

IMPORTANT NOTE ABOUT THIS PACKET

You should use this form if you are the biological father of a minor child and:

- 1) You did not acknowledge paternity at the time of the child(ren)'s birth; and
- 2) You want to have your child(ren)'s name(s) changed;
- 3) You want to have your name added to the birth certificate(s);
- 4) You want to establish child support

****This packet is NOT for seeking custody or visitation rights****

To ask for visitation or custody rights, you complete the [Legitimation and Custody/Visitation Packet](#) which can be obtained at <http://www.gwinnettfamilylawclinic.org> in the "Alphabetical Listing of Every Document" section.

HELPFUL HINTS

"Petitioner": The biological father's first and last name

"Respondent": The other party's first and last name

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

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.

Domestic Relations Case Filing Information Form

Superior Court County _____ Date Filed _____
MM-DD-YYYY

Docket # _____

Plaintiff(s)

Defendant(s)

Last First Middle I. Suffix Prefix Maiden

Last First Middle I. Suffix Prefix Maiden

Last First Middle I. Suffix Prefix Maiden

Last First Middle I. Suffix Prefix Maiden

Plaintiff/Petitioner's Attorney Pro Se

Last First Middle I. Suffix

Bar # _____

Check Case Type (one or more)

- Divorce (includes annulment)
 - Contested? Yes No
 - Child Custody Issue? Yes No
 - Child Support Issue? Yes No
 - Separate Maintenance
 - Adoption
 - Paternity (includes legitimation)
 - Interstate Support Enforcement Action
 - Domestication of Foreign Custody Decree
 - Family Violence Act Petition
- MODIFICATION**
- Modification - Custody, Visitation, or Parenting Time
 - Does the modification include a parent selection by a child who is at least 14 years old? Yes No
 - Modification - Child Support and Alimony
 - Modification - Child Support
 - Modification - Alimony
- CONTEMPT**
- Contempt - Custody, Visitation, or Parenting Time
 - Contempt - Child Support and Alimony
 - Contempt - Child Support
 - Contempt - Alimony
 - Other Domestic Contempt
 - Other Domestic Relations Specify _____

FAMILY VIOLENCE

Additional Information - Ex Parte Relief

Did the initial pleading include a request for relief?

1. From alleged family violence? Yes No
2. Was ex parte relief requested? Yes No
3. Was ex parte relief granted? Yes No

OTHER

Have the parties agreed to binding arbitration? Yes No

Have the parties reached a custodial agreement? Yes No

If yes, check one:

- Joint Custody
- Joint Legal Custody
- Joint Physical Custody
- Sole Custody to: _____

Financial Affidavit submitted? Yes No

Child Support Forms submitted? Yes No

SUPERIOR COURT OF GWINNETT COUNTY
STATE OF GEORGIA

Petitioner,

v.

Civil Action
File No.:

Respondent.

SUMMONS

TO THE ABOVE NAMED RESPONDENT:

You are hereby summoned and required to file with the Clerk of said court and serve upon the Petitioner, whose name and address is:

an answer to the petition 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 the _____ day of _____, 20_____.

Richard T. Alexander, Jr.
Clerk of Superior Court

By _____
Deputy Clerk

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
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>

|||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.

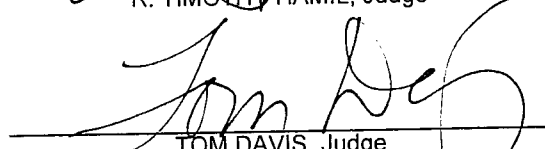
SO ORDERED,


MELODIE SNELL CONNER, Chief Judge


DEBRA K. TURNER, Judge


R. TIMOTHY HAMIL, Judge

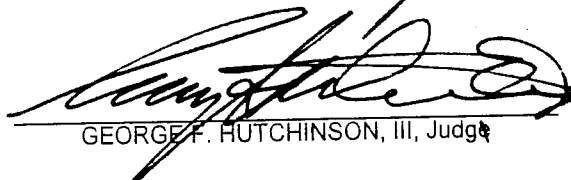

RONNIE K. BATCHELOR, Judge



TOM DAVIS, Judge


WARREN DAVIS, Judge


KAREN E. BEYERS, Judge


KATHRYN M. SCHRADER, Judge


GEORGE F. HUTCHINSON, III, Judge


RANDOLPH G. RICH, Judge

IN THE SUPERIOR COURT OF GWINNETT COUNTY
STATE OF GEORGIA

Plaintiff/Petitioner

Civil Action No. _____

v.

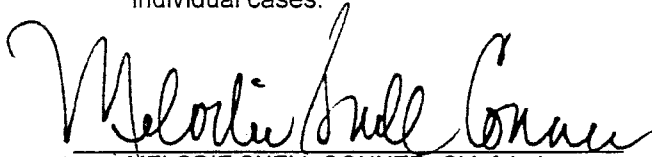
Defendant/Respondent

PARENTING WORKSHOP

This Order applies to all domestic actions involving a child or children under 18 years of age where the parties are involved in a divorce, separate maintenance, paternity action, change of custody, visitation, legitimation, and any other domestic action, *excluding* domestic violence and contempt actions.

