

## UNCONTESTED DIVORCE WITH MINOR CHILDREN

This forms packet is designed to guide you in the preparation of your divorce papers. You must fill in the required information as it applies to your situation. Your papers should remain in the same order as they appear in this packet. If you do not have access to a typewriter, you may fill in the blanks by hand, in neat print, using BLACK ink.

You should fill in every blank line EXCEPT for the civil action file number blanks and the lines provided for signatures by the Notary Public and the Judge.

In the Complaint and the Settlement Agreement, there are some sections that have two possible answers, separated by an [OR]. In these sections, you must choose which of the two choices fits best in your situation, and then include only that choice in your documents. The other choice should be ignored, and should not be included in your documents.

Make sure that everything is signed. All signatures that require notarization must be notarized before your documents will be approved for filing.

**Court Personnel are NOT allowed to answer any questions concerning the preparation of these forms. State Law O.C.G.A. §15-19-51 forbids court personnel to give legal advice.** Different situations may require special procedures and courthouse personnel cannot advise you on how to proceed or what forms may be necessary in specific situations. Divorce can be very complicated. The only person allowed to help you in the preparation of these forms is a licensed attorney. Please consult an attorney if you have questions about the procedure or what action is best for you to take.

### **YOU MAY NEED AN ATTORNEY IF:**

- The case is contested and your spouse has a lawyer.
- You cannot locate your spouse to serve him or her with your papers.
- You or your spouse has a house, pension, or large amount of property or income.
- You might lose custody of your children.
- You think you will have difficulty getting documents from your spouse about retirement funds, income, etc.
- Even if it is a friendly divorce, you should talk to a lawyer before you sign any settlement papers or file anything in court.

In the packets for marriages with children, there is a form called the Domestic Relations Financial Affidavit. Each party will have to have one of these forms filled out prior to the final hearing on the divorce.

If the Defendant has filed an acknowledgment of service, then each party must submit their Domestic Relations Financial Affidavit at the time the case is filed.

If the Defendant does not file an acknowledgement of service, and the Sheriff has to serve a copy of the complaint and summons on the Defendant, the Plaintiff must still file a copy of the Domestic Relations Financial Affidavit with his or her complaint. The Defendant should be served with a copy of the Domestic Relations Financial Affidavit along with the complaint and summons.

Remember, you must fully complete the forms before the Judge will be able to grant you a decree of divorce. Incomplete forms, as well as forms that are improperly filled out, may delay the grant of your divorce. Make sure that you take time to read over all the forms, and understand what is being asked of you in each situation.

IN THE SUPERIOR COURT OF \_\_\_\_\_ COUNTY  
STATE OF GEORGIA

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

**COMPLAINT FOR DIVORCE**

Plaintiff, \_\_\_\_\_ [Name], comes  
before this Court and shows this Court as follows:

1.

**Residence requirement (Check only one: a or b)**

- ☐ a) Plaintiff is a resident of \_\_\_\_\_ County, Georgia, and has been a resident of Georgia for at least six months prior to the filing of this action.
- ☐ b) Plaintiff is a resident of \_\_\_\_\_ County, Georgia, and has resided at the \_\_\_\_\_ military post for at least one year before filing this petition.
- ☐ c) Plaintiff is not a resident of the State of Georgia, but Plaintiff's spouse has been a resident of the state of Georgia and the county of \_\_\_\_\_ for at least six (6) months prior to my filing this action.

2.

**Venue and Service (Check only one: a or b)**

- ☐ a) Defendant is a resident of \_\_\_\_\_ County, Georgia, and has acknowledged service of the Complaint and Summons and has waived further service of process.
- ☐ b) Defendant is a resident of \_\_\_\_\_ County, \_\_\_\_\_ (state) and has signed an ACKNOWLEDGEMENT OF SERVICE AFFIDAVIT OF WAIVER OF VENUE AND PERSONAL JURISDICTION.

3.

**Date of marriage (Check only one: a or b)**

- ☐ a) Plaintiff and Defendant were lawfully married on \_\_\_\_\_.
- ☐ b) Plaintiff and Defendant are common law married, having entered into a common law marriage before January 1 1997 as of \_\_\_\_\_.

4.

- ☐ The Defendant and I separated on \_\_\_\_\_ and have remained in a bona fide state of separation since that date.

5.

- ☐ There are \_\_\_\_\_ minor children born of the marriage.

