

SEPARATE MAINTENANCE WITH MINOR CHILDREN PACKET

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

 Last First Middle I. Suffix Prefix

 Last First Middle I. Suffix Prefix

 Last First Middle I. Suffix Prefix

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

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

_____,
Plaintiff,
vs. _____,
Defendant.

Civil Action
Case Number

**COMPLAINT FOR SEPARATE MAINTENANCE WITH
MINOR CHILDREN**

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

1. **Subject Matter Jurisdiction:** I am the Plaintiff in this action and:
[Check only one of the following, either (a) or (b).]
 - (a) I have been a resident of the State of Georgia for more than six (6) months immediately prior to filing this action.
 - (b) I am not a resident of the State of Georgia, but my spouse has been a resident of the State of Georgia for at least six (6) months immediately prior to my filing of this action.

2. **Venue:** My spouse's name is _____, and he/she is the Defendant in this action.
[Check only one of the following, either (a), (b), (c), (d) or (e).]
 - (a) The Defendant is a resident of Gwinnett County and is subject to the jurisdiction of this Court.
 - (b) The Defendant is a resident of Georgia in _____ County, and I live in Gwinnett County. The Defendant has acknowledged service of process and consented to the jurisdiction and venue of this Court.
 - (c) The Defendant is not a resident of the State of Georgia, but I am a resident of Gwinnett County, Georgia, and:
[Check only one of the following, either (1), (2), or (3).]

- (1) The Defendant was formerly a resident of the State of Georgia and currently resides in the State of _____. The Defendant is subject to the personal jurisdiction of the Court under Georgia's Long Arm Statute, OCGA § 9-10-91(5).
- (2) The Defendant has never resided in the State of Georgia and currently resides in the State of _____.
- (3) The Defendant has acknowledged service of process and consented to the jurisdiction and venue of this Court.
- (e) I am a resident of Gwinnett County and the Defendant's whereabouts are unknown to me. I am filing my *Affidavit of Due Diligence* with this *Complaint*, and incorporate it here by reference.

3. **Service of Process:** The Defendant 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 Defendant has acknowledged service of process. I am filing the *Acknowledgment of Service* (which has been signed by the Defendant) with this *Complaint*.
- (b) The Defendant may be served by the Sheriff's Department at the Defendant's residence/work address, which is:

- (b-1) *[Check only if the Defendant lives outside Gwinnett County.]* The Defendant 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 Defendant resides.
- (c) The Defendant's whereabouts are unknown to me. I am filing my *Affidavit of Due Diligence* with this *Complaint*. The Defendant shall be served by publication as provided under OCGA § 9-11-4(e)(1) for those who cannot be found within the State of Georgia. To the best of my knowledge, the Defendant's last known address is:

4. **Date of Marriage:**

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

(a) The Defendant and I were lawfully married on _____.

(b) The Defendant and I are married by common law because we lived together and held ourselves out as husband and wife as of _____, which date was prior to January 1, 1997.

5. **Date of Separation:** The Defendant and I last separated on _____, and we have remained in a true state of separation since that date.

6. **Settlement Agreement:**

[Check only if there is a signed agreement.]

The Defendant and I have entered into a *Settlement Agreement*, which we both want to be incorporated into the *Final Judgment and Decree for Divorce*. The *Settlement Agreement* has been signed by each of us in front of a notary public, and I am filing the *Settlement Agreement* with the Court, together with this *Complaint*.

7. **Minor Children:** *[Check only one of the following, either (a) or (b). If there are no minor children, you may use a different form, which is much shorter.]*

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

| <i>Name of Child</i> | <i>Male / Female</i> | <i>Year of Birth</i> |
|----------------------|----------------------|----------------------|
| | | |
| | | |
| | | |
| | | |

8. **Children’s Current Residence:**

The minor children currently live at _____ (address)

in _____ (County), _____ (State) with the
 Plaintiff Defendant _____ . The children
have lived at this address since approximately _____.

9. **Children's Past Residences:**

During the past five years, the children have lived at the following addresses:

| <u>Dates at Address</u> | <u>Address</u> |
|-------------------------|----------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

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

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

| <u>Name of Person</u> | <u>Person's Current Address</u> |
|-----------------------|---------------------------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

11. **Other Court Cases About Children:**

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

(a) I have never participated as a party or a witness or in any other capacity in any other litigation concerning the custody of or visitation with the minor children in this or any other state.

