

# **REGISTRATION, CONTEMPT AND MODIFICATION OF CHILD SUPPORT/ALIMONY**

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## **IMPORTANT NOTE ABOUT THIS PACKET**

**“Petitioner”**: The first and last name of the person who is filing this action

**“Respondent”**: The other party’s first and last name

**“Case Number”**: Leave this field blank if you are preparing to file a new case

### **Your financial testimony is required**

You must complete a *Domestic Relations Financial Affidavit* documenting all of your own income, assets, expenses and liabilities. This document is your financial testimony given under oath.

### **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.

### **Alternative to filing a court case: Georgia Department of Child Support Services**

You may open a case with the Georgia Department of Child Support Services by visiting their local office and making an application for modification of your out-of-state child support order. There is a small fee for the application, which can be downloaded at: <http://dcss.dhs.georgia.gov/application-services>. Enforcement through Child Support Services includes:

- Income deduction order
- Tax return intercept
- Driver’s license suspension
- Property liens
- Additional methods up to and including prosecution for contempt

## 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
____	____	____	____	____
____	____	____	____	____
____	____	____	____	____
____	____	____	____	____

### Defendant(s)

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

Plaintiff's Attorney \_\_\_\_\_

Bar Number \_\_\_\_\_

Self-Represented ☐

### Check One Case Type in One Box

#### General Civil Cases

- ☐ Automobile Tort
- ☐ Civil Appeal
- ☐ Contract
- ☐ Garnishment
- ☐ General Tort
- ☐ Habeas Corpus
- ☐ Injunction/Mandamus/Other Writ
- ☐ Landlord/Tenant
- ☐ Medical Malpractice Tort
- ☐ Product Liability Tort
- ☐ Real Property
- ☐ Restraining Petition
- ☐ Other General Civil

#### Domestic Relations Cases

- ☐ Adoption
- ☐ Dissolution/Divorce/Separate Maintenance
- ☐ Family Violence Petition
- ☐ Paternity/Legitimation
- ☐ Support – IV-D
- ☐ Support – Private (non-IV-D)
- ☐ Other Domestic Relations

#### Post-Judgment – Check One Case Type

- ☐ Contempt
  - ☐ Non-payment of child support, medical support, or alimony
- ☐ Modification
- ☐ Other/Administrative

- ☐ Check if the action is related to another action(s) pending or previously pending in this court involving some or all of the same parties, subject matter, or factual issues. If so, provide a case number for each.

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

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

- ☐ I hereby certify that the documents in this filing, including attachments and exhibits, satisfy the requirements for redaction of personal or confidential information in O.C.G.A. § 9-11-7.1.

- ☐ Is an interpreter needed in this case? If so, provide the language(s) required. \_\_\_\_\_  
Language(s) Required

- ☐ Do you or your client need any disability accommodations? If so, please describe the accommodation request.

IN THE SUPERIOR COURT OF GWINNETT COUNTY

STATE OF GEORGIA

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

PLAINTIFF

VS.

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

DEFENDANT

CIVIL ACTION

NUMBER: \_\_\_\_\_

**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.**

IN THE SUPERIOR COURT OF GWINNETT COUNTY  
STATE OF GEORGIA

\_\_\_\_\_  
Plaintiff/Petitioner

v.

\_\_\_\_\_  
Defendant/Respondent

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

**STANDING ORDER: CHILD SUPPORT AND PERMANENT PARENTING PLANS**

This Order applies to all domestic actions involving child support and/or custody of a minor child or minor children. These domestic actions include, but are not limited to: divorce, modification of child support, modification of custody, separate maintenance cases that involve children, legitimations and paternity cases.