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: \_\_\_\_\_

6.

**Child Custody (Check only one: a, b or c)**

- ☐ a) It is in the best interest of the minor children for \_\_\_\_\_ to have sole legal and physical custody.

- ☐ b) Plaintiff and Defendant are both fit to share both temporary and permanent joint legal custody of the minor child(ren). It is in the best interest of the minor child(ren) for \_\_\_\_\_ to have primary physical custody.

- ☐ c) Plaintiff and Defendant have agreed that it is in the best interest of the minor children for the parties to have joint legal and physical custody. The physical custody arrangement will be as follows: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



7.

For the past five years, the children lived at the following addresses with the following persons:

Address	Dates	Lived With

8.

**Other court actions concerning the children (Choose only one: a or b)**

☐ a) Plaintiff asserts that ☐ he/ ☐ she has not participated as a party or a witness or in any other capacity in any other litigation concerning the children named above, and knows of no other proceeding concerning the minor children in this or any other state. No person other than the parties to this action has physical custody of the minor children or any claim to custody or visitation with the minor children.

☐ b) The minor children have been involved in the following actions:

*(Please tell the court about the following types of actions: custody, visitation, family violence, protective orders, termination of parental rights, and adoption.)*

<u>County/State/Court</u>	<u>Type of Custody Action</u>	<u>Date Filed</u>	<u>Status</u>

9.

**Others with a custody claim (Choose only one: 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:



Name

Claim

_____	_____
_____	_____
_____	_____

10.

☐ Plaintiff is entitled to a divorce from the Defendant upon the statutory grounds that the marriage is irretrievably broken and there is no hope of reconciliation, under O.C.G.A. § 19-5-3(13).

11.

☐ The parties have entered into a settlement agreement that resolves all issues as to an equitable division of property and debts, as well as alimony and child support.

WHEREFORE, Plaintiff respectfully requests:

a) That the parties herein be totally divorced;

b) That the Court adopt and incorporate the parties' settlement agreement into a final judgment and decree in this matter;

c) That the Wife's name be changed back to her maiden name, \_\_\_\_\_;

d) That the Court enter an Order for Child Support;

e) That the Court award such other and further relief as the it deems equitable and just.

Respectfully submitted this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_

Plaintiff *pro se* [Sign here]

Plaintiff's Address: \_\_\_\_\_

Plaintiff's Telephone(s): \_\_\_\_\_

Defendant's Address: \_\_\_\_\_

Defendant's Telephone(s): \_\_\_\_\_

IN THE SUPERIOR COURT OF \_\_\_\_\_ COUNTY  
STATE OF GEORGIA

\_\_\_\_\_, )  
Plaintiff, )  
v. ) Civil Action 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*  
[Sign in the presence of a Notary Public]

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 No. \_\_\_\_\_  
\_\_\_\_\_, )  
Defendant. )

**ACKNOWLEDGMENT OF SERVICE AND SUMMONS**

The undersigned Defendant hereby acknowledges service of the above Summons and Complaint for Divorce and states that he/she has received a copy of said Complaint, and Defendant hereby waives any further service of process.

This the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Defendant *pro se*  
[Sign in the presence of a Notary Public]

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 No. \_\_\_\_\_  
\_\_\_\_\_, )  
Defendant. )

**CONSENT TO TRIAL 31 DAYS AFTER SERVICE AND  
WAIVER OF RIGHT TO TRIAL BY JURY**

Both of the above parties, as indicated by their signatures below, waive their right to trial by jury and consent to the hearing and granting of a divorce in this action any time thirty-one (31) days after the filing of the acknowledgement of service or after service has been perfected.

\_\_\_\_\_  
Plaintiff *pro se*  
[Sign in the presence of a Notary Public]

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

\_\_\_\_\_  
Notary Public, State of Georgia  
My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Defendant *pro se*  
[Sign in the presence of a Notary Public]

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 No. \_\_\_\_\_  
\_\_\_\_\_, )  
Defendant. )

**DEFENDANT'S ACKNOWLEDGEMENT OF SERVICE  
AFFIDAVIT OF WAIVER OF VENUE AND PERSONAL JURISDICTION**

I, \_\_\_\_\_, the named Defendant in the above-styled case, after being duly sworn do hereby depose and say that I am a resident of \_\_\_\_\_ County, \_\_\_\_\_ (state), and that the Plaintiff in the above-styled case is a resident of \_\_\_\_\_ County, Georgia. I affirm that I have received a copy of said Petition/Complaint, and I hereby waive any and all further notice, service, and issuance of process.