(b) I have participated in other litigation concerning the custody of the minor children in Georgia or another state. The court, case number and date of any order concerning custody or visitation under the other litigation are as follows: _____

12. **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:

13. **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 present addresses of the person(s) are:

14. **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), (c) or (d).]*

- (a) I should have legal and physical custody.
- (b) The Respondent and I should share joint legal custody but I should have primary physical custody and the Respondent should have visitation.
- (c) The Respondent and I should share joint legal custody but the Respondent should have primary physical custody and I should have visitation.

(d) Other custody arrangement: _____

Permanent Parenting Plan. I understand I am required to prepare a Parenting Plan which is being filed with this *Complaint* will be filed before the first hearing.

15. **Child Support:** *[Check only one of these, either (a), (b) or (c).]*
- (a) The Defendant has income or is capable of earning sufficient money to support the minor children.
 - (b) I have income or am capable of earning sufficient money to support the minor children.
 - (c) The issue of child support cannot be decided in this action because the Court does not have personal jurisdiction over the Defendant.
16. **Health Insurance for Children:** *[Check only one of these, either (a), (b), (c) or (d).]*
- (a) The Defendant should be ordered to maintain a policy for medical, dental and hospitalization insurance for the minor children.
 - (b) I already provide health insurance for the children, and the Defendant should be required to reimburse me for a fair share of the cost each month.
 - (c) I am not asking the Court to address this issue in this case.
 - (d) The issue of health insurance cannot be decided in this action because the Court does not have personal jurisdiction over the Defendant.
17. **Other Medical Expenses for Children:** *[Check only one of these: (a), (b), (c) or (d).]*
- (a) The Defendant should be responsible for all expenses incurred for the children's medical, dental and hospital care, that are not covered by insurance.
 - (b) The Defendant and I should share the cost of expenses incurred for the

children's medical, dental and hospital care, that are not covered by insurance.

- (c) I am not asking the Court to address this issue in this case.
- (d) The issue of health care expenses for the children cannot be decided in this action because the Court does not have personal jurisdiction over the Defendant.

18. **Life Insurance to Support Children:** *[Check only one of these, either (a), (b) or (c).]*

- (a) The children depend on the Defendant for support, and therefore the Defendant should maintain a policy of insurance on the Defendant's life, with a face amount of \$ _____, for the benefit of the minor children. The Defendant should maintain the policy for so long as at least one of the children is a minor or is otherwise entitled to child support.
- (b) I am not asking the Court to address this issue in this case.
- (c) The issue of life insurance for the children cannot be decided in this action because the Court does not have personal jurisdiction over the Defendant.

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

- (a) I am financially dependent on the Defendant and need the Court to order the Defendant to pay alimony for my support.
- (b) I am not asking for alimony.
- (c) The issue of alimony cannot be decided in this action because the Court does not have personal jurisdiction over the Defendant.

20. **Marital Property:** *[Check only one of the following, either (a), (b), (c) or (d). Do not include complete account numbers.]*

- (a) The Defendant and I have already divided our marital property, and we are both satisfied with the division.

- (b) The Defendant and I have not obtained any property during our marriage.
- (c) The Defendant and I have obtained the following property during our marriage, and I am asking for a fair division of this property:

House located at _____

Other real estate, located at _____

Mobile home (model: _____, year: _____)

Pension (mine, worth \$ _____; Defendant's, worth \$ _____)

Motor vehicles listed here:

Model/year: _____

Model/year: _____

Model/year: _____

Furniture:

Listed here: _____

Listed on separate paper attached to this *Complaint*

Bank accounts and/or other investments:

Listed here: _____

Listed on separate paper attached to this *Complaint*

Other property:

Listed here: _____

- Listed on separate paper attached to this *Complaint*
- (d) The issue of the division of marital property cannot be decided in this case because none of the property is in Georgia and the Court does not have personal jurisdiction over the Defendant.

21. **Joint or Marital Debts:** *[Check only one of the following, either (a), (b), or (c). Do not include complete account numbers.]*

- (a) The Defendant and I do not have any outstanding joint or marital debts.
- (b) The Defendant and I have the following outstanding joint or marital debts, and responsibility for paying them should be as listed below:

| <u>Creditor</u> | <u>Balance</u> | <u>Who Should Pay</u> |
|-----------------|----------------|-----------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

- Listed on separate paper attached to this *Complaint*
- Listed in the signed *Settlement Agreement*
- (c) The issue of dividing joint and marital debts cannot be decided in this case because the Court does not have personal jurisdiction over the Defendant.