**CHILD SUPPORT COMPUTATION REQUIREMENTS AND PROCEDURES:**

1. As of January 1, 2007, Child Support Computation **REQUIRES** the use of the internet *and/or* the use of an electronic worksheet downloaded to a computer.
2. Parties and/or their lawyers should go to <http://www.georgiacourts.org/csc/> to find the proper electronic worksheet. Parents should use *The Guided Electronic Worksheet*. Lawyers, Mediators, and other Professionals should use *The Practitioner's Electronic Worksheet*. Anyone can use *The Downloadable Electronic Worksheet*. Alternatively, go to <https://www.services.georgia.gov/dhr/cspp/do/public/SupportCalc> to find your proper electronic worksheet.
3. Uniform Superior Court Rule 24 has been amended and compliance therewith is required. See [http://www.georgiacourts.org/courts/superior/rules/rule\\_24.html](http://www.georgiacourts.org/courts/superior/rules/rule_24.html)
4. Completion of the form *CHILD SUPPORT ADDENDUM*, available from the Clerk of Court, is **REQUIRED** anytime a child support Order is requested.  
<http://www.gwinnettcourts.com/documents/Filing/child%20support%20addendum.pdf>
5. All final judgments involving child support and agreements furnished to the Court for approval and/or entry must comply with the drafting mandates of O.C.G.A. § 19-6-12 & 19-6-15. A completed child support worksheet shall also be filed with the Clerk of Court, or submitted to the Court in accordance with the provisions of O.C.G.A. § 19-6-15(m)(1) to be attached and/or incorporated into any final judgment or order. The following form is available from the Clerk of Court for use: **FINAL JUDGMENT AND DECREE OF DIVORCE**  
<http://www.gwinnettcourts.com/documents/Filing/fjd%20with%20children.pdf>
6. Pursuant to O.C.G.A. § 19-6-31, 32, & 33, the recipient of child support has the express right, without notice to the other party, at the time any child support order is entered or at any time thereafter, to submit a separate Income Deduction Order for Award of Child Support to the Court for immediate entry.

**PERMANENT PARENTING PLANS**

7. Pursuant to O.C.G.A. § 19-9-1, and U.S.C.R 24.10, in all cases in which the custody of any child is at issue between the parents, each parent shall prepare a parenting plan or the parties may jointly submit a parenting plan. The final decree in any legal action involving the custody of a child, including modification actions, shall incorporate a permanent parenting plan or written settlement agreement containing such permanent parenting plan. This requirement may also be satisfied by completion of the form *PERMANENT PARENTING PLAN*, available from the Clerk of Court. See, <http://www.gwinnettcourts.com/documents/filing/PermanentParentingPlanOrder.pdf>


[11]2.2

The terms and conditions hereof may be modified or amended by subsequent order of any judge of this Court or any judge sitting by designation in this Court in any individual case.

SO ORDERED,

  
MELODIE SNELL CONNER, Chief Judge

  
R. TIMOTHY HAMIL, Judge

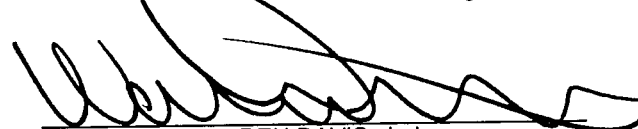
  
TOM DAVIS, Judge

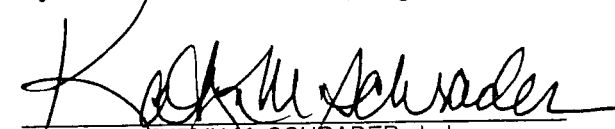
  
KAREN E. BEYERS, Judge


  
GEORGE F. HUTCHINSON, III, Judge

  
DEBRA K. TURNER, Judge

  
RONNIE K. BATCHELOR, Judge

  
WARREN DAVIS, Judge

  
KATHRYN M. SCHRADER, Judge

  
RANDOLPH G. RICH, Judge

SUPERIOR COURT OF GWINNETT COUNTY  
STATE OF GEORGIA

\_\_\_\_\_  
Petitioner,  
v.  
  
\_\_\_\_\_  
Respondent.