After being duly informed that I have a constitutional right to a trial by judge or jury on the above matter in the county of my residence, and with that knowledge, I hereby expressly waive my right to venue in the county of my residence, and consent to venue and personal jurisdiction in the county of this superior court.

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_,  
Affiant  
[Sign in the Presence of a Notary Public]

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. §

**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, Georgia

\_\_\_\_\_, Plaintiff

vs.

\_\_\_\_\_, Defendant

Civil Action No. \_\_\_\_\_

**DOMESTIC RELATIONS FINANCIAL AFFIDAVIT OF HUSBAND**

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	<u>Resides with</u>
------	---------------	---------------------

_____	_____	_____
_____	_____	_____
_____	_____	_____

**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 creditors (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 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

\$ \_\_\_\_\_

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)

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	Separate Asset of the Husband	Separate Asset of the Wife	<u>Basis of the Claim</u>
Cash	\$ _____	_____	_____	_____
Stocks, bonds	\$ _____	_____	_____	_____
CD's/Money Market Accounts	\$ _____	_____	_____	_____
Bank Accounts (list each account):				
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
<u>Retirement Pensions, 401K, IRA, or Profit Sharing</u>	\$ _____	_____	_____	_____
Money owed you:	\$ _____	_____	_____	_____
<u>Tax Refund owed you:</u>	\$ _____	_____	_____	_____



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	\$ _____	<b><u>OTHER VEHICLES</u></b>	
		(boats, trailers, RVs, etc.)	
Repairs and maintenance:	\$ _____	<u>Gasoline and oil</u>	\$ _____
Lawn Care	\$ _____	<u>Repairs</u>	\$ _____
Pest Control	\$ _____	<u>Tags and license</u>	\$ _____
		<u>Insurance</u>	\$ _____

#### CHILDREN'S EXPENSES

Child care ( <u>total monthly cost</u> )	\$ _____
School tuition	\$ _____
Tutoring	\$ _____
Private lessons (e.g., music, dance)	\$ _____
School supplies/expenses	\$ _____
Lunch Money	\$ _____
<u>Other Educational Expenses (list)</u>	
_____	\$ _____
_____	\$ _____
Allowance	\$ _____
Clothing	\$ _____
Diapers	\$ _____
Medical, dental, prescription ( <u>out of pocket/uncovered expenses</u> )	\$ _____
Grooming, hygiene	\$ _____
Gifts <u>from children to others</u>	\$ _____

#### AFFIANT'S OTHER EXPENSES

Dry cleaning/laundry	\$ _____
Clothing	\$ _____
Medical, dental, <u>prescription</u> ( <u>out of pocket/uncovered expenses</u> )	\$ _____
Affiant's gifts (special holidays)	\$ _____
Entertainment	\$ _____
<u>Recreational Expenses (e.g., fitness)</u>	\$ _____
Vacations	\$ _____
Travel Expenses for Visitation	\$ _____
Publications	\$ _____
Dues, clubs	\$ _____
Religious and charities	\$ _____
Pet expenses	\$ _____
Alimony paid to former spouse	\$ _____
Child support paid <u>for other children</u>	\$ _____

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	Plaintiff	Defendant

**TOTAL MONTHLY PAYMENTS TO CREDITORS:** \$ \_\_\_\_\_



C. TOTAL MONTHLY EXPENSES: \$ \_\_\_\_\_

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Affiant

[Sign in the presence of a Notary Public]

Sworn to and subscribed before me

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public, State of Georgia

My Commission Expires: \_\_\_\_\_

In the Superior Court of \_\_\_\_\_ County, Georgia

\_\_\_\_\_, Plaintiff )  
vs. ) Civil Action No. \_\_\_\_\_  
\_\_\_\_\_, Defendant )  
)

**DOMESTIC RELATIONS FINANCIAL AFFIDAVIT OF WIFE**

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	<u>Resides with</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

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 creditors (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 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 \$ \_\_\_\_\_

