IN THE SUPERIOR COURT OF _____ COUNTY
STATE OF GEORGIA

_____,	)	
	)	
Plaintiff,	)	
	)	
v.	)	Civil Action No. _____
	)	
_____,	)	
	)	
Defendant.	)	

MOTION FOR CONTEMPT

The Plaintiff moves the Court to attach the Defendant for contempt upon the following grounds:

1.

The Defendant is subject to the jurisdiction of this Court and may be personally served with a copy of this motion at _____.

2.

On _____, 20_____, this Court issued a Final Judgment and Decree [or other order] in the above-styled case which provided in part as follows:

_____
_____
_____
_____.

--or--

On _____, 20_____, this Court issued a Final Judgment and Decree which incorporated an agreement between the parties, providing in relevant part as follows: _____
_____
_____
_____.

3.

Notwithstanding such (judgment) (order) (decree), the Defendant has willfully failed or refused to

_____

_____.

--or--

Notwithstanding such order, the Defendant has willfully refused to allow the Movant to exercise visitation rights as required therein and continues to violate this Court's order with impunity.

4.

In addition, it has been necessary for the Movant to retain legal counsel and/or incur substantial costs of litigation in order to enforce the Court's judgment.

THEREFORE, the Movant requests that the Court issue a Rule Nisi requiring the Defendant to appear and show cause why (he) (she) should not be attached for contempt [and required to pay reasonable attorney's fees and expenses of litigation]. Movant further requests:

_____ That Defendant pay the back child support
_____ That the Court issue an income deduction order.
_____ Other: _____

Respectfully submitted,

_____

Plaintiff *pro se* **[Sign Here]**

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 her knowledge and belief.

_____,
Plaintiff *pro se*

Sworn and subscribed before me
This _____ day of _____, 20_____.

_____
Notary Public, State of Georgia

My Commission Expires _____.

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.

INCOME DEDUCTION ORDER

The above-styled matter was heard by the court on _____, 20_____. The _____ was properly served and present and represented by counsel. This court having entered an Order requiring the _____ to pay child support to the _____ _____, this Income Deduction Order is entered pursuant to O.C.G.A. § 19-6-32(a.1)(1).

_____ Defendant shall pay child support of $ _____ [ ] weekly [ ] bi-weekly [ ] semi-monthly [ ] monthly with the next payment due on _____, 20_____.

_____ Defendant shall pay $ _____ [ ] weekly [ ] bi-weekly [ ] semi-monthly [ ] monthly with the next payment due on _____, 20_____.

_____ The total amount to be withheld is $_____ [ ] weekly [ ] bi-weekly [ ] semi-monthly [ ] monthly. This amount shall be made payable to _____ _____ and forwarded within two (2) business days of each payment date. Payments shall be made by cash, cashier's check, or money order, personally or by mailing it to: _____ _____.

The maximum amount to be deducted shall not exceed the amounts allowed under § 303(b) of the Consumer Credit Protection Act, 15 U. S. C. § 1673(b), as amended. This Order applies to current and subsequent employers and periods of employment, and may only be contested on the grounds of mistake of fact regarding the amount of support owed pursuant to a support order, the arrearage, or the identity of the obligor. The obligor shall notify the _____ within seven (7) days of any change of address, employer or employer's address. A copy of this Order shall be served on the obligor and the employer.

_____ Other: _____

SO ORDERED this _____ day of _____, 20____.

_____
JUDGE, Superior Courts

Presented by:

_____
Plaintiff *pro se*

Civil Action File No.: _____

County: _____

Notice To Employer - Re: Income Deduction Order

TO EMPLOYER: _____
RE: _____
DATE: _____

Attached you will find an Income Deduction Order. Please read this Order carefully and follow the instructions as written. If you have any questions you should contact your attorney.

Employers are required by law to deduct from income due and payable an employee the amount designated by the court to meet support obligations. Income includes wages, salary, bonuses, commissions, compensation as an independent contractor, workers' compensation, disability benefits, annuities and retirement benefits, pensions, dividends, royalties, or any other payment to an employee. FAILURE TO DEDUCT THE AMOUNT DESIGNATED BY THE COURT MAKES THE EMPLOYER LIABLE FOR THE AMOUNT THAT SHOULD HAVE BEEN DEDUCTED, PLUS COSTS, INTEREST AND REASONABLE ATTORNEYS' FEES.

Payments must begin no later than the first pay period after fourteen (14) days following the postmark of the notice. You are required to forward to the person or entity specified in the Income Deduction Order within two (2) days after each payment date the amount deducted from the employee's income and a statement as to whether the amount forwarded totally or partially satisfies the periodic amount specified in the Income Deduction Order.

This deduction has priority over all other legal processes under Georgia law pertaining to the same income and the payment required by the Income Deduction Order. It is a complete defense against any claims of the employee or the employee's creditors as to the sum paid.

Employers must continue to deduct the child support amount and send it to the person or entity specified in the Income Deduction Order until further notice by the Court or until the income is no longer provided to the employee. In the event the income is no longer provided, the employer is required to notify the person or entity specified in the Income Deduction Order immediately of such and to give the employee's last known address and to provide a name and address of any new employer of this employee if known. FAILURE TO DO THIS WILL RESULT IN A CIVIL PENALTY BEING IMPOSED, NOT TO EXCEED $250.00 FOR THE FIRST VIOLATION OR $500.00 FOR A SUBSEQUENT VIOLATION.

Employers may not discharge an employee by reason of the entry of an Income Deduction Order. If an employee is discharged because of this reason, A FINE OF NOT MORE THAN $250.00 FOR THE FIRST VIOLATION AND $500.00 FOR A SUBSEQUENT VIOLATION WILL BE IMPOSED AGAINST THE EMPLOYER.

IN THE SUPERIOR/STATE COURT OF _____ COUNTY

STATE OF GEORGIA

CIVIL ACTION
NUMBER _____

_____

_____

_____

_____

PLAINTIFF

Vs.

_____

_____

_____

_____

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 Plaintiff's attorney, whose name and 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 _____, _____.

Clerk of Superior Court/State Court

By:_____
Deputy Clerk

IN THE SUPERIOR COURT OF EFFINGHAM COUNTY

STATE OF GEORGIA

_____,
PLAINTIFF

VS. CIVIL ACTION NO. _____

_____,
DEFENDANT

FINAL ORDER ON CONTEMPT

The above matter coming before the Court for a hearing and upon consideration of this case and evidence submitted as provide by law, it is the judgment of the Court that the DEFENDANT be held in Contempt of Court for failure to _____

_____

_____

_____

The Defendant shall _____

_____

_____

_____

SO ORDERED this _____ day of _____, 20_____.

_____
Judge _____
Effingham Superior Court

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
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?

SUPERIOR COURT OF EFFINGHAM

PARTIES INFORMATION SHEET

TO BE FILED WITH COMPLAINT/PETITION

Plaintiff's Contact Information:

Plaintiff's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone Number: _____

Cell Phone Number: _____

Email Address: _____

Defendant's Contact Information:

Defendant's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone Number: _____

Cell Phone Number: _____

Email Address: _____