22. **Reasons for Separation:** *[Check one.]*

- (a) The separation between the Defendant and I was by mutual agreement
- (b) The separation between the Defendant and I was due to misconduct on the

part of the Defendant which is described as follows: _____

23. There is no pending action for divorce between the Defendant and me.

FOR THESE REASONS, I REQUEST THE FOLLOWING RELIEF: (Check all that apply.)

- (a) That process and summons issue as provided by law;
- (b) That Defendant/Respondent be served with a copy of this Complaint;
- (c) That the Settlement Agreement signed by the parties be incorporated into the Final Order.
- (d) That the custody and visitation for the children be ordered according to Paragraph 14;
- (e) That child support, health insurance, medical expenses and life insurance For the support of the children be ordered according to Paragraphs 15, 16 and 17;
- (f) That the Defendant be ordered to pay me alimony for my support;
- (g) That our marital property be divided according to Paragraph 20;
- (h) That our joint or marital debts be divided according to Paragraph 21;
- (j) That a Rule Nisi be scheduled by the Court, to decide on the relief I have requested;
- (k) That the Court order the parties to participate in mediation to try to resolve this matter;
- (l) That the Court order any and all other relief that the Court finds

appropriate.

Dated: _____

Plaintiff, Pro se (Signature)

Name: _____

Address: _____

Phone: _____

Email: _____

SUPERIOR COURT OF GWINNETT COUNTY
STATE OF GEORGIA

| | | |
|------------|--|-------------------|
| Plaintiff, | | Civil Action |
| vs. | | Case Number _____ |
| Defendant. | | |

VERIFICATION

PERSONALLY APPEARED BEFORE ME, the undersigned officer authorized to administer oaths, the above-named Plaintiff who after having been duly sworn, on oath depose and states that the facts contained in the foregoing *Complaint for Separate Maintenance* are true and correct.

Dated: _____
_____ Plaintiff *pro se* [signature]

Subscribed and sworn before me on
_____, 20__.

Notary Public

SELECT AND COMPLETE A PARENTING PLAN

The parenting plan includes required language and provisions as 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 2nd 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/>

COMPLETE FINANCIAL AFFIDAVIT

Domestic Relations Financial Affidavit

It is possible you do not need to complete the Financial Affidavit, if:

- You and your spouse have a signed Settlement Agreement and have agreed to the amount of child support; or
- Your spouse was never a Georgia resident and you cannot ask for child support or alimony; or
- You are already receiving child support or alimony.

Complete the [Domestic Relations Financial Affidavit](#) if you do NOT have a Settlement Agreement and:

- Your spouse is a Gwinnett County resident and you are asking for child support or alimony; or
- Your spouse is a former Georgia resident who lives out of state and you are asking for child support and/or alimony; or
- You are asking the Court to make a fair division of marital property; or
- You are asking the Court to make a fair division of marital debt; or
- You receive a notice from the Judge directing you to complete the form.

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.).

| Description | Value | Plaintiff's Separate Asset | Defendant's Separate Asset | Basis of the Claim |
|--------------------------------|--------------|---------------------------------------|---|-------------------------------|
| Cash | _____ | _____ | _____ | _____ |
| Investment accounts | _____ | _____ | _____ | _____ |
| Certificates (stocks/bonds) | _____ | _____ | _____ | _____ |

Bank Accounts
(list each account):

| Description | Value | Plaintiff's Separate Asset | Defendant's Separate Asset | Basis of the Claim |
|-------------|-------|-------------------------------|-------------------------------|-----------------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

Retirement
Pensions,
401K, IRA, or
Profit Sharing

| | | | | |
|-------|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ | _____ |
|-------|-------|-------|-------|-------|

Money owed you:

Tax Refund
owed you:

Real Estate:

Home:

Other: : Debt owed

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 (<i>Specify</i>) | _____ |
| Cellular Telephones | _____ | | |
| Total Household Expenses | \$ _____ | | |

VEHICLE/AUTOMOTIVE

| | | | |
|--------------------------------------|-----------------|----------------------------------|-------|
| Gasoline & Oil | _____ | Auto tags/Registration & License | _____ |
| Repairs & Maintenance | _____ | Insurance | _____ |
| Public Transportation | _____ | | |
| Total Transportation Expenses | \$ _____ | | |

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

| | | | |
|--------------------------------------|-----------------|---------------------------|-------|
| Gasoline & Oil | _____ | Tags/Registration/License | _____ |
| Repairs & Maintenance | _____ | Insurance | _____ |
| Total Other Vehicles Expenses | \$ _____ | | |

CHILDREN'S EXPENSES

| | | | |
|---------------------------------|-------|------------|-------|
| Child Care (total monthly cost) | _____ | Allowances | _____ |
| School tuition | _____ | Clothing | _____ |
| Tutoring | _____ | Diapers | _____ |

| | | | |
|--|-----------------|-------------------------------|-------|
| Private lessons (e.g., music, dance) | _____ | 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

Child Support Worksheet

Create an account and create your child support worksheet by visiting:
<https://csconlinecalc.georgiacourts.gov/frontend/web/index.php>

Judicial Council of Georgia
Administrative Office of the Courts

Georgia Child Support Calculator

Welcome to the Georgia Online Child Support Calculator.