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) \$ \_\_\_\_\_

C. 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	Separate Asset of the Husband	Separate Asset of the Wife	<u>Basis of the Claim</u>
Cash	\$ _____	_____	_____	_____
Stocks, bonds	\$ _____	_____	_____	_____
CD's/Money Market Accounts	\$ _____	_____	_____	_____
Bank Accounts (list each account):				
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
<u>Retirement Pensions, 401K, IRA, or Profit Sharing</u>	\$ _____	_____	_____	_____
Money owed you:	\$ _____	_____	_____	_____
<u>Tax Refund owed you:</u>	\$ _____	_____	_____	_____

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	\$ _____
<u>residential line:</u>	\$ _____	Auto tags and license	\$ _____
<u>cellular telephone:</u>	\$ _____	Insurance	\$ _____
Gas	\$ _____	<b><u>OTHER VEHICLES</u></b>	
		<b><u>(boats, trailers, RVs, etc.)</u></b>	
Repairs and maintenance:	\$ _____	Gasoline and oil	\$ _____
Lawn Care	\$ _____	Repairs	\$ _____
Pest Control	\$ _____	Tags and license	\$ _____
		Insurance	\$ _____

#### CHILDREN'S EXPENSES

#### AFFIANT'S OTHER EXPENSES

Child care <u>(total monthly cost)</u>	\$ _____	Dry cleaning/laundry	\$ _____
School tuition	\$ _____	Clothing	\$ _____
Tutoring	\$ _____	Medical, dental, <u>prescription</u>	
Private lessons (e.g., music, dance)	\$ _____	<u>(out of pocket/uncovered expenses)</u>	\$ _____
		Affiant's gifts (special holidays)	\$ _____
School supplies/expenses	\$ _____	Entertainment	\$ _____
Lunch Money	\$ _____	<u>Recreational Expenses (e.g.,</u>	
		<u>fitness)</u>	\$ _____
<u>Other Educational Expenses (list)</u>		Vacations	\$ _____
_____	\$ _____	Travel Expenses for Visitation	\$ _____
_____	\$ _____	Publications	\$ _____
Allowance	\$ _____	Dues, clubs	\$ _____
Clothing	\$ _____	Religious and charities	\$ _____
Diapers	\$ _____	<u>Pet expenses</u>	\$ _____
Medical, dental, prescription		Alimony paid to former spouse	\$ _____
<u>(out of pocket/uncovered expenses)</u>	\$ _____	Child support paid <u>for other</u>	
Grooming, hygiene	\$ _____	<u>children</u>	\$ _____
Gifts <u>from children to others</u>	\$ _____		

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	Plaintiff	Defendant

**TOTAL MONTHLY PAYMENTS TO CREDITORS:** \$ \_\_\_\_\_

D. TOTAL MONTHLY EXPENSES: \$ \_\_\_\_\_

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Affiant  
[Sign in the presence of a Notary Public]

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 No. _____
	)	
	)	
	)	
Defendant.	)	

**SETTLEMENT AGREEMENT**

This is an agreement by and between \_\_\_\_\_ [Name],  
(hereinafter referred to as "Husband") and \_\_\_\_\_ [Name],  
(hereinafter referred to as "Wife").

WHEREAS, the parties are married but are currently living in a bona fide state of separation;

WHEREAS, the child(ren) born as issue of the marriage is/are:

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

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

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

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

WHEREAS, the parties desire to settle between themselves all questions of division of property, child custody, visitation, child support, alimony, and all other rights and obligations arising out of their marital relationship:

NOW, THEREFORE, in consideration of the mutual covenants hereinafter contained, the parties agree as follows:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## SEPARATION

1.

☐ The parties shall continue to live separate and apart and each shall be free from interference, molestation, authority and control, direct or indirect, by the other, as fully as if sole and unmarried, and each may reside at such place or places as he or she may select.

## CUSTODY AND VISITATION

2.

☐ The parties agree that the welfare of the child(ren) is of paramount importance and each agrees to foster and encourage a feeling of affection between themselves and the child(ren). Neither party shall do anything to hamper the natural development of the children's love and respect for the other party.

3.

### Legal and physical custody (Check only one: a, b, or c)

☐ a) The ☐ Husband/ ☐ Wife shall have the temporary and permanent legal and physical custody of the minor child (ren) born as issue of the marriage.

☐ b) The Husband and Wife shall share joint legal custody of the minor child (ren). The parties shall share decision-making concerning the children; however, the ☐ Husband/ ☐ Wife shall have the right to make the final decision in the event the parties cannot agree.