ORDERED that:

1. All parties successfully complete a parenting workshop sponsored by the circuit's Administrative Office of the Courts.
2. The program shall be successfully completed within 31 days of service of the original complaint upon the original defendant.
3. Appropriate action, including but not limited to contempt, may be taken upon a party's failure to successfully complete the workshop pursuant to this Order.
4. For good cause shown, the requirement of completion of this workshop may be waived in individual cases.



MELODIE SNELL CONNER, Chief Judge



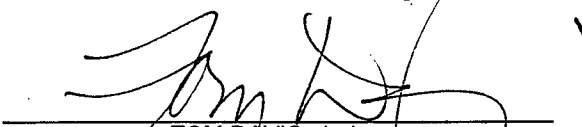
DEBRA K. TURNER, Judge




R. TIMOTHY HAMIL, Judge



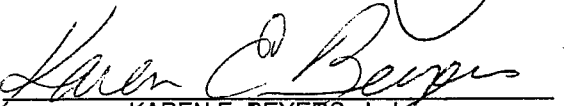
RONNIE K. BATCHELOR, Judge




TOM DAVIS, Judge



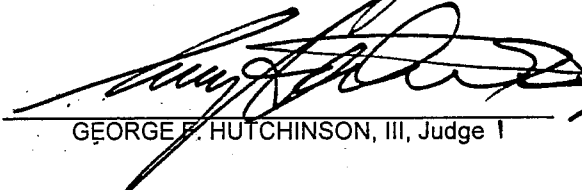
WARREN DAVIS, Judge



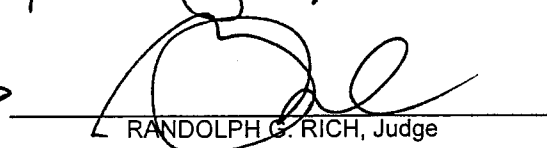
KAREN E. BEYERS, Judge



KATHRYN M. SCHRADER, Judge



GEORGE F. HUTCHINSON, III, Judge I



RANDOLPH C. RICH, Judge

SUPERIOR COURT OF GWINNETT COUNTY
STATE OF GEORGIA

| | | |
|-------------|--|-----------------|
| Petitioner, | | Civil Action |
| v. | | File No.: _____ |
| Respondent. | | |

PETITION FOR LEGITIMATION

My name is _____
I am representing myself in this divorce action. In support of my case, I state as follows:

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

- (a) the mother of my child(ren)
- (b) the legal guardian of my child(ren)
- (c) the legal custodian of my child(ren).

2. **Jurisdiction and Venue:**

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

- (a) The Respondent is a resident of Gwinnett County, Georgia.
- (b) The Respondent is a resident of _____
County, Georgia, and I live in Gwinnett County. The Respondent
has acknowledged service of process and consented to the
jurisdiction and venue of this Court.
- (c) The Respondent resides in the State of _____
but I am a resident of Gwinnett County and my child(ren) reside(s) in
Georgia.
- (d) The Respondent resides in the State of _____

but my child(ren) reside(s) in Gwinnett County.

- (e) The Respondent's whereabouts are unknown to me, but I am a resident of Gwinnett County and my child(ren) reside in Georgia. I am filing my *Affidavit of Due Diligence* with this *Petition*, and incorporate it here by reference.
- (f) The Respondent's whereabouts are unknown to me, but my child(ren) reside(s) in Gwinnett County. I am filing my *Affidavit of Due Diligence* with this *Petition*, and incorporate it here by reference.

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), (b), or (c).]

- (a) The Respondent has acknowledged service of process. I am filing the *Acknowledgment of Service* (which has been signed by the Respondent) with this *Complaint*.
- (b) The Respondent may be served by the Sheriff's Department at the Respondent's residence/work address, which is:

- (b-1) *[Check only if the Respondent lives outside Gwinnett County.]* The Respondent resides outside of Gwinnett County, and shall therefore be served by second original, as provided under OCGA § 9-10-72. Service shall be made by the sheriff's department of the county where the Respondent resides.
- (c) The Respondent's whereabouts are unknown to me. I am filing my *Affidavit of Diligent Search* with this *Complaint*. The Respondent shall be served by publication as provided under OCGA § 9-11-4(e)(1) for those who cannot be found within the State of Georgia. To the best of my knowledge, the Respondent's last known address is:

4. **Minor Child(ren):**

I am the father of the minor child(ren), listed below who was/were born out of wedlock:

| Name of child | Sex | Year of Birth | Lives with (Petitioner, Respondent, other) |
|---------------|-----|---------------|--|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

5. **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): _____

6. **Child(ren)'s Past Residences:**

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

| Dates at Address | Address |
|------------------|---------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

