

SUPERIOR COURT OF GWINNETT COUNTY  
STATE OF GEORGIA

Petitioner,		
vs.		Case No.: _____
Respondent.		

**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

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

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:

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

(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