

# **MODIFICATION OF CUSTODY PACKET**

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## **IMPORTANT NOTE ABOUT THIS PACKET**

### **HELPFUL HINTS:**

**“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

### **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.

**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)**

Last	First	Middle I.	Suffix	Prefix

**Defendant(s)**

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  
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 \_\_\_\_\_, 20\_\_\_\_\_.**

**Richard T. Alexander, Jr.,  
Clerk of Superior Court**

**By \_\_\_\_\_  
Deputy Clerk**

**INSTRUCTIONS: Attach addendum sheet for additional parties if needed, make notation on this sheet if addendum sheet is used.**

SUPERIOR COURT OF GWINNETT COUNTY  
STATE OF GEORGIA

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

**PETITION FOR MODIFICATION OF CUSTODY**  
 **AND CHILD SUPPORT**

My name is \_\_\_\_\_

I am representing myself in this modification petition. In support of my case, I state as follows:

1. **Jurisdiction and Venue**  
*[Check only one of the following, either (a), (b) or (c).]*
  - (a) The Respondent is a resident of Gwinnett County, Georgia and is subject to the jurisdiction of this Court.
  - (b) The Respondent lives in Georgia, outside of Gwinnett County, but I live in Gwinnett County. The Respondent has acknowledged service of process and consented to the jurisdiction and venue of this Court.
  - (c) The Respondent is not a resident of Georgia, but this Court has exclusive, continuing jurisdiction to modify custody because a Georgia court has made a prior custody determination, and the children or a party to that case lives in Gwinnett, County, Georgia, OCGA § 19-9-62(a).
  
2. **Service of Process:** The Respondent shall be served as provided under OCGA § 9-11-4, in the following manner:  
*[Check only one of the following, either (a), (b), or (c).]*

(a) The Respondent has acknowledged service of process. I am filing the *Acknowledgment of Service* (which has been signed by the Respondent) with this *Petition*.

(b) The Respondent may be served by the Sheriff's Department at the Respondent's  residence  work address, which is:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(b-1) [Check only if the Respondent lives outside Gwinnett County.] The 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 of the county where the Respondent resides.

**3. Minor Children:**

The Defendant and I are the parents of the minor children, listed below:

<b>Name of child</b>	<b>Sex</b>	<b>Year of Birth</b>	<b>Lives with (Plaintiff, Defendant, other)</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**4. Children's Current Residence:**

Child(ren)'s current address: \_\_\_\_\_

City, State ZIP \_\_\_\_\_

County: \_\_\_\_\_

The child(ren) has/have lived at this address since approximately (month and year): \_\_\_\_\_

5. **Children’s Past Residences:**

During the past five years, the child(ren) has/have lived at the following addresses:

<b>Dates at Address</b>	<b>Address</b>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

6. **People With Whom Children Have Lived:**

During the past five years, the children have lived with the following people:

<b>Name of Person</b>	<b>Current Address</b>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

7. **Prior Custody Determination**

Date of order: \_\_\_\_\_

Name of Court: \_\_\_\_\_

County/District and State where order was issued: \_\_\_\_\_

Legal custody was awarded to: \_\_\_\_\_

Physical custody was awarded to: \_\_\_\_\_

A certified copy of the prior order is attached to this *Petition*.

8. **Other Proceedings That Could Affect Custody or Visitation in This Case:**

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

(a) I do not have any information of any proceeding that could affect this case, including proceedings for enforcement and proceedings relating to family violence, protective orders, termination of parental rights, and adoptions in this or any other state.

- (b) I have information about a proceeding that could affect this case, including proceedings for enforcement and proceedings relating to family violence, protective orders, termination of parental rights, or adoptions in this or another state. The court, the case number and the nature of the proceeding are as follows:

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9. **Others Claiming Custody or Visitation:** [Check only one of these, either (a) or (b).]

- (a) I do not know of any person who is not a party to this case, who has physical custody of the children or who claims to have custody or visitation rights with respect to the children.
- (b) I know of someone who is not a party to this case, who has physical custody of the children or who claims to have custody or visitation rights with respect to the children. The names and current addresses of the person(s) are as follows:

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10. Since the date of the prior custody determination, there has been a change in circumstances which materially affects the welfare of the minor children.

[Check all that apply.]

- (a) The Respondent has consented to the modification of custody. I am filing the *Consent* (which has been signed by the Respondent) with this Petition.
- (b) The minor children want to live to me and have signed an *Affidavit of Custody Election*. I am filing the *Affidavit* with this petition.
- (c) The Respondent was awarded physical custody of the minor children in the prior custody determination, but the minor children have been living with me since \_\_\_\_\_.