7. **Adults With Whom Child(ren) Has/Have Lived:**
During the past five years, the child(ren) has/have lived with the following adults:

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

8. **Other Court Cases About Child(ren):**

[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:

9. **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:

10. **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 child(ren) or who claims to have custody or visitation rights with respect to the child(ren).
- (b) I know of someone who is not a party to this case, who has physical custody of the child(ren) or who claims to have custody or visitation rights with respect to the child(ren). The names and present addresses of the person(s) are:

11. I want to legitimate my relationship with the child(ren).

12. I want to change the name of the child(ren) from:

| | | |
|-------|----|-------|
| _____ | to | _____ |
| _____ | to | _____ |
| _____ | to | _____ |
| _____ | to | _____ |

13. I seek to have my name entered as the father on the birth record of each child.

14. **Child Support:**

[Check only one of these, either (a), (b), (c) or (d).]

- (a) The Respondent 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.
- (c) The issue of child support cannot be decided in this action because the Court does not have personal jurisdiction over the Respondent.

15. **Health Insurance for Child(ren):**

[Check only one of these, either (a), (b), (c) or (d).]

- (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 children, 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.
- (d) The issue of health insurance cannot be decided in this action because the Court does not have personal jurisdiction over the Respondent.

16. **Other Medical Expenses for Child(ren):**

[Check only one of these: (a), (b), (c) or (d).]

- (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.
- (d) The issue of health care expenses for the children cannot be decided in this action because the Court does not have personal jurisdiction over the Respondent.

17. Life Insurance to Support Child(ren):

[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, 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.
- (c) The issue of life insurance for the children cannot be decided in this action because the Court does not have personal jurisdiction over the Respondent.

FOR THESE REASONS, I REQUEST THE FOLLOWING RELIEF:

[Check all that apply.]

- (a) That the Court enter a Order legitimating my relationship with the child(ren) so that the child(ren) and I will be capable of inheriting from each other in the same manner as if the child(ren) had been born in wedlock;
- (b) That the name of the child(ren) be changed as indicated in Paragraph 12.
- (c) That the Department of Vital Statistics be ordered and directed to amend the birth records of each child and reissue a birth certificate showing me as the father and changing each child's name as requested above;
- (d) That child support, health insurance, medical expenses and life insurance for the support of the child(ren) be ordered according to Paragraphs 15, 16, and 17;

- (e) That Respondent be served with notice of this Petition as provided by law;
- (f) That a Rule Nisi be scheduled by the Court, to decide on the relief I have requested;
- (g) That the Court order the parties to participate in mediation, to try to resolve this matter; and
- (h) 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

| | | |
|-------------|--|-----------------|
| | | |
| Petitioner, | | |
| v. | | Civil Action |
| | | File No.: _____ |
| | | |
| Respondent. | | |

VERIFICATION

I am the Petitioner in this action. I swear or affirm, before a notary public, that I have read the *Petition for Legitimation Only* which I am filing in court with this *Verification*, and the facts stated in the document are true.

Dated: _____
_____ Petitioner, pro se *[Signature]*

SUBSCRIBED AND SWORN before me this

____ day of _____, 20____.

NOTARY PUBLIC

PERMANENT PARENTING PLAN
IMPORTANT NOTE ABOUT THIS FORM

FREQUENTLY ASKED QUESTIONS

The other parent and I are not fighting over the children: do I have to complete a Parenting Plan at all?

Yes. Each parent is required to submit their own separate proposal for child custody and visitation, **or** a Parenting Plan signed by both parents which indicates their agreement.

What is the purpose of a Parenting Plan?

The Parenting Plan will help both parents anticipate and prepare for different aspects of child custody and visitation for the purpose of preventing future disputes. Parents are encouraged to reach mutual agreements concerning time-sharing with the children. However, the Parenting Plan is designed to govern the time-sharing arrangement in the event both parents are unable to reach a mutual agreement.

The scheduling seems very strict: do we have to live by the Parenting Plan schedule?

No. Both parents are free to agree to time sharing arrangements which are in the best interests of the children. The Parenting Plan is put in place for the purpose of governing time-sharing when both parents cannot mutually agree.

What is "joint custody"?

Joint **legal custody** is shared decision making, access to health and education records. In most standard Parenting Plans, both parents share legal custody.

Joint **physical custody** is where the child(ren) live(s) equally with each parent. The following Parenting Plan is not designed to illustrate joint (or 50/50) physical custody. Rather, this plan is designed to indicate which parent lives with the child(ren) the majority of the time ("primary physical custodian"), and which parent will have the right to exercise visitation ("non-custodial parent").

GWINNETT COUNTY SUPERIOR COURT
STATE OF GEORGIA

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

PERMANENT PARENTING PLAN

- The parties have agreed to the terms of this plan and this information has been furnished by both parties to meet the requirements of OCGA Section 19-9-1. The parties agree on the terms of the plan and affirm the accuracy of the information provided, as shown by their signatures at the end of this order.

