Parent's parenting time as set forth in the Order of Visitation is _____ days.

3. (a) The Court finds as set on Schedule "A," the gross income of the father is \$ _____.

(b) The Court finds as set on Schedule "A," the gross income of the Mother is \$ _____.

4. (a) The Court finds as set on the "Child Support Worksheet" and Schedule "B" the Non-custodial Parent's Adjusted Income is \$ _____.

(b) The Court finds as set on the "Child Support Worksheet" and Schedule "B," the Custodial Parent's Adjusted Income is \$ _____.

(c) The Court finds as set on the "Child Support Worksheet" and Schedule "B," the Parties' Total Adjusted Income is \$ _____.

5. The Court finds as set by the "Child Support Obligation Schedule Table" and as listed on the "Child Support Worksheet" the Basic Child Support Obligation is \$ _____.

6. (a) The Court finds as set on the "Child Support Worksheet," the Basic Child Support Obligation for the Custodial Parent is: \$ _____
_____ %

(b) The Court finds as set on the "Child Support Worksheet," the Basic Child Support Obligation for the Non-custodial Parent is: \$ _____
_____ %

7. The Court finds that health insurance that provides for the health care needs of the child **is/is not** reasonably available at a reasonable cost. If provided, it will be provided by _____.

8. (a) The Court finds as set on the "Child Support Worksheet" and Schedule "D," the Presumptive Amount of Child Support for the Custodial Parent is \$ _____.

(b) The Court finds as set on the "Child Support Worksheet" and Schedule "D," the Presumptive Amount of Child Support due to the Custodial Parent is \$ _____.

(c) The Court finds as set on the "Child Support Worksheet" and Schedule "D," the Presumptive Amount of Child Support due to the Custodial Parent is \$ _____

9. The Court finds that the child receives benefits under Title II of the Federal Social Security Act on the obligor's account and the amount the child receives on a monthly basis is \$ _____

10. The Court has considered the existence of special circumstances and as set forth on the "Child Support Worksheet" and Schedule "E," has found the following special circumstances marked with an ["X"] to be present in this case.

Note: Refer to Schedule "E" and, where applicable, "Special Interrogatories" attached hereto for an explanation for the reasons for the deviation, how the application of the Presumptive Amount of Child Support would have been unjust and how the best interest of the child for whom support is being determined will be served by a deviation from the Presumptive Amount of Child Support.

- _____ A. High Income
- _____ B. Low Income
- _____ C. Other Health-Related Insurance
- _____ D. Life Insurance
- _____ E. Child and Dependent Care Tax Credit
- _____ F. Travel Expenses
- _____ G. Alimony
- _____ H. Mortgage
- _____ I. Permanent Plan or Foster Care Plan
- _____ J. Extraordinary Expenses
- _____ K. Parenting Time
- _____ L. Non-Specific Deviations (Other)

11. (a) The Court finds as set on the "Child Support Worksheet" the Final Amount of Child Support for the Custodial Parent is \$ _____

(b) The Court finds as set on the "Child Support Worksheet" the Final Amount of Child Support for the Non-custodial Parent is \$ _____

(c) The Court finds as set on the "Child Support Worksheet" the Final Amount of Child Support the Non-custodial Parent shall Pay the Custodial Parent is \$ _____

12. (a) The Court finds as set on the "Child Support Worksheet" that the Custodial Parent's allocated Uninsured Health Care Expenses based on their pro rata responsibility is \$ _____ %

(b) The Court finds as set on the "Child Support Worksheet" that the Non-custodial Parent's allocated Uninsured Health Care Expenses based on their pro rata responsibility is \$ _____ %

The Non-custodial parent, _____, shall pay Child Support for each of the _____ minor child(ren) at \$ _____ per month, for a total of \$ _____ per month to the Custodial parent, starting _____, and continuing until each minor child reaches the age of majority, dies, marries, becomes emancipated, whichever first occurs, provided however, the Court, in the exercise of its sound discretion, directs (or does not direct) the Non-custodial Parent to continue to pay child support for a Child who has not previously married or become emancipated, who is enrolled in and attending a secondary school, and who has attained the age of majority before completing his or her secondary school education, until that child graduates from high school, or until the child attains _____ years of age (not to exceed 20 years), whichever first occurs.

As each child becomes ineligible for child support, the total amount owed shall be reduced by \$ _____, which is _____%.

_____ shall be required to maintain a health insurance policy for the benefit of the minor children. Any health-care costs which are not covered by health insurance shall be divided as follows: _____

_____ shall furnish to _____ health insurance card(s) and the parties shall cooperate in filing health insurance claims.

Each party is hereby restrained and enjoined from molesting or harrassing the other party.

SO ORDERED, this _____ day of _____, 20_____ .

JUDGE, Superior Courts

IN THE SUPERIOR COURT OF EFFINGHAM COUNTY, GEORGIA
SHERIFF'S RETURN OF SERVICE

Civil Action No. _____

____ Superior Court ____ Juvenile Court

Date Filed _____

____ State Court

Attorney's Address _____

Georgia, _____ EFFINGHAM _____ County

PLAINTIFF

Vs.

Name and Address of Party to be served _____

DEFENDANT

GARNISHEE

SHERIFF'S ENTRY OF SERVICE

_____ I have this day served the defendant _____ personally with a copy of the within action and summons.

_____ I have this day served the defendant _____ by leaving a copy of the action and summons at his most notorious place of abode in this County.

Delivered same into hands of _____ described as follows: age, about _____ years; weight, about _____ pounds; height, about _____ feet and _____ inches, domiciled at the residence of defendant.

_____ Served the defendant, _____ a corporation, by leaving a copy of the within action and summons with _____ in charge of the office and place of doing business of said Corporation in this County.

_____ I have this day served the above styled affidavit and summons on the defendant(s) by posting a copy of the same to the door of the premises designated in said affidavit, and on the same day of such posting by depositing a true copy of same in the United States Mail, First Class in an envelope properly addressed to the defendant(s) at the address shown in said summons, with adequate postage affixed thereon containing notice to the defendant(s) to answer said summons at the place stated in the summons.

_____ Diligent search made and defendant _____ not to be found in the jurisdiction of this Court.

This _____ day of _____, _____.

DEPUTY

General Civil and Domestic Relations Case Filing Information Form

Superior or State Court of _____ County

For Clerk Use Only

Date Filed _____ Case Number _____
MM-DD-YYYY

Plaintiff(s)

Defendant(s)

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

General Civil and Domestic Relations Case Disposition Information Form

Superior or State Court of _____ County

For Clerk Use Only

Date Disposed _____ Case Number _____
MM-DD-YYYY

Case Style _____

Plaintiff(s)

Defendant(s)

Last	First	Middle I.	Suffix	Prefix

Last	First	Middle I.	Suffix	Prefix

Reporting Party _____

Plaintiff's Attorney _____

Bar Number _____

Self-Represented

Defendant's Attorney _____

Bar Number _____

Self-Represented

Manner of Disposition
Check Only One

Jury Trial

Bench/Non-Jury Trial

Non-Trial Disposition

Alternative Dispute Resolution

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