

# ESTABLISHMENT OF CHILD SUPPORT

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## IMPORTANT NOTE ABOUT THIS PACKET

### HELPFUL HINTS:

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

“**Respondent/Defendant**”: 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.

**General Civil and Domestic Relations Case Filing Information Form**

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

**For Clerk Use Only**  
Date Filed \_\_\_\_\_ Case Number \_\_\_\_\_  
MM-DD-YYYY

**Plaintiff(s)**

**Defendant(s)**

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

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

Plaintiff's Attorney \_\_\_\_\_ Bar Number \_\_\_\_\_ Self-Represented

**Check One Case Type in One Box**

**General Civil Cases**

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

**Domestic Relations Cases**

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

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

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

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

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

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

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

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

IN THE SUPERIOR COURT OF GWINNETT COUNTY

STATE OF GEORGIA

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

CIVIL ACTION  
NUMBER: \_\_\_\_\_

PLAINTIFF

VS.

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

DEFENDANT

**SUMMONS**

**TO THE ABOVE NAMED DEFENDANT:**

**You are hereby summoned and required to file with the Clerk of said court and serve upon the Plaintiff's attorney, whose name and address is:**

**an answer to the complaint which is herewith served upon you, within 30 days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint.**

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

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

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

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

SUPERIOR COURT OF GWINNETT COUNTY  
STATE OF GEORGIA

|   |                 |
|---|-----------------|
| _____,<br><br>Petitioner,<br><br>vs.<br><br>_____,<br><br>Respondent. | Case No.: _____ |
|---|-----------------|

**PETITION FOR SUPPORT**

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

1.    **Subject Matter Jurisdiction:** I am the Petitioner in this action and:  
      *[Check only one of the following, either (a) or (b).]*
  - (a) I am a resident of the State of Georgia.
  - (b) I am not a resident of the State of Georgia, but Respondent is a resident of the State of Georgia.
  
2.    **Jurisdiction and Venue:**  
      *[Check only one of the following, either (a) or (b).]*
  - (a) The Respondent is a resident of Gwinnett County, Georgia and is subject to the jurisdiction of this Court.
  - (b) The Respondent is a resident of \_\_\_\_\_ County, Georgia, but I live in Gwinnett County. The Respondent has acknowledged service of process and consented to the jurisdiction and venue of this Court.
  
3.    **Service of Process:** The Respondent shall be served as provided under OCGA § 9-11-4, in the following manner:  
      *[Check only one of the following, either (a) or (b).]*
  - (a) The Respondent has acknowledged service of process. I am filing the *Acknowledgment of Service* (which has been signed by the Respondent) with this Petition.

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

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

The Respondent is the parent of \_\_\_\_\_ minor child(ren), listed below:

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

5. The Respondent:  
*[Check only one of the following, either (a), (b) or (c).]*

- (a) had his paternity of the child(ren) determined in another action. The court, the case number and the nature of the proceeding are as follows:

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- (b) has signed an acknowledgment of paternity of the child(ren);

- (c) is the biological mother of the minor child.

6. The Respondent has a duty to provide support for the child(ren) pursuant to O.C.G.A. §19-7-24.

7. The Respondent has failed to provide adequate support for the child(ren).
8. **Child Support:** The Respondent has income or is capable of earning sufficient money to support the minor child(ren).
9. **Health Insurance for Children:** *[Check only one of these, either (a), (b) or (c).]*
  - (a) The Respondent should be ordered to maintain a policy for medical, dental and hospitalization insurance for the minor children.
  - (b) I already provide health insurance for the child(ren), and the Respondent should be required to reimburse me for a fair share of the cost each month.
  - (c) I am not asking the Court to address this issue in this case.
10. **Other Medical Expenses for Children:** *[Check only one of these: (a), (b) or (c).]*
  - (a) The Respondent should be responsible for all expenses incurred for the children's medical, dental and hospital care, that are not covered by insurance.
  - (b) The Respondent and I should share the cost of expenses incurred for the children's medical, dental and hospital care, that are not covered by insurance.
  - (c) I am not asking the Court to address this issue in this case.
11. **Life Insurance to Support Children:** *[Check only one of these, either (a), (b) or (c).]*
  - (a) The children depend on the Respondent for support, and therefore the Respondent should maintain a policy of insurance on the Respondent's life, with a face amount of \$ \_\_\_\_\_, for the benefit of the minor children. The Respondent should maintain the policy for so long as at least one of the children is a minor or is otherwise entitled to child support.
  - (b) I am not asking the Court to address this issue in this case.