Primary physical custody of the minor child (ren) shall be with the ☐ Husband/ ☐ Wife as follows:

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Secondary physical custody shall be with the ☐ Husband/ ☐ Wife as follows:

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☐ c) The Husband and Wife shall share joint legal custody and joint physical custody of the minor child (ren).

Physical custody shall be shared by the parties as follows:

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The parties shall share decision making concerning the child (ren); however, in the event the parties cannot decide, the ☐ Husband/ ☐ Wife shall be the tiebreaker and make the final decision.

4.

**Visitation (Choose only one: a or b)**

☐ a) The ☐ Husband/ ☐ Wife shall have the right of visitation with the minor children as follows:

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☐ b) The visitation schedule is attached hereto and incorporated herein.

**CHILD SUPPORT**

Please go to <http://www.georgiacourts.org/csc/> and complete the Child Support Worksheet. Then print it out and include it in your divorce papers. Your papers will NOT be accepted for filing without these documents.

5.

**Child support amount**

☐ The Husband/Wife shall pay to the Husband/Wife, 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 child support obligation shall 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.

6.

**Child support method of payment (Check only one: a or b)**

☐ a) All payments of child support shall be paid directly to the Husband/Wife at the following address:

\_\_\_\_\_. No  
Income Deduction Order will be entered into at this time. However, when ever, in violation of

the terms of this Agreement, there shall have been a failure to make the support payments due hereunder so that the amount unpaid is equal to or greater than the amount payable for one (1) month, the payments required to be made may be collected by the process of continuing garnishment for support. In the event ☐ Husband/ ☐ Wife fails to pay any child support obligation in this Agreement on a timely fashion on any three (3) occasions in any twelve (12) month period, the parties agree that an income deduction order shall then be entered.

☐ b) All payments of child support shall be paid by the employer of the non-custodial parent pursuant to an income deduction order.

☐ c) All payments of child support shall be paid to Georgia Child Support Enforcement pursuant to an Income Deduction Order.

7.

#### **Health insurance**

☐ The ☐ Husband/ ☐ Wife shall 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. Costs not covered under the insurance policy shall be divided between Husband and Wife as follows: \_\_\_\_\_

The ☐ Husband/ ☐ Wife shall provide the ☐ Husband/ ☐ Wife with an insurance identification card or such other acceptable proof of insurance coverage and shall cooperate with the ☐ Husband/ ☐ Wife in submitting claims under the policy.

8.

#### **Alimony (Check only one: a or b)**

☐ a) The ☐ Husband/ ☐ Wife shall pay to the ☐ Husband/ ☐ Wife as alimony the sum of \$ \_\_\_\_\_ per week/month, to be paid beginning on \_\_\_\_\_ and to continue thereafter until the ☐ Husband/ ☐ Wife remarries or dies.

☐ b) The parties hereby expressly waive alimony for the past, present, and future.

9.

#### **Division of property (Check only one: a, b or c)**

☐ a) The parties acknowledge that they have no marital property to divide.

☐ b) The parties acknowledge that they have previously made a division of their household furniture, furnishings, household goods, equipment, and other such personalty. Neither party shall claim any of the property in the possession of the other as of the date of the signing of this agreement.

☐ c) The parties acknowledge that they possess various items of jointly owned property, which shall be divided as follows:

1) To the Wife:


2) To the Husband:


10.

**Division of Debts (Check only one: a or b)**

- ☐ a) The parties acknowledge that they have no outstanding joint debts.
- ☐ b) The parties agree to the division of debts as indicated below:

Creditor	Amount	Responsible Party

The responsible party indemnifies and holds harmless the non-responsible party for any collection on these obligations.

11.

**Name restoration**

- ☐ The parties request that Wife's name be restored to \_\_\_\_\_.

12.

**Binding Agreement**

- ☐ The parties acknowledge that they have entered into this Agreement freely and voluntarily and that it is not the result of any duress or any undue influence.

13.

**No Agreements other than this one**

☐ This Agreement constitutes the entire understanding of the parties. There are no representations, warranties, covenants, or undertaking other than those expressly set forth herein.

14.

**Enforceability**

☐ It is expressly understood that this Agreement does not obligate the parties to continue to live in a state of separation or to proceed with an action for divorce. However, in the event that either party shall bring or maintain an action for dissolution of the marital relationship, this Agreement shall be presented to the court and incorporated by reference into any judgment or decree concerning the matters provided herein. Notwithstanding such incorporation, this Agreement shall survive and be enforceable independently of the judgment or decree.