- This plan has been prepared by the judge.

This Plan: is a new plan.
 modifies an existing Parenting Plan dated _____.
 modifies an existing Order/Judgment dated _____.

**1.
CUSTODY AND DECISION-MAKING**

A. Legal Custody (decision-making) shall be (choose one):

- with the Mother with the Father Joint

B. Primary Physical Custodian. For each of the children named below the primary physical custodian is:

| Name of Child | Year of Birth | Mother | Father | Joint |
|---------------|---------------|--------------------------|--------------------------|--------------------------|
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | | |
|--|--|--------------------------|--------------------------|--------------------------|
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

WHERE JOINT PHYSICAL CUSTODY IS PROPOSED BY THE PARENTS OR ORDERED BY THE COURT, A DETAILED PLAN OF THE LIVING ARRANGEMENTS OF THE CHILD(REN) SHALL BE ATTACHED HERETO AND MADE A PART OF THIS PARENTING PLAN.

C. Day-To-Day Decisions

Each parent shall make decisions regarding the day-to-day care of a child while the child is residing with, or in the physical custody of, that parent, including any emergency decisions affecting the health or safety of a child.

D. Major Decisions

Major decisions regarding each child shall be made as follows:

| | Mother | Father | Joint |
|----------------------------|--------------------------|--------------------------|--------------------------|
| Educational decisions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Non-emergency healthcare | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Religious upbringing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Extracurricular activities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

E. Disagreements

Where parents elect joint decision making in Section 1(D), directly above, please explain how disagreements for final decision-making will be resolved.

- Primary physical custodial parent has final decision making authority.
- The plan detailed below, which must provide a ‘tie breaker’ method so that a final decision will be promptly made.)

2.
WEEKDAY AND WEEKEND PARENTING TIME

A. Definitions & Times for Weekend & Weekday Parenting

For the purposes of this parenting plan, the following definitions and times apply. During the term of this parenting plan the non-custodial parent shall have at a minimum the following rights of parenting time/visitation (*choose applicable items*):

WEEKENDS

| | Time | on | Day of Week |
|-------------------------------|--|----|--------------------|
| Weekend visitation starts at: | _____ | on | _____ |
| Weekend visitation ends at: | _____ | on | _____ |
| Weekend visitation shall be: | <input type="checkbox"/> The first and third weekend of each month. | | |
| | <input type="checkbox"/> The first, third, and alternate fifth weekend of each month. | | |
| | <input type="checkbox"/> The second and fourth weekend of each month. | | |
| | <input type="checkbox"/> The second, fourth and alternative fifth weekend of each month. | | |
| | <input type="checkbox"/> Every other weekend starting on _____ | | |

WEEKDAYS

| | Time | on | Day of Week |
|----------------------------------|--|----|--------------------|
| Weekday visitation starts at: | _____ | on | _____ |
| Weekday visitation ends at: | _____ | on | _____ |
| Weekday Parenting Time shall be: | <input type="checkbox"/> This plan does not include weekday parenting time | | |
| | <input type="checkbox"/> Every week | | |
| | <input type="checkbox"/> Every other week during a non-visitation | | |

weekend

Other: _____

This parenting schedule begins: (day/time) _____

date of Court's Order

B. Make-up time

- In the event any parenting time set forth hereinabove is denied the *Non-Primary Physical Custodial Parent* (NPPCP) because of any unforeseen emergency or illness, the *Primary Physical Custodial Parent* (PPCP) shall promptly notify NPPCP and the parents shall, at that time, agree to an alternate time for make up time with the child(ren) so as to insure that NPPCP's total number of days with the child(ren) shall not be decreased. In the event the parents cannot agree at that time as to the appropriate make-up time, then the NPPCP's default make-up time shall be the very next 'non-holiday' weekend/weekday thereafter.

3.

FALL AND WINTER HOLIDAYS AND VACATION

The holiday parenting time/visitation schedule takes precedence over the regular parenting time/visitation schedule unless otherwise indicated below.

- Holidays that fall on Friday include the following Saturday and Sunday.
- Holidays that fall on Monday include the preceding Saturday and Sunday.

Other: _____

A. Thanksgiving

| | Mother | Father |
|---------------------|--------------------------|--------------------------|
| Even-numbered Years | <input type="checkbox"/> | <input type="checkbox"/> |
| Odd-numbered Years | <input type="checkbox"/> | <input type="checkbox"/> |
| | Time | Day of Week |

Holiday period starts at: _____ on _____

Holiday period ends at: _____ on _____

Other: _____

B. Winter Vacation

(First period begins on the date school is dismissed. The second period begins on the date chosen by the parties and ends on the day before school resumes. The same schedule applies to pre-school age children. The parents shall follow the annual Gwinnett County Public School calendar unless otherwise indicated herein.)