Civil Action  
File No.: \_\_\_\_\_

**PETITION FOR REGISTRATION, CONTEMPT, AND  
MODIFICATION OF SUPPORT ORDER**

My name is \_\_\_\_\_ and I am representing myself in this petition. In support of my case, I state the following:

1. **Jurisdiction and Venue:**

The Respondent is a resident of Gwinnett County, Georgia and is subject to the jurisdiction of this Court.

2. **Service of Process:** The Respondent shall be served as provided under OCGA § 9-11-4, by the Gwinnett County Sheriff's Department at the Respondent's ☐ home ☐ work address, which is

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

☐ 3. **Prior Out-of-State Order for Child Support:**

Another state entered a prior order concerning child support. The information concerning that order is as follows:

Date of Order: \_\_\_\_\_

State: \_\_\_\_\_

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

Court's Name: \_\_\_\_\_

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

Party ordered to pay child support: \_\_\_\_\_

Amount of child support: \_\_\_\_\_

This Order has not been modified. See attached two copies, including one certified copy, of the Order marked Exhibit A and Exhibit B.

*[Check all that apply.]*

☐ (a) Since that date there has been a substantial change in the income or financial status of the \_\_\_\_\_ which ☐ increases ☐ decreases his/her ability to pay the amount of child support previously awarded.

☐ (b) Since that date there has been a substantial change in the needs of the children as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

☐ 4. **Prior Out-of-State Order for Alimony:**

Another state entered a prior order concerning child support. The information concerning that order is as follows:

Date of Order: \_\_\_\_\_

State: \_\_\_\_\_

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

Court's Name: \_\_\_\_\_

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

Party ordered to pay alimony: \_\_\_\_\_

Amount of alimony: \_\_\_\_\_

This Order has not been modified. See attached two copies, including one certified copy, of the Order.

*[Check all that apply.]*

☐ (a) Since that date there has been a substantial change in the income or financial status of the \_\_\_\_\_ which ☐increases ☐decreases his/her ability to pay the amount of alimony previously awarded. S

☐ (b) The Respondent is voluntarily cohabiting with a third party of the opposite sex in a meretricious relationship.

☐5. **Contempt.** The Respondent is able to do what the Court ordered, but has willfully refused to do so. Therefore I am asking for an order finding the Respondent in willful contempt and establishing the amount of arrears owed.

THEREFORE, I request the following relief:

*[Check all that apply.]*

- ☐ (a) That the attached Support Order be registered and filed as a foreign judgment;
- ☐ (b) That the Court serve notice upon the Respondent and provide him/her with an opportunity to contest the validity of the registered order;
- ☐ (c) That a Rule Nisi be scheduled by the Court to decide on the relief I have requested;



- ☐ (d) That the order awarding child support be ☐increased ☐decreased ☐terminated;
- ☐ (e) That the order awarding alimony be ☐increased ☐decreased ☐terminated;
- ☐ (f) That the Respondent be held in contempt for his/her failure to comply with the Court's order;
- ☐ (g) That the Court order the parties to participate in mediation to try to resolve this matter;
- ☐ (h) That the Respondent be required to pay all costs of this action; and
- ☐ (i) That the Court order any and all other relief that the Court finds appropriate.

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

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

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

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

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

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

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

SUPERIOR COURT OF GWINNETT COUNTY  
STATE OF GEORGIA

<div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 10px;"></div> <p style="text-align: center;">Petitioner,</p> <p>v.</p> <div style="border-bottom: 1px solid black; height: 1.2em; margin-top: 10px;"></div> <p style="text-align: center;">Respondent.</p>	<p>Civil Action File No.: <div style="border-bottom: 1px solid black; width: 200px; display: inline-block;"></div></p>
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**VERIFICATION**

I am the Petitioner filing this action. I swear or affirm that I have read the *Petition for Registration, Contempt and Modification of Support* and that the facts contained within my *Complaint* are true and correct.