IN WITNESS WHEREOF, the parties have signed their names, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Wife

[Sign in the presence of a Notary Public]

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

\_\_\_\_\_  
Notary Public  
My Commission Expires: \_\_\_\_\_

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\_\_\_\_\_  
Husband

[Sign in the presence of a Notary Public]

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,	)	
	)	Civil Action
vs.	)	Case Number _____
	)	
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	<input type="checkbox"/> mother <input type="checkbox"/> father <input type="checkbox"/> joint
Non-emergency health care	<input type="checkbox"/> mother <input type="checkbox"/> father <input type="checkbox"/> joint
Religious upbringing	<input type="checkbox"/> mother <input type="checkbox"/> father <input type="checkbox"/> joint
Extracurricular activities	<input type="checkbox"/> mother <input type="checkbox"/> father <input type="checkbox"/> joint
_____	<input type="checkbox"/> mother <input type="checkbox"/> father <input type="checkbox"/> joint
_____	<input type="checkbox"/> mother <input type="checkbox"/> father <input type="checkbox"/> 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.

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## 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:

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**Summer Vacation**

Define summer vacation period: \_\_\_\_\_

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

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---

beginning \_\_\_\_\_.

**Spring Vacation (if applicable)**

Define: \_\_\_\_\_

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

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---

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:

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## **G. Transportation Arrangements**

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

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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:

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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.)

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## 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

Sworn and subscribed  
before me this \_\_\_\_\_ day of  
\_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Mother's Signature

Sworn and subscribed  
before me this \_\_\_\_\_ day of  
\_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
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 \_\_\_\_\_ COUNTY  
STATE OF GEORGIA

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

**FINAL JUDGMENT AND DECREE**

Upon consideration of this case, upon evidence submitted as provided by law, it is the judgment of the Court that a total divorce be granted, that is to say, a divorce a vinculo matrimonii, between the parties to the above stated case upon legal principles.

It is considered, ordered, and decreed by the Court that the marriage contract heretofore entered into between the parties to this case, from and after this date, be and is set aside and dissolved as fully and effectually as if no such contract had ever been made or entered into.

Petitioner and Respondent in the future shall be held and considered as separate and distinct persons altogether unconnected by any nuptial union or civil contract whatsoever and both shall have the right to remarry.

The Court restores to \_\_\_\_\_ her prior or maiden name, to wit: \_\_\_\_\_; Date of Birth: \_\_\_\_\_.

The settlement agreement entered into between the parties and filed with the court on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, is hereby incorporated into and made a part of this Final Judgment and Decree of Divorce.

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 Noncustodial Parent shall be \_\_\_\_\_.

(c) The Court finds that the amount of the Noncustodial 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 Husband is \$ \_\_\_\_\_.

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

4. (a) The Court finds as set on the "Child Support Worksheet" and Schedule "B," the Noncustodial 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 \$ \_\_\_\_\_.

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 Noncustodial 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 Non-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 Noncustodial Parent is \$ \_\_\_\_\_

(c) The Court finds as set on the "Child Support Worksheet" the Final Amount of Child Support the Noncustodial 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 Noncustodial Parent's allocated Uninsured Health Care Expenses based on their pro rata responsibility is \$ \_\_\_\_\_ %

The Noncustodial 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 Noncustodial 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.

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

SO ORDERED, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
JUDGE, Superior Courts

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

	)	
	)	
<b>PLAINTIFF(S)</b>	)	
	)	
<b>vs.</b>	)	<b>Civil Action No.</b> _____
	)	
	)	
	)	
<b>DEFENDANT(S)</b>	)	

**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





REPORT OF DIVORCE, ANNULMENT OR DISSOLUTION OF MARRIAGE • FORM 3907  
(REVISED 12/2016)

PLEASE PRINT OR TYPE ALL INFORMATION LEGIBLY AND CORRECTLY BELOW.

