

SUPERIOR COURT OF GWINNETT COUNTY
STATE OF GEORGIA

<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 10px;"></div> <p style="text-align: center;">Petitioner,</p> <p>v.</p> <div style="border-bottom: 1px solid black; height: 20px; 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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RESPONSE TO PETITION FOR LEGITIMATION

ANSWER

I am the Respondent and am representing myself in this legitimation action. In response to each of the numbered paragraphs of the *Petition for Legitimation*, I state as follows:

[Check only one answer to match each paragraph of the Complaint; whenever you choose the "partly true" answer, you must explain on the lines about what is true and what is false.]

1. The allegations of Paragraph One are: ☐ admitted as true ☐ denied as untrue
☐ neither admitted nor denied because I do not have enough information to know the truth of the matter ☐ partly true and partly untrue, specifically as follows:

2. The allegations of Paragraph Two are: ☐ admitted as true ☐ denied as untrue
☐ neither admitted nor denied because I do not have enough information to know the truth of the matter ☐ partly true and partly untrue, specifically as follows:

3. The allegations of Paragraph Three are: ☐ admitted as true ☐ denied as untrue
☐ neither admitted nor denied because I do not have enough information to know
the truth of the matter ☐ partly true and partly untrue, specifically as follows:

4. The allegations of Paragraph Four are: ☐ admitted as true ☐ denied as untrue
☐ neither admitted nor denied because I do not have enough information to know
the truth of the matter ☐ partly true and partly untrue, specifically as follows:

5. The allegations of Paragraph Five are: ☐ admitted as true ☐ denied as untrue
☐ neither admitted nor denied because I do not have enough information to know
the truth of the matter ☐ partly true and partly untrue, specifically as follows:

6. The allegations of Paragraph Six are: ☐ admitted as true ☐ denied as untrue
☐ neither admitted nor denied because I do not have enough information to know
the truth of the matter ☐ partly true and partly untrue, specifically as follows:

7. The allegations of Paragraph Seven are: ☐ admitted as true ☐ denied as untrue

☐ neither admitted nor denied because I do not have enough information to know the truth of the matter ☐ partly true and partly untrue, specifically as follows:

8. The allegations of Paragraph Eight are: ☐ admitted as true ☐ denied as untrue
☐ neither admitted nor denied because I do not have enough information to know the truth of the matter ☐ partly true and partly untrue, specifically as follows:

9. The allegations of Paragraph Nine are: ☐ admitted as true ☐ denied as untrue
☐ neither admitted nor denied because I do not have enough information to know the truth of the matter ☐ partly true and partly untrue, specifically as follows:

10. The allegations of Paragraph Ten are: ☐ admitted as true ☐ denied as untrue
☐ neither admitted nor denied because I do not have enough information to know the truth of the matter ☐ partly true and partly untrue, specifically as follows:

11. The allegations of Paragraph Eleven are: ☐ admitted as true ☐ denied as untrue
☐ neither admitted nor denied because I do not have enough information to know the truth of the matter ☐ partly true and partly untrue, specifically as follows:

-
12. The allegations of Paragraph Twelve are: ☐ admitted as true ☐ denied as untrue
☐ neither admitted nor denied because I do not have enough information to know
the truth of the matter ☐ partly true and partly untrue, specifically as follows:

13. The allegations of Paragraph Thirteen are: ☐ admitted as true ☐ denied as untrue
☐ neither admitted nor denied because I do not have enough information to know
the truth of the matter ☐ partly true and partly untrue, specifically as follows:

14. The allegations of Paragraph Fourteen are: ☐ admitted as true ☐ denied as untrue
☐ neither admitted nor denied because I do not have enough information to know
the truth of the matter ☐ partly true and partly untrue, specifically as follows:

15. The allegations of Paragraph Fifteen are: ☐ admitted as true ☐ denied as untrue
☐ neither admitted nor denied because I do not have enough information to know
the truth of the matter ☐ partly true and partly untrue, specifically as follows:

16. The allegations of Paragraph Sixteen are: ☐ admitted as true ☐ denied as untrue
☐ neither admitted nor denied because I do not have enough information to know
the truth of the matter ☐ partly true and partly untrue, specifically as follows:

17. The allegations of Paragraph Seventeen are: ☐ admitted as true ☐ denied as untrue
☐ neither admitted nor denied because I do not have enough information to know
the truth of the matter ☐ partly true and partly untrue, specifically as follows:

18. The allegations of Paragraph Eighteen are: ☐ admitted as true ☐ denied as untrue
☐ neither admitted nor denied because I do not have enough information to know
the truth of the matter ☐ partly true and partly untrue, specifically as follows:

19. **OBJECTION TO PETITION FOR LEGITIMATION** (if applicable)

I object to the *Petition for Legitimation* based on the following:

- ☐ **Petitioner is not the biological father**
- ☐ **Best Interests of the child.** The Petitioner's request(s) is/are not based on the best interests of the child(ren) because the Petitioner abandoned his opportunity to establish and maintain a relationship with the child(ren), and/or is not a fit and capable parent.