WHEREFORE, the Petitioner respectfully requests the following:

- (a) That Respondent be served notice of this Petition as provided by law;
- (b) That the Respondent be ordered to pay the Petitioner support for the minor child(ren) in accordance with the child support guidelines, O.C.G.A. §19-6-15;

- (c) That the Respondent be ordered to maintain medical and dental insurance for the child(ren), and be ordered to pay any medical and dental expenses incurred on behalf of the child(ren) that are not covered by insurance;
- (d) That the Respondent be ordered to maintain an insurance policy on his/her life for the benefit of the child(ren);
- € That an income deduction order be entered pursuant to O.C.G.A. §19-6-32;
- (f) That the Court order the parties to participate in mediation to try to resolve this matter;
- (g) That the Respondent be required to pay all costs of this action; and
- (h) That the Court order any and all other relief that the Court finds appropriate.

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

\_\_\_\_\_  
 Petitioner, Pro se (Signature)

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

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

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

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

SUPERIOR COURT OF GWINNETT COUNTY  
STATE OF GEORGIA

|             |  |                 |
|-------------|--|-----------------|
| Petitioner, |  |                 |
| vs.         |  | Case No.: _____ |
| Respondent. |  |                 |

**VERIFICATION**

The Plaintiff personally appeared before the undersigned officer duly authorized to administer oaths, and did swear or affirm that he/she read the foregoing *Petition for Support* and that the information contained therein is true and correct.

\_\_\_\_\_  
Signature, Petitioner *Pro se*

SWORN AND AFFIRMED before me this  
\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

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



IN THE SUPERIOR COURT OF GWINNETT COUNTY  
STATE OF GEORGIA

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

**DOMESTIC RELATIONS FINANCIAL AFFIDAVIT**

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

**My Name:** \_\_\_\_\_ **My Age:** \_\_\_\_\_  
**Other Party's Name:** \_\_\_\_\_ **Other Party's Age:** \_\_\_\_\_  
**Date of Marriage:** \_\_\_\_\_ **Date of Separation:** \_\_\_\_\_

Names and birth dates of children for whom support is to be determined in this action:

| Name  | Year of Birth | Resides with |
|-------|---------------|--------------|
| _____ | _____         | _____        |
| _____ | _____         | _____        |
| _____ | _____         | _____        |
| _____ | _____         | _____        |

Names and ages of my other children (under the age of 18):

| Name  | Age   | Resides with |
|-------|-------|--------------|
| _____ | _____ | _____        |
| _____ | _____ | _____        |
| _____ | _____ | _____        |
| _____ | _____ | _____        |

2. SUMMARY OF MY INCOME AND NEEDS *(complete this section last)*

- (a) Gross monthly income (from item 3A) \_\_\_\_\_
- (b) Net monthly income (from item 3B) \_\_\_\_\_
- (c) Average monthly expenses (item 5A) \_\_\_\_\_
- (d) Monthly payments to creditors \_\_\_\_\_
- Total monthly expenses and payments to creditors (item 5C) \_\_\_\_\_

3. A. MY GROSS MONTHLY INCOME (complete this section or attach Child Support Schedule A)

(All income must be entered based on monthly average regardless of date of receipt.)

Salary or Wages

ATTACH COPIES OF 2 MOST RECENT WAGE STATEMENTS \_\_\_\_\_

Commissions, Fees, Tips \_\_\_\_\_

Income from self-employment, partnership, close corporations,  
and independent contracts (gross receipts minus ordinary  
and necessary expenses required to produce income)

ATTACH SHEET ITEMIZING YOUR CALCULATIONS \_\_\_\_\_

Rental Income (gross receipts minus ordinary and  
necessary expenses required to produce income)

ATTACH SHEET ITEMIZING YOUR CALCULATIONS \_\_\_\_\_

Bonuses \_\_\_\_\_

Overtime Payments \_\_\_\_\_

Severance Pay \_\_\_\_\_

Recurring Income from Pensions or Retirement Plans \_\_\_\_\_

Interest and Dividends \_\_\_\_\_

Trust Income \_\_\_\_\_

Income from Annuities \_\_\_\_\_

Capital Gains \_\_\_\_\_

Social Security Disability or Retirement Benefits \_\_\_\_\_

Workers' Compensation Benefits \_\_\_\_\_

Unemployment Benefits \_\_\_\_\_

Judgments from Personal Injury or Other Civil Cases \_\_\_\_\_

Gifts (cash or other gifts that can be converted to cash) \_\_\_\_\_

Prizes/Lottery Winnings \_\_\_\_\_

Child support from persons not in this case \_\_\_\_\_

Assets which are used for support of family \_\_\_\_\_

Fringe Benefits (if significantly reduce living expenses) \_\_\_\_\_

Any other income (do NOT include means-tested public assistance, such as TANF or food stamps) \_\_\_\_\_