REQUIRED INFORMATION			
CIVIL ACTION NUMBER		DATE DECREE GRANTED (MONTH, DAY, YEAR)	COUNTY DECREE GRANTED
FIRST NAME OF PARTY 1	MIDDLE NAME	LAST NAME	LAST NAME AT BIRTH
DATE OF BIRTH (MONTH, DAY, YEAR)	COUNTY OF RESIDENCE		NUMBER OF THIS MARRIAGE (FIRST, SECOND, ETC.)
FIRST NAME OF PARTY 2	MIDDLE NAME	LAST NAME	LAST NAME AT BIRTH
DATE OF BIRTH (MONTH, DAY, YEAR)	COUNTY OF RESIDENCE		NUMBER OF THIS MARRIAGE (FIRST, SECOND, ETC.)
SPECIFY GROUNDS FOR DIVORCE (19-5-3, OCGA)		NUMBER OF CHILDREN LESS THAN 18 AFFECTED BY THIS DECREE	

This above Report may be reproduced by use of a computer. However, the finished Report must be a close reproduction of the original, and prior review and approval must be obtained from the State Registrar before use. (31-10-7, O.C.G.A.)

**31-10-22. Record of divorce, dissolutions, and annulments.**

(a) A record of each divorce, dissolution of marriage, or annulment granted by any court of competent jurisdiction in this state shall be filed by the clerk of the court with the department and shall be registered if it has been completed and filed in accordance with this Code section. The record shall be prepared by the petitioner or the petitioner's legal representative on a form prescribed and furnished by the state registrar and shall be presented to the clerk of the court with the petition. In all cases, the completed record shall be a prerequisite to the granting of the final decree.

(b) The clerk of the superior court shall complete and forward to the department on or before the tenth day of each calendar month the records of each divorce, dissolution of marriage, or annulment decree granted during the preceding calendar month.



**ALTERNATIVE DISPUTE RESOLUTION PROGRAM  
OGEECHEE JUDICIAL CIRCUIT**

**MEDIATION INITIATION FORM**  
**(Domestic Relations Cases)**

In the Ogeechee Judicial Circuit (Bulloch, Effingham, Screven and Jenkins Counties), all appropriate domestic relations cases (except contempt actions) may be required to attend mediation in an attempt to settle all issues of the case prior to being placed on a court calendar for a final hearing before the judge or a jury trial. To keep the court and mediation program informed of all pending domestic cases, Petitioner is required to complete the information below and attach this form to the complaint when filed. The Clerk of Court will then forward a copy to the Ogeechee Judicial Circuit's ADR Program, P.O. Box 326, Statesboro, Georgia 30459. Direct inquiries can be made to: Judith Oglesby, ADR Program Director at (912) 764-0456, Fax No. (912) 764-8642.

**CIVIL ACTION CASE NO:**

**ASSIGNED JUDGE:**

**COUNTY IN WHICH FILED:**

**FILING DATE:**

**Petitioner's**

Name \_\_\_\_\_  
Address \_\_\_\_\_

Attorney \_\_\_\_\_  
GA. Bar No. \_\_\_\_\_  
Address \_\_\_\_\_

Phone No. \_\_\_\_\_  
Facsimile No. \_\_\_\_\_

**Respondent's**

Name \_\_\_\_\_  
Address \_\_\_\_\_

Attorney \_\_\_\_\_  
GA. Bar No. \_\_\_\_\_  
Address \_\_\_\_\_

Phone No. \_\_\_\_\_  
Facsimile No. \_\_\_\_\_

1. What type of action is this?

\_\_\_\_\_ Divorce/Annulment  
\_\_\_\_\_ Paternity/Legitimation  
\_\_\_\_\_ Other

\_\_\_\_\_ Modification of Final Decree  
\_\_\_\_\_ Separate Maintenance

2. What relief is being sought?

\_\_\_\_\_ Custody/Child Support  
\_\_\_\_\_ Property Division  
\_\_\_\_\_ Visitation

\_\_\_\_\_ Alimony  
\_\_\_\_\_ Debt Division  
\_\_\_\_\_ Other

3. Has a temporary hearing or Rule Nisi been scheduled?  
If so, date and time?

## General Civil and Domestic Relations Case Filing Information Form

☐ Superior or ☐ State Court of \_\_\_\_\_ County

### For Clerk Use Only

Date Filed \_\_\_\_\_  
MM-DD-YYYY

Case Number \_\_\_\_\_

### 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.

## General Civil and Domestic Relations Case Disposition Information Form

☐ Superior or ☐ State Court of \_\_\_\_\_ County

### For Clerk Use Only

Date Disposed \_\_\_\_\_  
MM-DD-YYYY

Case Number \_\_\_\_\_

Case Style \_\_\_\_\_

### Plaintiff(s)

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

### Defendant(s)

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?