

**IN THE SUPERIOR COURT OF BIBB COUNTY
STATE OF GEORGIA**

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

COMPLAINT FOR DIVORCE

Plaintiff, _____, comes before this Court and shows this Court the following:

1.

Plaintiff is a resident of _____ County, Georgia, and has been a resident of Georgia for at least six months prior to the filing of this action.

2.

Defendant is a resident of _____ County, Georgia, and has acknowledged service of the Complaint and Summons and has waived further service of process.

3.

Plaintiff and Defendant were lawfully married on _____.

4.

Plaintiff and Defendant separated on _____ and have remained in a bona fide state of separation since that date.

5.

There are _____ minor children born of the marriage.

6.

Plaintiff is entitled to a divorce upon the statutory grounds that the marriage is irretrievable broken and there is no hope of reconciliation. O.C.G.A. § 19-5-3(13).

7.

The parties have both signed a settlement agreement that resolves all issues as to an equitable division of property and debts.

WHEREFORE, Plaintiff respectfully requests:

- a) That the parties herein be totally divorced;
- b) That the Court adopt and incorporate the parties; settlement agreement into a final judgment and decree in this manner;
- c) The Plaintiff's name be restored to _____.
- d) That the Court grant temporary and permanent custody as requested and agreed upon by the parties.
- e) That the Plaintiff have such other and further relief as this Court deems equitable and just.

Respectfully submitted, this _____ day of _____, 20_____.

Plaintiff Pro Se

STATE OF GEORGIA

COUNTY OF BIBB

VERIFICATION

Personally appeared before the undersigned officer authorized by law to administer oaths, the deponent herein, who, an oath, deposes and says that the facts contained in the foregoing document are true and correct.

PLAINTIFF

Sworn to and subscribed before me

this ____ day of _____, 20____.

Notary Public

AFFIDAVIT FOR PERSON FILING CASE WITH NO ATTORNEY
(All questions must be answered.)

Plaintiff

vs.

Civil Action No. _____

Defendant

PERSONALLY appeared before me the undersigned officer, _____
(Affiant)

who after being duly sworn deposes and states under oath the following:

- (1) That affiant has this date filed a suit for divorce or other complaint in this County and does not have an attorney at law representing affiant.
- (2) (a) Affiant further states that the following person prepared the Complaint and/or other papers.

Name of Person (and business name) who prepared papers

Address of such person and business

Telephone number of such person and business

- (b) Affiant state that said person who prepared the paper (was/was not) paid to prepare the papers. The total amount paid \$_____.
- (3) Affiant further states that there (is/is not) any further money due anyone for assisting in the preparation of said papers. If affiant owes money to the preparer the amount is \$_____.
- (4) Affiant has not paid or given anyone any other consideration of money for helping in preparing the paper, except the following, _____.
- (5) Did the preparer of the papers tell you what information, or give you advice regarding the information to put in any of your paper? (YES / NO)
- (6) Did the preparer give you any advice about how to file your papers? (YES / NO)
- (7) Did the preparer give you any advice about how to present your case to the judge? (YES / NO)
- (8) Are you willing to discuss this matter with a State Bar or Georgia investigator? (YES / NO)

I have answered all the about questions truthfully, under criminal penalties of perjury.

Sworn to and subscribed before me
this _____ day of _____, 20____.

Affiant

Address

Notary Public
My Commission Expires _____

City State Zip
Phone No. (required): _____

SUPERIOR COURT OF BIBB COUNTY
PARTIES INFORMATION SHEET
TO BE FILED WITH COMPLAINT/PETITION

Plaintiff's Contact Information:

Plaintiff's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone Number: _____

Cell Phone Number: _____

Email Address: _____

Defendant's Contact Information:

Defendant's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone Number: _____

Cell Phone Number: _____

Email Address: _____

IN THE SUPERIOR COURT OF BIBB COUNTY

Plaintiff

Vs.

Civil Action No. _____

Defendant

ACKNOWLEDGEMENT OF SERVICE

Due and legal service of the complaint and summons in this foregoing case is hereby acknowledged; copies of the complaint, and summons when issued, and all other service is hereby waived.