**GROSS MONTHLY INCOME** \_\_\_\_\_

B. Affiant's Net Monthly Income from employment  
(deducting only state and federal taxes and FICA) \_\_\_\_\_

Affiant's pay period (i.e., weekly, monthly, etc.) \_\_\_\_\_

Number of Exemptions Claimed \_\_\_\_\_

**4. ASSETS**

(If you claim or agree that all or part of an asset is non-marital, indicate the non-marital portion under the appropriate spouse's column and state the amount and the basis: pre-marital, gift, inheritance, source of funds, etc.).

| Description                           | Value | Wife's Separate Asset | Husband's Separate Asset | Basis of the Claim |
|---------------------------------------|-------|-----------------------|--------------------------|--------------------|
| Cash                                  | _____ | _____                 | _____                    | _____              |
| Investment accounts                   | _____ | _____                 | _____                    | _____              |
| Certificates<br>(stocks/bonds)        | _____ | _____                 | _____                    | _____              |
| Bank Accounts<br>(list each account): | _____ | _____                 | _____                    | _____              |
| _____                                 | _____ | _____                 | _____                    | _____              |
| _____                                 | _____ | _____                 | _____                    | _____              |

| Description                                       | Value       | Wife's Separate Asset | Husband's Separate Asset | Basis of the Claim |
|---|-------------|-----------------------|--------------------------|--------------------|
| Retirement Pensions, 401K, IRA, or Profit Sharing |             |                       |                          |                    |
| Money owed you:                                   |             |                       |                          |                    |
| Tax Refund owed you:                              |             |                       |                          |                    |
| Real Estate:                                      |             |                       |                          |                    |
| Home:   |             |                       |                          |                    |
| Other:  | : Debt owed |                       |                          |                    |
| Automobiles/Vehicles:                             | Debt owed   |                       |                          |                    |
| Vehicle 1:  |             |                       |                          |                    |
|   | Debt owed   |                       |                          |                    |
| Vehicle 2:  |             |                       |                          |                    |
|   | Debt owed   |                       |                          |                    |
| Life Insurance (net cash value):                  |             |                       |                          |                    |
| Furniture/furnishings:                            |             |                       |                          |                    |
| Jewelry:  |             |                       |                          |                    |
| Collectibles:                                     |             |                       |                          |                    |
| Other Assets:                                     |             |                       |                          |                    |
| <b>Total Assets:</b>                              |             |                       |                          |                    |

5. AVERAGE MONTHLY EXPENSES FOR MY HOUSEHOLD

**HOUSEHOLD EXPENSES**

|                                 |                 |                                 |       |
|---------------------------------|-----------------|---------------------------------|-------|
| Mortgage or Rent payments       | _____           | Gas                             | _____ |
| Property taxes                  | _____           | Repairs & Maintenance           | _____ |
| Homeowner's/Renter's Insurance  | _____           | Lawn care                       | _____ |
| Electricity                     | _____           | Pest control                    | _____ |
| Water                           | _____           | Cable TV/Internet               | _____ |
| Garbage & sewer                 | _____           | Misc. household & Grocery items | _____ |
| Telephone                       | _____           | Meals Outside Home              | _____ |
| Residential Lines               | _____           | Other ( <i>Specify</i> )        | _____ |
| Cellular Telephones             | _____           |                                 |       |
| <b>Total Household Expenses</b> | <b>\$</b> _____ |                                 |       |

**VEHICLE/AUTOMOTIVE**

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

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

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

**CHILDREN'S EXPENSES**

|   |       |                               |       |
|---|-------|-------------------------------|-------|
| Child Care (total monthly cost)               | _____ | Allowances                    | _____ |
| School tuition                                | _____ | Clothing                      | _____ |
| Tutoring                                      | _____ | Diapers                       | _____ |
| Private lessons ( <i>e.g., music, dance</i> ) | _____ | Medical/Dental/Prescriptions  | _____ |
| School Supplies/Expenses                      | _____ | Grooming, Hygiene             | _____ |
| Lunch money                                   | _____ | Gifts from children to others | _____ |