| Even-numbered Years | Odd-numbered Years |
|---|---|
| <i>Parent who has the First period</i> _____ | <i>Parent who has the First Period</i> _____ |
| <i>Parent who has the Second Period</i> | <i>Parent who has the Second Period</i> |

FIRST WINTER BREAK PERIOD

Holiday period starts at (time): _____ on the day school is dismissed

Holiday visitation ends at (time): _____ on December _____

Other: _____ on _____

SECOND WINTER BREAK PERIOD

Holiday visitation ends at (time): _____ on the day before school resumes

Other: _____ on _____

4.
SPRING AND SUMMER VACATION PERIODS

A. Spring Break *The parents shall follow the annual Gwinnett County Public School calendar unless otherwise indicated herein.*

Consecutive days during the month(s) of March or April when the traditional school year calendar has a one week holiday period. (May include and supersede Easter Sunday in certain years.)

Other definition: _____

The spring/summer parenting time/visitation schedule takes precedence over the regular parenting time/visitation and holiday parenting time/visitation schedule unless otherwise indicated below.

Odd-numbered years

Parent who has Spring Break: _____

Begins on the day school ends at (time): _____

Ends on Sunday before returning to school at (time): _____

Even-numbered years

Parent who has Spring Break: _____

Begins on the day school ends at (time): _____

Ends on Sunday before returning to school at (time): _____

The day-to-day schedule applies for Spring Break each year

Other: _____

B. Summer Vacation (Define summer vacation period)

Summer break consists of the weeks during the months of June, July and August from when the traditional school ends until the beginning of the traditional school year.

Other definition: _____

Each parent will choose their summer vacation time every year (complete Option 1 below)

Each parent will have summer vacation with the children at the same time every year (complete Option 2 below)

There will be no summer vacation time; the regular schedule will apply (do not complete either Option below)

Each parent has the right to have sole and exclusive summer vacation time with the child(ren) which supersedes other weekend and other visitations.

OPTION 1: Summer Vacation Period Chosen Annually

The plan incorporates the duty to give advance notices, effect of failure to give timely notice and summer vacation times periods to _____ be chosen on a year to year basis.

Each parent shall be entitled to choose _____ weeks of summer vacation.

Primary physical custodial parent will notify the non-custodial parent of chosen weeks by (date): _____

Non primary physical custodial parent will notify the primary custodial parent of chosen weeks by (date): _____

Other: _____

Failure to give notice by the established date means that if the parent later chooses to exercise summer vacation time, he/she must give at least 2 weeks advance notice to the other parent and is subject to the other parent's existing plans for the children

- The non-custodial parent's vacation time may not be scheduled during the first seven days following the release from school or during the final seven days before the return to school.

- When the child(ren) is/are with a parent for an extended parenting time/visitation period (such as more than customary vacation time during the summer), the other parent shall be entitled to visit with the child(ren) during this extended period, which is defined as a period of more than ____ weeks. In such event, then weekend visitation on the same rotating schedule as this parent would typically have during the school year when the child(ren) reside with that parent.

OPTION 2: Fixed Summer Vacation Annually (do not complete if you selected the option above)

MOTHER'S SUMMER VACATION

| | Week of the month (1st, 2nd, 3rd, 4th) | Day of the Month | Time of the Day | Month |
|----------------------------|---|-------------------------|------------------------|--------------|
| Summer vacation starts on: | _____ | | | |
| Summer vacation ends on: | _____ | | | |

FATHER'S SUMMER VACATION

| | Week of the month (1st, 2nd, 3rd, 4th) | Day of the Month | Time of the Day | Month |
|----------------------------|---|-------------------------|------------------------|--------------|
| Summer vacation starts on: | _____ | | | |
| Summer vacation ends on: | _____ | | | |

5. OTHER HOLIDAY PERIODS (if applicable)

Indicate if child(ren) will be with the parent in ODD or EVEN numbered years or indicate EVERY year. Holiday weekends begin at 6:00 p.m. on the Friday before the holiday and end at 6:00 am pm on the holiday, unless otherwise specified. Holiday weekends supersede

normal weekend parenting times but holidays are superseded by spring/summer vacation as may be applicable in a given year.

| | MOTHER | FATHER |
|---|---------------|---------------|
| Martin Luther King holiday weekend | | |
| President's Day | | |
| Easter weekend | | |
| Memorial Day holiday weekend | | |
| Mother's Day weekend | | |
| Father's Day weekend | | |
| 4 th of July holiday (from ____ <input type="checkbox"/> am <input type="checkbox"/> pm on July ____ and ending at ____ <input type="checkbox"/> am <input type="checkbox"/> pm on July ____. Summer vacation supersedes.) | | |
| Labor Day holiday weekend | | |
| Halloween evening (____ p.m. until ____ p.m.) | | |
| Child's birthday <u>6:00</u> <input type="checkbox"/> am <input checked="" type="checkbox"/> pm until <u>9:00</u> p.m. | | |
| Mother's birthday ____ <input type="checkbox"/> am <input type="checkbox"/> pm until ____ p.m.p.m. | | |
| Father's birthday ____ <input type="checkbox"/> am <input type="checkbox"/> pm until ____ p.m. | | |

Other holidays/religious days:

Other extended periods of time during school, etc. (refer to the school schedule, if applicable.)