This _____ day of _____, 20_____.

Sworn to and subscribed before me
this ____ day of _____, 20_____.

Defendant

Notary Public, State of _____
My Commission expires _____

WAIVER OF NOTICE OF HEARING AND JURY TRIAL

By consent of the parties thereto, the above case may be tried by the Court any time after the appearance day of said case; both parties hereby waives their right to a jury trial.

This _____ day of _____, 20_____.

Sworn to and subscribed before me
this ____ day of _____, 20_____.

Plaintiff

Notary Public, State of _____
My Commission expires _____

Sworn to and subscribed before me
this ____ day of _____, 20_____.

Defendant

Notary Public, State of _____
My Commission expires _____

**IN THE SUPERIOR COURT OF BIBB COUNTY
STATE OF GEORGIA**

Plaintiff

vs. Civil Action File No. _____

Defendant

SETTLEMENT AGREEMENT

This is an agreement by and between _____ hereinafter referred to as (“Wife”) and _____ hereinafter referred to as (“Husband”).

WHEREAS, the parties are married but are currently living in a bona fide state of separation;

WHEREAS, the parties desire to settle between themselves all questions of division of property, alimony and all other rights and obligations arising out of their marital relationship;

NOW THEREFORE, in consideration of the mutual covenants hereinafter contained, the parties agree as follows:

1. Separation

The parties shall continue to live separate and apart and each shall be free from interference, molestation, authority and control, direct or indirect by the other as fully as if sole and unmarried, and each may reside at such place or places as he or she may select.

2. Alimony

A selection must be made or the right to alimony will be waived.

The Wife / Husband shall pay the sum of \$_____ per _____ [week or month], to be paid beginning on _____ [Date] and to continue thereafter until the Plaintiff/ Defendant remarries or dies.

The parties expressly waive alimony for the past, present and future.

3. Division of Property

A selection must be made or no marital property will be subject to division

The parties have no marital property subject to equitable division.

The parties have previously divided their marital property to their mutual satisfaction.

The parties acknowledge that they possess various items of jointly owned property. Which shall be divided as follows:

Wife: _____

Husband: _____

4. Division of Debts

A selection must be made or parties will be responsible for debts in their own name.

The parties acknowledge that they have no outstanding joint debts.

The parties agree to the division of debts as indicated below

Wife: _____

Husband: _____

5. Name Restoration

The parties request that the Wife's name be restored to _____

6. Binding Agreement

The parties acknowledge that they have entered into this Agreement freely and voluntarily and that it is not the result of any duress or any undue influence. This Agreement constitutes the entire understanding of the parties. There are no representations, warranties, covenants or undertakings other than those expressly set forth herein.

This agreement is entered into this the ____ day of _____ 20____.

Sworn to and subscribed before me _____
This ____ day of _____, 20____. Plaintiff, Pro Se (Signature)

Notary Public (Seal)
My Commission Expires _____

Sworn to and subscribed before me _____
This ____ day of _____, 20____. Defendant, Pro Se (Signature)

Notary Public (Seal)
My Commission Expires _____

**IN THE SUPERIOR COURT OF BIBB COUNTY
STATE OF GEORGIA**

Plaintiff

v.

Civil Action No. _____

Defendant

DOMESTIC RELATIONS FINANCIAL AFFIDAVIT OF PLAINTIFF

1. AFFIANT'S NAME: _____ Age _____

Spouse's Name: _____ Age _____

Date of Marriage: _____ Date of Separation _____

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

Name	Year of Birth	Resides with
------	---------------	--------------

_____	_____	_____
_____	_____	_____
_____	_____	_____

Names and year of birth of affiant's other children:

Name	Year of Birth	Resides with
------	---------------	--------------

_____	_____	_____
_____	_____	_____
_____	_____	_____

2. SUMMARY OF AFFIANT'S INCOME AND NEEDS

(a) Gross monthly income (from item 3A) \$ _____

(b) Net monthly income (from item 3B) _____

(c) Average monthly expenses (item 5A) \$ _____

Monthly payments to creditors + _____

Total monthly expenses and payments
to creditors (item 5C)