Petitioner *[signature]*

SWORN AND AFFIRMED before me this

\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

IN THE SUPERIOR COURT OF GWINNETT COUNTY  
STATE OF GEORGIA

Plaintiff,	Civil Action File No.:	
v.		
Defendant.		

**DOMESTIC RELATIONS FINANCIAL AFFIDAVIT**

1. I swear and affirm under oath that the following financial information is true and complete:

<b>My Name:</b> _____	<b>My Age:</b> _____
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)	_____
<b>GROSS MONTHLY INCOME</b>	_____

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

Automobiles/Vehicles:

Vehicle 1:

Debt owed

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

### VEHICLE/AUTOMOTIVE

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

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

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

### CHILDREN'S EXPENSES

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

Private lessons (e.g., music, dance)

School Supplies/Expenses

Lunch money

Other Educational Expenses (list type & amount):

Activities (including extra-curricular, school, religious, cultural, etc.)

**Total Children's Expenses**

\$

Medical/Dental/Prescriptions

Grooming, Hygiene

Gifts from children to others

Entertainment

Summer Camps

### INSURANCE

Health

Dental

Vision

Life Insurance

Disability

Child(ren)'s portion-health

Child(ren)'s portion – dental

Child(ren)'s portion – vision

Beneficiary – Life

Other Insurance (specify)

**Total Insurance Expenses**

\$

**Total Child(ren)'s Portion**

\$

### OTHER EXPENSES

Dry cleaning & laundry

Clothing

Medical/Dental/Prescription (out of pocket uncovered expenses)

Your Gifts (special holidays)

Entertainment

Recreational Expenses (e.g. fitness)

Vacations

Travel expenses for visitation

**Total Other Expenses**

\$

Publications

Dues, Clubs

Religious & Charities

Pet expenses

Alimony paid to former spouse

Child support paid for other children

Date of initial CS order:

Other (attach sheet to list)

**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

Help Signup Login

## 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://gwinnettfllc.atlantalegalaid.org/wp-content/uploads/2015/12/Child-Support-Slideshow.pdf>

IN THE SUPERIOR COURT OF GWINNETT COUNTY  
STATE OF GEORGIA

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

**CHILD SUPPORT ADDENDUM**

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

1. This addendum is issued as:

☐ a final; ☐ a temporary; in  
☐ an initial action; ☐ a modification action.

2. The Gross Income of the Father is \$\_\_\_\_\_ per month. O.C.G.A. § 19-6-15(c)(2)(C).

The Gross Income of the Mother is \$\_\_\_\_\_ per month. O.C.G.A. § 19-6-15(c)(2)(C).

(SEE CHILD SUPPORT WORKSHEET(S) OF ☐ Mother ☐ Father ☐ Court,  
☐ DATED/ ☐ FILED \_\_\_\_\_ INCORPORATED BY  
REFERENCE HEREIN.) O.C.G.A. § 19-6-15(m)(1).

3. Is health insurance for the child(ren) involved reasonably available at a reasonable cost to either parent? ☐ YES ☐ NO

If YES, then ☐ (a) father, OR ☐ (b) mother, OR ☐ (c) both parents, shall provide accident and sickness insurance for the child(ren) for as long as child support continues. O.C.G.A. § 19-6-15(c)(2)(D).