**6.
TRANSPORATION**

A. Meeting Location

The parents shall exchange the children for visitation at:

Mother's residence

Father's residence

Other location: _____

B. Responsibility for Transportation

The parent responsible for transportation is [*choose only one option*]:

Option 1: The following person is responsible for all visitation related transportation:

Mother

Father

Option 2: Both parents are responsible for transportation for each visit as follows:

Alternating

**Beginning of visitation
Period**

End of visitation period

Parent: _____

Other: _____

- The non-custodial parent shall arrive to pick up the children for visitation within 30 minutes of the scheduled time, or shall lose that visitation opportunity. In the event the non-custodial parent exceeds the grace period, the visitation for that period is forfeited unless the non-custodial parent suffers an unavoidable breakdown or delay en route and the non-custodial parent promptly notifies the custodial parent by phone of the delay.
- If a parent does not possess a valid driver's license, he or she must make reasonable transportation arrangements to protect the children while in the care of that parent.
- Each parent may designate, from time to time hereafter, a responsible adult to assist them in transporting the children.

7.

PARENTING TIME REQUIREMENTS

- Each parent shall return all the child's clothes and personal effects delivered to them by the other parent when the children are exchanged for visitation purposes.
- Each parent must notify the other parent prior to taking the children more than 100 miles away from the parent's residence overnight.
- Neither party shall have his or her girlfriend, boyfriend, or other overnight guest who is unrelated by blood or marriage spend the night when the child are present.
- Neither parent shall consume alcohol or illegal drugs when the children are in his or her custody.
- Neither parent will discuss past, present or future litigation with the children.
- Neither parent will disparage, complain about, criticize, or blame the other parent or the other parent's family members in the presence of the children, and shall instruct others to refrain from such conduct in the presence of the children.
- Neither parent shall place the children in the position of relaying messages or communications between the parents. The parents shall communicate between themselves and not through the children. Both parents acknowledge and agree that

having the children act as the messenger between them is unfairly and unnecessarily stressful to the children.

8.
COMMUNICATION REQUIREMENTS

A. Parent to Parent

Each parent shall promptly notify the other parent of a change of address, phone number or cell phone number. A parent changing residence must give at least 30 days advance notice of the change and provide the full address of the new residence and phone number.

- Exception: Due to prior acts of family violence, the address of the children and victim of family violence shall be kept confidential. The protected parent shall promptly notify the other parent, through a third party, of any change in contact information necessary to conduct visitation. No further communication is required.

It is presumed the non-custodial parent will exercise all available parenting times. However, if the non-custodial parent is **NOT** going to exercise a specific parenting time, or **NOT** going to exercise parenting time for a specified period of time, then the non-custodial parent shall give notice to the primary custodial parent by phone, text message or email of his/her intent to **NOT** exercise parenting times as follows:

Weekend and weekday: at least 72 hours advance notice
Holiday weekends and vacations: at least 7 days advance notice
Summer vacation: at least 4 weeks advance notice
No parenting time for a specified period (weeks, months, etc.): immediate notice.

B. Parent to Child

When the children are in the physical custody of one parent, the other parent has the right to contact the children as follows:

- Reasonable telephone access, defined as no more than one call per day between the hours of _____ a.m. and _____ p.m.
- Reasonable text message or email
- By cell phone provided to the child(ren) at the sole expense of _____

Other: _____

The purpose of this provision is to maintain reasonable contact with the children and shall not be used to harass, annoy, interfere or unreasonably pry into the personal life of the other parent.

Neither parent will monitor the telephone conversations their children have with the other parent.

**9.
ACCESS TO RECORDS AND INFORMATION**

Absent agreement to limitations or court ordered limitations, pursuant to O.C.G.A. § 19-9-1(b)(1)(D), both parents are entitled to access to all of the children's records and information, including, but not limited to, education, health, extracurricular activities, and religious communications. Designation as a non-custodial parent does not affect a parent's right to equal access to these records.

The parents shall take the necessary action with school authorities of the schools in which the children are enrolled to:

- List both parents as a parent of the children.
- Authorize the school to release to both parents any and all information concerning the children.
- Ensure that both parents receive copies of any notices regarding the children.

**10.
MODIFICATION OF PLAN OR DISAGREEMENTS**

Parties may, by mutual agreement, vary the parenting time/visitation; however, such agreement shall not be a binding court order.

Custody and child support may ONLY be lawfully modified by court order.

Should the parents disagree about this parenting plan or wish to modify it, they must make a reasonable good faith effort to resolve the issue between them.

11.

SPECIAL CONSIDERATIONS

Please attach an addendum detailing any special circumstances of which the Court should be aware (e.g., health issues, educational issues, etc.)