3. AFFIANT'S 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 \$ _____

Alimony and Maintenance 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	Separate Asset of the Husband	Separate Asset of the Wife	Basis of the Claim
Cash	\$ _____	_____	_____	_____
Stocks, Bonds	\$ _____	_____	_____	_____
CD's/Money Market Accounts	\$ _____	_____	_____	_____
Bank Accounts (list each account):				
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
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. A. AVERAGE MONTHLY EXPENSES

HOUSEHOLD

Mortgage or Rent Payments	\$ _____
Property Taxes	\$ _____
Homeowner/Renter Insurance	\$ _____
Electricity	\$ _____
Water	\$ _____
Garbage and Sewer	\$ _____
Telephone:	
Residential Line:	\$ _____
Cellular Telephone:	\$ _____
Gas	\$ _____
Repairs and Maintenance	\$ _____
Lawn Care	\$ _____

Pest Control	\$ _____
Cable TV	\$ _____
Misc. Household and Grocery items	\$ _____
Meals Outside the Home	\$ _____
Other	\$ _____

AUTOMOBILE

Gasoline and Oil	\$ _____
Repairs	\$ _____
Auto Tags and License	\$ _____
Insurance	\$ _____

OTHER VEHICLES

(boats, trailers, RVs, etc.)

Gasoline and Oil	\$ _____
Repairs	\$ _____
Tags and License	\$ _____
Insurance	\$ _____

CHILDREN'S EXPENSES

Child Care (total monthly cost)	\$ _____
School Tuition	\$ _____
Tutoring	\$ _____
Private Lessons (e.g., music, dance)	\$ _____
School Supplies/Expenses	\$ _____
Lunch Money	\$ _____
Other Educational Expenses (list)	\$ _____

_____	\$ _____
_____	\$ _____

Allowance	\$ _____
Clothing	\$ _____
Diapers	\$ _____
Medical, Dental, Prescription (out of pocket/uncovered expenses)	\$ _____
Grooming, Hygiene	\$ _____
Gifts from Children to Others	\$ _____
Entertainment	\$ _____
Activities (including extra-curricular, school, religious, cultural, etc.)	\$ _____
Summer Camps	\$ _____

AFFIANT'S OTHER EXPENSES

Dry Cleaning/Laundry	\$ _____
Clothing	\$ _____
Medical, Dental, Prescription (out of pocket/uncovered expenses)	\$ _____

Affiant's Gifts (special holidays) \$ _____
 Entertainment \$ _____
 Recreational Expenses (e.g., fitness) \$ _____
 Vacations \$ _____
 Travel Expenses for Visitation \$ _____
 Publications \$ _____
 Dues, clubs \$ _____
 Religious and charities \$ _____
 Pet Expenses \$ _____
 Alimony Paid to Former Spouse \$ _____
 Child Support Paid for other children \$ _____
 Date of Initial Order: _____
 Other (attach sheet)

OTHER INSURANCE

Health \$ _____
 Child(ren)'s Portion: \$ _____

Dental \$ _____
 Child(ren)'s Portion: \$ _____

Vision \$ _____
 Child(ren)'s Portion: \$ _____

Life \$ _____
 Relationship of Beneficiary: _____

Disability \$ _____

Other (specify): \$ _____

TOTAL ABOVE EXPENSES \$ _____

B. PAYMENTS TO CREDITORS

(please check one)

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

TOTAL MONTHLY PAYMENTS TO CREDITORS: \$ _____

C. TOTAL MONTHLY EXPENSES: \$ _____

Personally appeared before me, an officer authorized to administer oaths, the undersigned affiant, who upon being sworn, swears that he/she is legally competent to make this affidavit, that the affidavit is based upon personal knowledge, and that the contents of the affidavit are true.

Affiant

Sworn to and subscribed before me, this _____ day of _____, 20_____.