COUNTERCLAIM

20. **Venue:** The Petitioner has consented to venue and personal jurisdiction by filing the *Petition for Legitimation*.
22. **Service:** The Petitioner shall be served as provided under OCGA § 9-11-5(b), by delivering or mailing to the address listed on the *Summons*.
23. **Minor Children:** The Petitioner has filed legitimation concerning the following child(ren):

Name of child	Sex	Year of Birth	Petitioner is the biological father (yes/no)

24. **Child(ren)'s Current Residence:**

Child(ren)'s current address: _____

City, State ZIP _____

County: _____

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

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

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

Dates at Address	Address
_____	_____
_____	_____
_____	_____
_____	_____

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

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

Name of Person	Current Address
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

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

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

- ☐ (a) I have never participated as a party or a witness or in any other capacity in any other litigation concerning the custody of or visitation with the minor children in this or any other state.
- ☐ (b) I have participated in other litigation concerning the custody of the minor children in Georgia or another state. The court, case number and date of any order concerning custody or visitation under the other litigation are as follows: _

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

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

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

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

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

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

30. **Child Custody and Visitation:** I am a fit and capable parent, and I believe that the following custody arrangement is in the best interests of the children:
[Check only one of the following, either (a), (b), or (c) or (d).]

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

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

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

31. **Child Support:** *[Check only one of these, either (a), (b) or (c).]*

- ☐ (a) The Petitioner has income or is capable of earning sufficient money to support the minor children.
- ☐ (b) I have income or am capable of earning sufficient money to support the minor children.

32. **Health Insurance for Children:** *[Check only one of these, either (a), (b), (c) or (d).]*

- ☐ (a) The Petitioner should be ordered to maintain a policy for medical, dental and hospitalization insurance for the minor children.
- ☐ (b) I already provide health insurance for the children, and the Petitioner 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.

33. **Other Medical Expenses for Children:** *[Check only one of these: (a), (b), (c) or (d)]*

- ☐ (a) The Petitioner should be responsible for all expenses incurred for the children's medical, dental and hospital care, that are not covered by insurance.
- ☐ (b) The Petitioner 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.

FOR THESE REASONS, I REQUEST THE FOLLOWING RELIEF:

[Check **all** that apply.]

- ☐ (a) That the *Petition for Legitimation* and all requested relief be denied based on the Objections indicated above;
- ☐ (b) That the Petitioner's relationship with the minor child be legitimated;
- ☐ (c) That the custody and visitation for the children be ordered according to Paragraph 30;
- ☐ (d) That child support, health insurance, medical expenses and life insurance for the support of the child(ren) be ordered;
- ☐ (e) That the Court order the parties to participate in mediation, to try to resolve this matter; and
- ☐ (f) That the Court order any and all other relief that the Court finds appropriate.

Dated: _____

Respondent *Pro se* [signature]

Name: _____

Address: _____

City, State ZIP

Phone: _____

Email: _____

IN THE SUPERIOR COURT OF GWINNETT COUNTY
STATE OF GEORGIA

Petitioner,		Civil Action
v.		File No.: _____

Respondent.		

VERIFICATION

The Respondent personally appeared before the undersigned officer duly authorized to administer oaths, and did swear or affirm that she read the foregoing *Answer and Counterclaim* and that the information contained therein is true and correct.

Signature, Respondent *Pro se*

SWORN AND AFFIRMED before me this

____ day of _____ 20 ____.

NOTARY PUBLIC

IN THE SUPERIOR COURT OF GWINNETT COUNTY
STATE OF GEORGIA

_____ Petitioner, v. _____ Respondent.		Civil Action File No.: _____
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CERTIFICATE OF SERVICE

This certifies that I sent copies of the foregoing *Response to Petition for Legitimation* to the opposing party by ☐ first class mail ☐ certified mail, return receipt requested. They were addressed to the opposing party or their attorney as follows:

Opposing Party/Attorney's Name

Address

Address Line 2

City, State, ZIP

Dated: _____

Respondent *Pro se* [signature]

Name: _____

Address: _____

City, State ZIP

Phone: _____

Email: _____

SELECT AND COMPLETE A PARENTING PLAN

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

Options:

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

Visit the Parenting Plan page located at:

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

IN THE SUPERIOR COURT OF GWINNETT COUNTY
STATE OF GEORGIA

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

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 (stocks/bonds)	_____	_____	_____	_____
Bank Accounts (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:				
Total Assets:				

5. AVERAGE MONTHLY EXPENSES FOR MY HOUSEHOLD

HOUSEHOLD EXPENSES

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

VEHICLE/AUTOMOTIVE

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

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

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

CHILDREN'S EXPENSES

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

Help ▾ Signup Login

 Georgia Child Support Calculator

Welcome

Child Support Calculator - Getting Started:

- Please 'Signup' above to use the Online Child Support Calculator.
- After completing your Signup, click 'Login' and then click the Worksheet drop-down, and select 'Create' to begin a new worksheet.

Georgia Child Support Commission: 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.

Announcements

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,	:	
	:	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:

☐ Would the presumption amount be unjust or inappropriate?

Explain_____

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

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

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

So found, this _____ day of _____, 20_____.

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

Consented to by:

Plaintiff

Defendant

Date

Date

HOW TO FILE YOUR DOCUMENTS AT THE COURTHOUSE

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

SUPERIOR COURT OF GWINNETT COUNTY
STATE OF GEORGIA

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

TITLE OF DOCUMENT

Example of case heading

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

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

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