**12.
PARENT’S CONSENT**

Please review the following and initial:

1. We recognize that a close and continuing parent-child relationship and continuity in the child’s life is in the child’s best interest.

Mother’s Initials: _____ Father’s Initials: _____

2. We recognize that our child’s needs will change and grow as the child matures; we have made a good faith effort to take these changing needs into account so that the need for future modifications to the parenting plan are minimized.

Mother’s Initials: _____ Father’s Initials: _____

3. We recognize that the parent with physical custody will make the day-to-day decisions and emergency decisions while the child is residing with such parent.

Mother’s Initials: _____ Father’s Initials: _____

We knowingly and voluntarily agree on the terms of this Parenting Plan. Each of us affirms that the information we have provided in this Plan is true and correct.

Father's Signature

Mother's Signature

ORDER

The Court has reviewed the foregoing Parenting Plan, and it is hereby made the order of this Court. Each party is ORDERED and directed to comply with the terms and provisions set forth herein. **HEREIN FAIL NOT. SO ORDERED,** this

_____ day of _____, 20 ____ .

JUDGE, GWINNETT SUPERIOR COURT

IN THE SUPERIOR COURT OF GWINNETT COUNTY
STATE OF GEORGIA

| | |
|-------------|-----------------|
| _____ | |
| Petitioner, | |
| v. | Civil Action |
| | File No.: _____ |
| _____ | |
| Respondent. | |

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 birth dates of my other children:

| Name | Year of Birth | 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 | Petitioner's Separate Asset | Respondent's Separate Asset | Basis of the Claim |
|--|-------|-----------------------------------|-----------------------------------|-----------------------|
| Cash | _____ | _____ | _____ | _____ |
| Investment accounts | _____ | _____ | _____ | _____ |
| Certificates <small>(stocks/bonds)</small> | _____ | _____ | _____ | _____ |
| Bank Accounts (list each account): | | | | |
| Checking | _____ | _____ | _____ | _____ |

| | | | | |
|---|-----------|--|--|--|
| Savings | | | | |
| Retirement Pensions, 401K, IRA, or Profit Sharing | | | | |
| Money owed you: | | | | |
| Tax Refund owed you: | | | | |
| Real Estate: | | | | |
| Home: : | | | | |
| | Debt owed | | | |
| Other: | | | | |
| | Debt owed | | | |
| Automobiles/Vehicles: | | | | |
| Vehicle 1: | | | | |
| | Debt owed | | | |
| Vehicle 2: | | | | |
| | Debt owed | | | |
| Life Insurance (net cash value): | | | | |
| Furniture/furnishings: | | | | |
| Jewelry: | | | | |
| Collectibles: | | | | |
| Other Assets: | | | | |
| Total Assets: | | | | |

5. 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): | _____ | Entertainment | _____ |

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

Summer Camps _____

Total Children's Expenses

\$ _____

INSURANCE

Health _____

Child(ren)'s portion-health _____

Dental _____

Child(ren)'s portion – dental _____

Vision _____

Child(ren)'s portion – vision _____

Life Insurance _____

Beneficiary – Life _____

Disability _____

Other Insurance (specify) _____

Total Insurance Expenses

\$ _____

Total Child(ren)'s Portion

\$ _____

OTHER EXPENSES

Dry cleaning & laundry _____

Publications _____

Clothing _____

Dues, Clubs _____

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

Religious & Charities _____

Your Gifts (special holidays) _____

Pet expenses _____

Entertainment _____

Alimony paid to former spouse _____

Recreational Expenses (e.g. fitness) _____

Child support paid for other children _____

Vacations _____

Date of initial CS order: _____

Travel expenses for visitation _____

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 | Petitioner | Respondent |
|----------|-------------|-----------------|------------|------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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

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

This _____ day of _____, 20_____.

(signature)

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

NOTARY PUBLIC

CHILD SUPPORT WORKSHEET

To complete a child support worksheet, please visit:
<http://cscalculator.gaaoc.us/>

For additional assistance with completing a Child Support Worksheet, you may contact the State Bar of Georgia Child Support Worksheet Hotline by calling [\(404\) 526-8609](tel:4045268609).

IN THE SUPERIOR COURT OF GWINNETT COUNTY
STATE OF GEORGIA

Civil Action File No.:

Petitioner,
v.

Respondent.

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 Petitioner is \$ _____ per month. O.C.G.A. § 19-6-15(c)(2)(C).
The Gross Income of the Respondent 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 Petitioner, OR Respondent, OR both parents, shall provide health insurance for the child(ren) for as long as child support continues. The parent who maintains the insurance shall provide the other parent with an insurance identification card or such other acceptable proof of insurance coverage and shall cooperate with the other parent in submitting claims under the policy. O.C.G.A. § 19-6-15(c)(2)(D).