- (d) The Respondent is unable to care for the children because:

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11. **Child Custody and Visitation:** I am a fit and capable parent, and I believe that the following custody arrangement is in the best interests of the children:

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

- (a) I should have legal and physical custody.
- (b) The Defendant and I should share joint legal custody but I should have primary physical custody and the Defendant should have visitation.
- (c) The Defendant and I should share joint legal custody but the Defendant should have primary physical custody and I should have visitation.
- (d) Other custody arrangement:

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**Permanent Parenting Plan.** I understand I am required to prepare a Parenting Plan which:

- I am filing a Parenting Plan with this *Petition*.
- I will file a Parenting Plan before the first hearing in this case.

12. I am requesting a modification of child support. A *Domestic Relations Financial Affidavit* and *Child Support Worksheet*  is being filed with this *Petition*  will be filed before the first hearing in this case.

13. I have not filed a *Petition for Modification* of  custody  child support within two years of the filing of this *Petition*.



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

- (a) That I be awarded legal custody and physical custody of the minor child(ren);
- (b) That the Respondent and I be awarded joint legal custody, and I be awarded physical custody of the minor child(ren);
- (c) That the other custody arrangement is ordered as specified in Paragraph 11;
- (d) That the prior child support order be modified if the prior child custody determination is modified;
- (e) That a Rule Nisi be scheduled by the Court to decide on the relief I have requested;
- (f) That the Court order the parties to participate in mediation to try to resolve this matter;
- (g) That the Respondent be required to pay all costs of this action; and
- (h) That the Court order any and all other relief that the Court finds appropriate.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Petitioner *Pro se* [signature]

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City, State ZIP

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

SUPERIOR COURT OF GWINNETT COUNTY  
STATE OF GEORGIA

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

**VERIFICATION**

I am the Petitioner filing this action. I swear or affirm that I have read the *Petition for Modification of Custody and Child 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

# SELECT AND COMPLETE A PARENTING PLAN

The parenting plan includes required language and provisions which are required by Georgia law.

Options:

1. **Blank parenting plan**  
Select your own provisions based on your family's special circumstances.
2. **Standard parenting plan**  
Includes provisions such as joint legal custody, alternating weekends, alternating holidays and two weeks of summer vacation. You may customize provisions as necessary.
3. **Long distance parenting plan**  
Includes provisions for situations where the non-custodial parent lives out of state.
4. **Sole custody to petitioner**  
This plan is intended for the following situations:
  - The non-custodial parent cannot be located
  - The non-custodial parent is incarcerated
  - The Defendant is not the biological father of the child(ren) born since you married.
    - If your spouse is the biological/adoptive parent of any of the other children, you will need to select a 2<sup>nd</sup> Parenting Plan from the options above.
5. **Joint legal and joint physical (50/50) custody.** Attorney consultation is recommended.

Visit the Parenting Plan page located at:

<http://gwinnettfllc.atlantalegalaid.org/child-custody/parenting-plans/>

IN THE SUPERIOR COURT OF GWINNETT COUNTY  
STATE OF GEORGIA

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

<b>Description</b>	<b>Value</b>	<b>Plaintiff's Separate Asset</b>	<b>Defendant's Separate Asset</b>	<b>Basis of the Claim</b>
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:	Debt owed			
Vehicle 1:				
	Debt owed			
Vehicle 2:				
	Debt owed			
Life Insurance (net cash value):				
Furniture/furnishings:				
Jewelry:				
Collectibles:				
Other Assets:				
<b>Total Assets:</b>				

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	_____		
<b>Total Household Expenses</b>	<b>\$</b> _____		

**VEHICLE/AUTOMOTIVE**

Gasoline & Oil	_____	Auto tags/Registration & License	_____
Repairs & Maintenance	_____	Insurance	_____
Public Transportation	_____		
<b>Total Transportation Expenses</b>		<b>\$</b> _____	

**OTHER VEHICLES (boats, trailers, RVs, etc.)**

Gasoline & Oil	_____	Tags/Registration/License	_____
Repairs & Maintenance	_____	Insurance	_____
<b>Total Other Vehicles Expenses</b>	<b>\$</b> _____		

**CHILDREN'S EXPENSES**

Child Care (total monthly cost)	_____	Allowances	_____
School tuition	_____	Clothing	_____
Tutoring	_____	Diapers	_____
Private lessons ( <i>e.g., music, dance</i> )	_____	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	_____
<b>Total Children's Expenses</b>	<b>\$</b> _____		

**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)	_____
<b>Total Insurance Expenses</b>	<b>\$</b> _____	<b>Total Child(ren)'s Portion</b>	<b>\$</b> _____

**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)	_____
<b>Total Other Expenses</b>	<b>\$</b> _____		

**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,	:	
	:	Civil Action File No.:
v.	:	
	:	
	:	
	:	
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:

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Would the presumption amount be unjust or inappropriate?

Explain\_\_\_\_\_

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Would deviation serve the best interests of the children for whom support is being determined? Explain\_\_\_\_\_

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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\_\_\_\_\_

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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

**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/>