4. Mother shall pay \_\_\_\_\_% and Father shall pay \_\_\_\_\_% of all expenses incurred for the children's health care (including medical, dental, mental health, hospital and vision care) that are not covered by insurance. The party who incurs such expense shall provide documentation thereof to the other party within fourteen days of said expenditure with a short note explaining the details, the reasons, et cetera, of said expenditure. The other party shall reimburse the incurring party (or pay the health care provider directly) for the appropriate percentage of the expense, within fourteen days after receiving the verification of a particular health care expense. O.C.G.A. § 19-6-15(c)(2)(G).
5. Pursuant to the visitation schedule, the noncustodial parent's parenting time is \_\_\_\_\_ percent annually. (*Standard Visitation with alternating weekends, holidays plus 2 weeks during the summer represents 20.8% parenting time for the noncustodial parent. With three weeks of summer vacation, the noncustodial parent's parenting time is 22.8% and with four weeks of summer vacation, the noncustodial parent's parenting time is 24.7%.*). O.C.G.A. § 19-6-15(c)(2)(F).
6. The presumptive amount of child support as indicated by the *Child Support Worksheet* (#9 on Page 1 thereon) is \$\_\_\_\_\_ per month for Mother and \$\_\_\_\_\_ per month for Father. O.C.G.A. § 19-6-15(c)(2)(A) and (B).
7. Deviation(s)
- a. ☐ *No Deviation. (If NO deviation, please skip the remaining items in item 7 and continue to item 8 to complete this form.)*
- b. ☐ *Deviation. If DEVIATION, you MUST complete EITHER item 7(b)(i) OR item 7(b)(ii)*
- ii. ☐ It has been determined that one or more of the Deviations allowed under O.C.G.A. §19-6-15 applies in this case. *Schedule E* of the *Child Support Worksheet*, docketed separately but simultaneously herewith, explains the reasons for the deviation, how the application of the guidelines would be unjust or inappropriate considering the relative ability of each parent to provide support, and how the best interest of the children who are subject to this child support determination is served by deviation from the presumptive amount of child support.

OR

iii. ☐ The reasons for deviation are:

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☐ Would the presumption amount be unjust or inappropriate?

Explain\_\_\_\_\_

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---

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

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☐ Would deviation seriously impair the ability of the CUSTODIAL or NON-CUSTODIAL PARENT to maintain adequate housing, food and clothing for the children being supported by the order and to provide other basic necessities. Explain\_\_\_\_\_

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8. Taking into consideration all of the applicable data from the *Child Support Worksheet*, the award of child support which ☐ Mother / ☐ Father shall pay to ☐ Mother / ☐ Father for support of the child(ren) is \$\_\_\_\_\_dollars per month. Said amount shall be payable ☐ monthly ☐ weekly ☐ bi-weekly ☐ semi-monthly OR ☐ (c) other period: \_\_\_\_\_ in the amount of \$\_\_\_\_\_ beginning on \_\_\_\_\_, and payable thereafter on payable ☐ monthly ☐ weekly ☐ bi-weekly ☐ semi-monthly OR ☐ (c) other period: \_\_\_\_\_ until the child becomes 18 years of age, dies, marries, or otherwise becomes emancipated, except that if the child becomes 18 years of age while enrolled in and attending secondary school on a full-time basis, then such support shall continue until the child completes secondary school provided that such support shall not be required after the child attains 20 years of age. O.C.G.A. § 19-6-15(c)(2)(A) and (B).

So found, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Judge, Superior Court Gwinnett Judicial Circuit  
[ ] by designation.

Consented to by:

\_\_\_\_\_  
Plaintiff

\_\_\_\_\_  
Defendant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

## General Civil and Domestic Relations Case Disposition Information Form

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

### For Clerk Use Only

Date Disposed \_\_\_\_\_  
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?

**INSTRUCTIONS FOR  
SERVICE BY GWINNETT COUNTY SHERIFF**

- ☐ 1. Double check that you have signed all of your documents.
- ☐ 2. Make 2 copies of all of the forms.
- ☐ 3. The filing fee for a new case file is \$204. You may pay with check, cash, or money order.
- ☐ 4. Go to the Clerk of Superior Court. Give all of the copies to the clerk to have them stamped. The clerk will keep the original. One copy is yours to keep.
- ☐ 5. One copy goes to the Gwinnett County Sheriff. You must pay separately for their service of Summons, which is \$50 if you have not obtained a fee waiver.
- ☐ 6. The Sheriff will send you a copy of proof the opposing party has been served. You should contact the court, or visit the website to confirm the Sheriff's entry of service has been documented for your case.
- ☐ 7. Wait for notice of a court date or request for additional information from the court or from the other side.

**Courthouse Information**

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