4. Petitioner shall pay _____% and Respondent shall pay _____% of all expenses incurred for the children's health care (which shall include medical, dental, mental health, hospital, prescription and vision expense(s)) that are not covered by insurance. The party who incurs such out of pocket 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 Petitioner and \$_____ per month for Respondent. O.C.G.A. § 19-6-15(c)(2)(A) and (B).

7. Deviation(s)

No Deviation. (If NO deviation, please skip the remaining items in item 7 and continue to item 8 to complete this form.)

Deviation. If DEVIATION, you MUST check one of the boxes below:

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

The reasons for deviation are:

The guidelines would be unjust or inappropriate considering the relative ability of each parent to provide support because:

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 because:

8. (*check if applicable*) Social Security Benefits under Title II are received under the account of the parent ordered to pay child support and are properly credited as set forth upon the Child Support Worksheet, referenced hereinabove, (CS Worksheet, line 12). Accordingly, if the benefits received are less than the amount owed, the obligor shall pay the balance, (CS Worksheet, line 13); if the amount is equal to or exceeds the amount of support owed, the obligor owes no further support under this order. The Title II benefits

received for the child(ren) shall be retained by the custodial parent, or non-parent custodian, and shall be used for the support of the child(ren). O.C.G.A 19-6-15(C)(2)(G).

9. Taking into consideration all of the applicable data from the *Child Support Worksheet*, the award of child support which Petitioner Respondent shall pay to Petitioner Respondent for support of the child(ren) is \$_____ dollars per month. Said amount shall be payable monthly weekly semi-monthly bi-weekly OR other period _____: in the amount of \$_____ beginning on _____, and payable thereafter on a monthly weekly semi-monthly bi-weekly OR other period _____ basis; 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 ORDERED this _____ day of _____, 20_____.

Judge, Gwinnett Superior Court

by designation.

Consented to by:

Petitioner

Respondent

Date

Date

SERVICE ON THE OTHER PARENT/LEGAL GUARDIAN

Uncontested: You and the child's Mother/guardian agree to the *Parenting Plan* and you both believe it is in the best interests of your child(ren) that your request for legitimation is granted.

- Complete the *Consent and Acknowledgment of Service* forms on the following pages

Contested: The Mother/guardian will not agree to your request, will not initial and sign the *Parenting Plan*, or refuses to allow you to contact the child.

- 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.

Mother/guardian cannot be located: You must document your search efforts and request permission from the Court to publish notice of your *Petition* through the local newspaper.

- Complete the [Publication Packet](#)

SUPERIOR COURT OF GWINNETT COUNTY
STATE OF GEORGIA

| | | |
|-------------|--|---------------------------------|
| Petitioner, | | Civil Action File No.: _____ |
| v. | | |
| Respondent. | | |

CONSENT TO LEGITIMATION

1.

I am the mother legal guardian legal custodian of following minor child(ren), who are the subject of this legitimation action filed by the Petitioner:

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

2.

I hereby give my consent to the following provisions, by writing my initials next to them.
I do not agree to any of the provisions unless I have written my initials next to them.

*[Write your initials next to **only the ones to which you agree**. Draw a line through the ones to which you do not agree]*

_____ (a) The Petitioner legitimating our child(ren), whose names are listed in Paragraph 1 above.

_____ (b) Changing the child(ren's) last name to

_____ (c) On the issue of child support:
[Write your initials next to only one of the following, (1) to (4).]

_____ (1) Child support has already been decided for the child(ren) by a court or agency in another case.

- _____ (2) I want the Court to decide child support and enter a child support order as part of this legitimation case.
- _____ (3) The Petitioner and I have reached an agreement on child support for the child(ren), and it is consistent with the Georgia child support guidelines. The completed Child Support Addendum is attached. I understand that it will be included in the final order in this case.
- _____ (4) The Petitioner and I live together with the child(ren), so no child support order is necessary.

3.

I have read this consent document, and I understand it. I am giving my consent freely. I have written my initials next to all of the provisions in Paragraph 2 to which I am agreeing. I am not being forced to sign this consent, and I believe this legitimation is in the best interest of my child(ren).

Respondent, pro se *[Signature]*

Name: _____

Address: _____

Phone: _____

Subscribed & sworn to before me on

_____, 20____.

NOTARY PUBLIC

SUPERIOR COURT OF GWINNETT COUNTY
STATE OF GEORGIA

| | | |
|-------------|--|-----------------|
| Petitioner, | | |
| v. | | Civil Action |
| | | File No.: _____ |
| Respondent. | | |

ACKNOWLEDGMENT OF SERVICE

I am the Respondent in this case. I hereby acknowledge that I have received a copy of the *Summons, Petition for Legitimation and Visitation/Custody*, and the following other documents:

I waive formal process, but I do not waive further notice, or my right to raise any defenses I may have in this action.

Should further notice be required for any reason, the notice should be mailed to me at the following address:

Sworn to and subscribed before
me on _____.

Respondent, *Pro se* (Signature)

Notary Public