Other Educational Expenses (list type & amount):

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

Entertainment

Summer Camps

**Total Children's Expenses**

\$

**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

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)

**Total Other Expenses**

\$

**5(A) TOTAL MONTHLY EXPENSES** (add household, transportation, children's, insurance, and other expenses)

\$

**B. PAYMENTS TO CREDITORS**

(please check one)

| To Whom: | Balance Due | Monthly Payment | Plaintiff | Defendant |
|----------|-------------|-----------------|-----------|-----------|
|          |             |                 |           |           |
|          |             |                 |           |           |
|          |             |                 |           |           |
|          |             |                 |           |           |
|          |             |                 |           |           |
|          |             |                 |           |           |

**5(B) TOTAL MONTHLY PAYMENTS TO CREDITORS:** \$ \_\_\_\_\_

**5(C) TOTAL MONTHLY EXPENSES AND PAYMENTS TO CREDITORS:** \$ \_\_\_\_\_

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

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
Printed Name  
 Plaintiff  Defendant signs and affirms under oath that the information contained in this *Financial Affidavit* is complete true and correct.

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

# Child Support Worksheet

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

Judicial Council of Georgia  
Administrative Office of the Courts

## Georgia Child Support Calculator

Welcome to the Georgia Online Child Support Calculator.

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

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

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



IN THE SUPERIOR COURT OF GWINNETT COUNTY  
STATE OF GEORGIA

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

**CHILD SUPPORT ADDENDUM**

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

1. This addendum is issued as:  
 a final;  a temporary; in  
 an initial action;  a modification action.
  
2. The Gross Income of the Father is \$\_\_\_\_\_ per month. O.C.G.A. § 19-6-15(c)(2)(C).  
  
The Gross Income of the Mother is \$\_\_\_\_\_ per month. O.C.G.A. § 19-6-15(c)(2)(C).  
  
(SEE CHILD SUPPORT WORKSHEET(S) OF  Mother  Father  Court,  
 DATED/  FILED \_\_\_\_\_ INCORPORATED BY  
REFERENCE HEREIN.) O.C.G.A. § 19-6-15(m)(1).
  
3. Is health insurance for the child(ren) involved reasonably available at a reasonable cost to either parent?  YES  NO  
  
If YES, then  (a) father, OR  (b) mother, OR  (c) both parents, shall provide accident and sickness insurance for the child(ren) for as long as child support continues. O.C.G.A. § 19-6-15(c)(2)(D).

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

OR

iii.  The reasons for deviation are:

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Would the presumption amount be unjust or inappropriate?

Explain\_\_\_\_\_

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

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

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

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

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

Consented to by:

\_\_\_\_\_  
 Plaintiff

\_\_\_\_\_  
 Defendant

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Date

## General Civil and Domestic Relations Case Disposition Information Form

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

**For Clerk Use Only**

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

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

**Plaintiff(s)**

**Defendant(s)**

| Last | First | Middle I. | Suffix | Prefix |
|------|-------|-----------|--------|--------|
|      |       |           |        |        |
|      |       |           |        |        |
|      |       |           |        |        |
|      |       |           |        |        |

| Last | First | Middle I. | Suffix | Prefix |
|------|-------|-----------|--------|--------|
|      |       |           |        |        |
|      |       |           |        |        |
|      |       |           |        |        |
|      |       |           |        |        |

**Reporting Party** \_\_\_\_\_

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

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

**Self-Represented**

**Defendant's Attorney** \_\_\_\_\_

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

**Self-Represented**

**Manner of Disposition**  
**Check Only One**

**Jury Trial**

**Bench/Non-Jury Trial**

**Non-Trial Disposition**

**Alternative Dispute Resolution**

- Check if any party was self-represented at any point during the life of the case.
- Check if the court ordered an interpreter for any party, witness, or other involved individual.
- Was the case referred/ordered to a court-annexed alternative dispute resolution (ADR) process?

## SERVICE ON THE OTHER PARENT

**Uncontested:** Both parents agree to child support.

- Complete the [\*Acknowledgment of Service\*](#) form

**Contested:** The other parent will not agree to your request for child support.

- Complete the *Sheriff Entry of Service* form. This form is a 3-part carbon copy which is available at the Gwinnett Justice and Administration Center.

For more details for serving the other parent, please visit:

<http://gwinnettflc.atlantalegalaid.org/category/filing-instructions/>