The Georgia Child Support Calculator has been developed and made available by the Georgia Commission on Child Support as the official calculator for Georgia's Child Support Guidelines statute found at O.C.G.A. §19-6-15. Information entered in the calculator is used to determine a presumptive amount of child support that may be deviated from to reach a final child support amount. Printable electronic forms are produced for filing with the court consisting of a Worksheet and Schedules. Begin by entering information for your Worksheet on the Basic Information Worksheet tab. Helpful instructions are included to assist as you navigate the calculator.

Announcement
The two Excel child support calculators and the EZ paper worksheet will be discontinued effective September 30, 2018. Make the transition today to the Online Child Support Calculator by clicking Signup above.

For additional help, please review the Child Support Worksheet slideshow at:
<http://gwinnettflc.atlantalegalaid.org/wp-content/uploads/2015/12/Child-Support-Slideshow.pdf>

IN THE SUPERIOR COURT OF GWINNETT COUNTY
STATE OF GEORGIA

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

CHILD SUPPORT ADDENDUM

Pursuant to O.C.G.A. § 19-6-15(c)(2), the Court makes the following applicable and required findings:

- This addendum is issued as:
 a final; a temporary; in
 an initial action; a modification action.
- 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).
- 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 |
|------|-------|-----------|--------|--------|
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| Last | First | Middle I. | Suffix | Prefix |
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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?

HOW TO FILE YOUR DOCUMENTS AT THE COURTHOUSE

- 1. Download all current administrative court forms at:
<http://gwinnettflc.atlantalegalaid.org/administrative-court-forms/>
- 2. Double-check that you have signed all of your documents.
- 3. Go to the Clerk of Superior Court; they have a computer and scanner available for you to use.
- 4. Scan your documents, at the kiosk, one at a time

SUPERIOR COURT OF GWINNETT COUNTY
STATE OF GEORGIA

| | | |
|------------|-------------------|---------------------------|
| Plaintiff, | | Civil Action File No.: |
| Defendant. | TITLE OF DOCUMENT | |

Example of case heading

- Each page with the case heading is a separate document.
- Label the document in a way you will remember, for example:
 - Initials, Summons
 - Initials, Complaint
 - Initials, Financial Affidavit

- 5. Follow the instructions on the computer for filing with Tyler’s Odyssey eFileGA.
- 6. Ask for help if necessary.
- 7. Set up an account or enter in your email address. There is no fee to set up an account.
- 8. Choose "upload documents" and then upload all of the documents you just scanned.
- 9. After filing, wait 24 to 48 business hours to receive an “acceptance” email. If your filing was not accepted, you will receive an email that explains why (for example, no signature or no date).
- 10. The accepted documents will be stamped with a case number, date and time.
- 11. Print two copies of the stamped, accepted document(s). One copy is for your records. The second copy is for the other party.
- 12. Serve the other party. Review your options at <http://gwinnettflc.atlantalegalaid.org/filing-and-service-instructions/>

Want to file your case from home? Visit
<http://gwinnettflc.atlantalegalaid.org/how-to-efile/>

INSTRUCTIONS FOR SERVICE BY GWINNETT COUNTY SHERIFF

- 1. **Efile from the courthouse or from home.** For more details, visit:
<http://gwinnettflc.atlantalegalaid.org/how-to-efile/>.
- 2. Once your case has been accepted, print a copy of all the date-stamped forms and deliver them to the Gwinnett County Sheriff/Civil Processing Unit. You must pay separately for their service of Summons, which is \$50 if you have not obtained a fee waiver.
- 3. The Sheriff will file the proof of service in the court record. You should contact the court, or visit the website to confirm that the Sheriff's entry of service has been documented for your case.
- 4. Wait for notice of a court date or a request for additional information from the court or from the other party.

Courthouse Information

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

Can't serve the other party in Gwinnett County? See more options at
<http://gwinnettflc.atlantalegalaid.org/category/filing-instructions/>.