Notary Public

My commission expires: _____

INFORMATION FOR COMPLETING REQUIRED CHILD SUPPORT WORKSHEET

1. Child Support Worksheet is required by the State of Georgia.
2. Bibb County Judges *require* that the Child Support Worksheet be printed.
3. Complete the worksheet to the best of your ability. The Superior Court Clerk's Office cannot help fill out the forms.
4. Go to <http://csc.georgiacourts.gov/> complete the form, submit it and print it out.
5. You **MUST** file the worksheet along with your case.

**IN THE SUPERIOR COURT OF BIBB COUNTY
STATE OF GEORGIA**

Plaintiff

v.

Civil Action No. _____

Defendant

DOMESTIC RELATIONS FINANCIAL AFFIDAVIT OF DEFENDANT

1. AFFIANT'S NAME: _____ Age _____

Spouse's Name: _____ Age _____

Date of Marriage: _____ Date of Separation _____

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

Name	Year of Birth	Resides with
------	---------------	--------------

_____	_____	_____
_____	_____	_____
_____	_____	_____

Names and year of birth of affiant's other children:

Name	Year of Birth	Resides with
------	---------------	--------------

_____	_____	_____
_____	_____	_____
_____	_____	_____

2. SUMMARY OF AFFIANT'S INCOME AND NEEDS

(a) Gross monthly income (from item 3A) \$ _____

(b) Net monthly income (from item 3B) _____

(c) Average monthly expenses (item 5A) \$ _____

Monthly payments to creditors + _____

Total monthly expenses and payments
to creditors (item 5C)

3. AFFIANT'S 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 \$ _____

Alimony and Maintenance 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	Separate Asset of the Husband	Separate Asset of the Wife	Basis of the Claim
Cash	\$ _____	_____	_____	_____
Stocks, Bonds	\$ _____	_____	_____	_____
CD's/Money Market Accounts	\$ _____	_____	_____	_____
Bank Accounts (list each account):				
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
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. A. AVERAGE MONTHLY EXPENSES

HOUSEHOLD

Mortgage or Rent Payments	\$ _____
Property Taxes	\$ _____
Homeowner/Renter Insurance	\$ _____
Electricity	\$ _____
Water	\$ _____
Garbage and Sewer	\$ _____
Telephone:	
Residential Line:	\$ _____
Cellular Telephone:	\$ _____
Gas	\$ _____
Repairs and Maintenance	\$ _____
Lawn Care	\$ _____

Pest Control	\$ _____
Cable TV	\$ _____
Misc. Household and Grocery items	\$ _____
Meals Outside the Home	\$ _____
Other	\$ _____

AUTOMOBILE

Gasoline and Oil	\$ _____
Repairs	\$ _____
Auto Tags and License	\$ _____
Insurance	\$ _____

OTHER VEHICLES

(boats, trailers, RVs, etc.)

Gasoline and Oil	\$ _____
Repairs	\$ _____
Tags and License	\$ _____
Insurance	\$ _____

CHILDREN'S EXPENSES

Child Care (total monthly cost)	\$ _____
School Tuition	\$ _____
Tutoring	\$ _____
Private Lessons (e.g., music, dance)	\$ _____
School Supplies/Expenses	\$ _____
Lunch Money	\$ _____
Other Educational Expenses (list)	\$ _____

_____	\$ _____
_____	\$ _____

Allowance	\$ _____
Clothing	\$ _____
Diapers	\$ _____
Medical, Dental, Prescription (out of pocket/uncovered expenses)	\$ _____
Grooming, Hygiene	\$ _____
Gifts from Children to Others	\$ _____
Entertainment	\$ _____
Activities (including extra-curricular, school, religious, cultural, etc.)	\$ _____
Summer Camps	\$ _____

AFFIANT'S OTHER EXPENSES

Dry Cleaning/Laundry	\$ _____
Clothing	\$ _____
Medical, Dental, Prescription (out of pocket/uncovered expenses)	\$ _____

Affiant's Gifts (special holidays) \$ _____
 Entertainment \$ _____
 Recreational Expenses (e.g., fitness) \$ _____
 Vacations \$ _____
 Travel Expenses for Visitation \$ _____
 Publications \$ _____
 Dues, clubs \$ _____
 Religious and charities \$ _____
 Pet Expenses \$ _____
 Alimony Paid to Former Spouse \$ _____
 Child Support Paid for other children \$ _____
 Date of Initial Order: _____
 Other (attach sheet)

OTHER INSURANCE

Health \$ _____
 Child(ren)'s Portion: \$ _____

Dental \$ _____
 Child(ren)'s Portion: \$ _____

Vision \$ _____
 Child(ren)'s Portion: \$ _____

Life \$ _____
 Relationship of Beneficiary: _____

Disability \$ _____

Other (specify): \$ _____

TOTAL ABOVE EXPENSES \$ _____

B. PAYMENTS TO CREDITORS

(please check one)

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

TOTAL MONTHLY PAYMENTS TO CREDITORS: \$ _____

C. TOTAL MONTHLY EXPENSES: \$ _____

Personally appeared before me, an officer authorized to administer oaths, the undersigned affiant, who upon being sworn, swears that he/she is legally competent to make this affidavit, that the affidavit is based upon personal knowledge, and that the contents of the affidavit are true.

Affiant

Sworn to and subscribed before me, this _____ day of _____, 20_____.

Notary Public

My commission expires: _____

ATTACHMENTS

Parenting Plan

Child Support Order Addendum

Case Disposition Form & 3907 Form

Other _____



PLEASE PRINT OR TYPE ALL INFORMATION LEGIBLY AND CORRECTLY BELOW.

REQUIRED INFORMATION			
CIVIL ACTION NUMBER		DATE DECREE GRANTED (MONTH, DAY, YEAR)	COUNTY DECREE GRANTED
FIRST NAME OF PARTY 1	MIDDLE NAME	LAST NAME	LAST NAME AT BIRTH
DATE OF BIRTH (MONTH, DAY, YEAR)	COUNTY OF RESIDENCE		NUMBER OF THIS MARRIAGE (FIRST, SECOND, ETC.)
FIRST NAME OF PARTY 2	MIDDLE NAME	LAST NAME	LAST NAME AT BIRTH
DATE OF BIRTH (MONTH, DAY, YEAR)	COUNTY OF RESIDENCE		NUMBER OF THIS MARRIAGE (FIRST, SECOND, ETC.)
SPECIFY GROUNDS FOR DIVORCE (19-5-3, OCGA)			NUMBER OF CHILDREN LESS THAN 18 AFFECTED BY THIS DECREE

This above Report may be reproduced by use of a computer. However, the finished Report must be a close reproduction of the original, and prior review and approval must be obtained from the State Registrar before use. (31-10-7, O.C.G.A.)

31-10-22. Record of divorce, dissolutions, and annulments.

(a) A record of each divorce, dissolution of marriage, or annulment granted by any court of competent jurisdiction in this state shall be filed by the clerk of the court with the department and shall be registered if it has been completed and filed in accordance with this Code section. The record shall be prepared by the petitioner or the petitioner’s legal representative on a form prescribed and furnished by the state registrar and shall be presented to the clerk of the court with the petition. In all cases, the completed record shall be a prerequisite to the granting of the final decree.

(b) The clerk of the superior court shall complete and forward to the department on or before the tenth day of each calendar month the records of each divorce, dissolution of marriage, or annulment decree granted during the preceding calendar month.

General Civil and Domestic Relations Case Disposition Information Form

Superior or State Court of _____ County

For Clerk Use Only

Date Disposed _____ Case Number _____
MM-DD-YYYY

Case Style _____

Plaintiff(s)

Defendant(s)

Last	First	Middle I.	Suffix	Prefix

Last	First	Middle I.	Suffix	Prefix

Reporting Party _____

Plaintiff's Attorney _____

Bar Number _____

Self-Represented

Defendant's Attorney _____

Bar Number _____

Self-Represented

Manner of Disposition
Check Only One

Jury Trial

Bench/Non-Jury Trial

Non-Trial Disposition

Alternative Dispute Resolution

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

eFile and Serve Registration & Quick Tips

(PLEASE PRINT CLEARLY)

- Email: _____
- Address: _____

- Phone #: _____
- Security Question? EX: What high school did you attend?
Q _____
A _____
- Password: Abcd1234
- Click on link sent to your email to activate your account.
- Login to www.efilega.com from Kiosk or phone and change your password under manage security.
- Scan documents
 - File your case to learn more, visit www.georgia.tylerhost.net

Case / Envelope #: _____

Cases filed with an agreement: File your Request Letter 46 days after filed date:

Cases filed with Sheriff Service: File your Request Letter 46 days after defendant has been served. You will receive notification once the defendant has been served with the email that you have on file.

Divorce by Publication: File Request Letter 60 days after 1st day of Publication; Publisher's Affidavit must be on file.

Adult Name Change: Take filed stamp Notice of Name Change to The Telegraph, File Request Letter 46 days after filing date, Publisher's Affidavit must be on file.

Minor Name Change: File Request Letter 46 days after filing date, , Publisher's Affidavit must be on file.

Clerk Assisted: _____

Clase De Crianza Compartida En Línea

<https://www.OnlineParentingPrograms.com>



Clase: Crianza Compartida En Línea

Clase de aprendizaje autónomo, educativa, en línea para los padres en proceso de divorcio/separación que nunca contrajeron matrimonio

Disponible en Inglés o Español

Visite el sitio web para precios de clase.



Regístrate en línea



Asiste en cualquier momento



Pone en pausa & vuelve a la clase



Descarga el certificado inmediatamente después de terminar la clase.

Descuentos disponibles para personas con bajos ingresos

También Proporcionamos Clases De Crianza Compartida En Los Casos De Alto Conflicto



Online Parenting Programs

Ofrecemos programas con descuentos para padres elegibles. Puedes encontrar información en línea: www.onlineparentingprograms.com/financial-assistance.html

<https://www.OnlineParentingPrograms.com>

Online Co-Parenting Class

<https://www.OnlineParentingPrograms.com>



Class: Online Co-Parenting

Self-directed, online educational class for divorcing/separated or never married parents.

Available in English or Spanish

Check website for class pricing.



Register online



Attend anytime



Pause & resume



*Immediately
download certificate
upon completion.*

Low-Income/Indigent Discounts Available

Also Offering: **Online Parenting Skills
& High Conflict Co-Parenting Classes**



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Have Questions?

Call (866) 504-2883 or email us at:
support@onlineparentingprograms.com

<https://www.OnlineParentingPrograms.com>



Family Counseling

CENTER OF CENTRAL GEORGIA

“Families in Transition” Seminar Schedule 2024

In Person	Online
Thursday, January 11 th 9:00am - 12:00pm	Tuesday, January 16 th 1:00pm - 4:00pm
Thursday, February 8 th 9:00am - 12:00pm	Tuesday, February 20 th 1:00pm - 4:00pm
Thursday, March 7 th 9:00am - 12:00pm	Tuesday, March 19 th 1:00pm - 4:00pm
Thursday, April 4 th 9:00am - 12:00pm	Tuesday, April 16 th 1:00pm - 4:00pm
Thursday, May 9 th 9:00am - 12:00pm	Tuesday, May 21 st 1:00pm - 4:00pm
Thursday, June 6 th 9:00am - 12:00pm	Tuesday, June 18 th 1:00pm - 4:00pm
Thursday, July 11 th 9:00am - 12:00pm	Tuesday, July 23 rd 1:00pm - 4:00pm
Thursday, August 8 th 9:00am - 12:00pm	Tuesday, August 20 th 1:00pm - 4:00pm
Thursday, September 5 th 9:00am - 12:00pm	Tuesday, September 17 th 1:00pm - 4:00pm
Thursday, October 10 th 9:00am - 12:00pm	Tuesday, October 22 nd 1:00pm - 4:00pm
Thursday, November 7 th 9:00am - 12:00pm	Tuesday, November 19 th 1:00pm - 4:00pm
Thursday, December 5 th 9:00am - 12:00pm	Tuesday, December 17 th 1:00pm - 4:00pm

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