

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

Plaintiff

vs

Civil Action No.: _____

Defendant

PETITION FOR LEGITIMATION, CUSTODY AND/OR VISITATION

The Petition of _____ respectfully shows to the Court the following facts:

1. Plaintiff shows that he is a resident of _____ County, Georgia and that he is the father of the child(ren) born out of wedlock with the following names and birth dates:

<u>Full Name</u>	<u>Male/Female</u>	<u>Year of Date</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. (Choose A or B)

- A) The Defendant/Mother of said child(ren) _____ is a resident of _____ County, Georgia, and is subject to the jurisdiction of this Court.

(Choose One)

- 1) The Defendant/Mother may be personally served at her resident of _____

OR

- 2) The Defendant/Mother has signed the Acknowledgment of Service form. The signed and notarized form is attached as Exhibit “_____”

OR

3) The Defendant/Mother resides in a different County/State from the Plaintiff, but has waived venue/jurisdiction. The signed and notarized form it attached as Exhibit “_____”.

B) The whereabouts of the mother are unknown and she must be served by publication as is provided by law in such situations. An affidavit of Diligent Search is attached hereto as Exhibit “_____”.

3. (Choose One)

1) The Defendant/Mother of said child(ren) has consented in writing to the legitimation of said child(ren) and to the physical and legal custody being awarded to Plaintiff. Her consent is attached hereto as Exhibit “_____”.

OR

2) The Defendant/Mother of said child(ren) has consented in writing to the legitimation of said child(ren) and to visitation by the Plaintiff.

OR

3) The Defendant/Mother of said child(ren) is deceased, having died on _____ . A copy of her death certificate is attached hereto as Exhibit “_____”.

OR

4) There is no other legal parent of the child(ren), and the child(ren) has/have no legal guardian.

OR

5) None of the above. _____

4. _____ Plaintiff desires that the surname of said child(ren) be changed to _____ , that said child(ren)’s name(s) be changed on the birth record of the child(ren), and that Plaintiff’s name be entered as father on the birth record on the child(ren). Plaintiff further requests that the Department of Vital Statistics be ordered and directed to amend the birth records of said child(ren) and the reissue a birth certificate showing Plaintiff, _____ , as father and changing the child(ren)’s last name(s) to Plaintiff’s last name: _____ .

5. _____ Plaintiff shows that he has had physical custody of the minor child(ren) since (fill in the date) _____. The child(ren) came to live with him because _____ .

Plaintiff is a fit and proper person to have legal custody of the minor child(ren). It is the best interest of the minor child(ren) to have their legal custody placed with the Plaintiff. Plaintiff is entitled to the physical and legal custody of said child(ren).

6. _____ In the alternative, Plaintiff shows that it is in the best interest of the minor child(ren) that he be awarded visitation with them.

7. _____ Plaintiff requests that the issue of child support be considered and decided by this Court.

WHEREFORE, Plaintiff prays:

- a) That the Court enter an Order legitimating the child(ren) named in the Petition, causing the surname(s) of said child(ren) to be changed to _____, and that the record of the birth of said child(ren) be changed to show that name of the father as Plaintiff, to wit, _____, so henceforth said child(ren) will be recognized and legitimate child(ren) of the Plaintiff.
- b) That Plaintiff be granted legal and physical custody of the child(ren); and
- c) In the alternative; that Plaintiff be granted visitation with the minor child(ren);
- d) That the issue of child support be determined by this Court;
- e) That a Rule Nisi issue directing the Defendant to show cause Plaintiff's prayers should not be granted;
- f) That Defendant be served with a copy of this Petition and Court Order
OR
 Mother/Defendant has signed an Acknowledgement of Service.
- g) That Plaintiff be granted such other and further relief as the Court deems proper.

This the _____ day of _____, _____.
(date) (month) (year)

Plaintiff, Pro Se (Signature)

Plaintiff's Name (print/type): _____

Plaintiff's Address: _____

Plaintiff's Telephone Number: _____

STATE OF GEORGIA

COUNTY OF BIBB

VERIFICATION

Personally appeared before the undersigned officer authorizes 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.

DEPONENT

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
STATE OF GEORGIA**

Plaintiff

vs. Civil Action No. _____

Defendant

ACKNOWLEDGMENT OF SERVICE AND CONSENT TO LEGITIMATION

1.

Acknowledgement of Service

_____, the natural mother of _____, hereby acknowledges that she has received a copy of the foregoing Petition to Legitimate the said _____ and to change his/her name from _____ to _____, and she hereby waives any and all further service or notice of any nature in this proceeding.

2.

Consent to legitimation and change of name

The mother hereby consents to the judicial legitimization of

and the change of his/her/their surname(s) from _____ to _____.

Non-interference with affection toward either parent

3.

The parties agree that the welfare of the child(ren) is of paramount importance and each agrees to foster and encourage a feeling of affection between themselves and the child(ren). Neither party shall do anything to hamper the natural development of the children's love and respect for the other party.

4.

Custody (Check a, b, or c)

a) The Father/ Mother shall have the temporary and permanent legal and physical custody of the minor child(ren).

b) The Father and Mother shall share joint legal custody of the minor child(ren). The parties shall share decision-making concerning the children; however, the Father/ Mother shall have the right to make the final decision in the even the parties cannot agree.

Primary physical custody of the minor child(ren) shall be with the Father/ Mother as follows:

Secondary physical custody shall be with the Father/ Mother as follows:

c) The Father and Mother shall share joint legal custody and joint physical custody of the minor child(ren).

Physical custody shall be shared by the parties as follows:

The parties shall share decision making concerning the child(ren); however, in the event the parties cannot decide, the Father/ Mother shall have the final decision concerning

5.

Visitation (Choose a or b)

a) The Father/ Mother shall have the right of visitation with the minor children as follows:

[OR]

- b) The visitation schedule is attached hereto and incorporated herein.

Child Support

Please go to <http://www.georgiacourts.org/csc/> and complete the Child Support Worksheet. Your papers will NOT be accepted for filing unless you complete and attach the Child Support Worksheet.

6.

The Father/ Mother shall pay directly to the Father/ Mother, as support of the minor child(ren), the sum of \$ _____ * per week/ bi-weekly/ monthly, starting on _____, and continuing per week/ bi-weekly/ monthly thereafter until each respective child reaches the age of eighteen (18), or so long as the child is enrolled in and attending secondary school (not to exceed age twenty (20)), marries, dies, or becomes otherwise emancipated. The child support obligation shall be reduced as follows as each child becomes emancipated:

*This amount was derived from line 13 of the Child Support Worksheet, which is attached hereto as Exhibit 1.

7.

Manner of Payment of Child Support (Check a or b)

- a) All payments of child support shall be paid directly to the Father/ Mother at the following address:

No Income Deduction Order will be entered into at this time. However, when ever, in violation of the terms of this Agreement, there shall have been a failure to make the support payments due hereunder so that the amount unpaid is equal to or greater than the amount payable for one (1) month, the payments required to be made may be collected by the process of continuing garnishment for support. In the event Father/ Mother fails to pay any child support obligation in this Agreement on a timely fashion on any three (3) occasions in any twelve (12) month period, the parties agree than an income deduction order shall then be entered.

- b) All payments of child support shall be paid to Georgia Child Support Enforcement pursuant to an Income Deduction Order.

8.

Health Insurance

The Father/ Mother shall maintain a policy of medical, dental, and hospitalization insurance for the benefit of the minor child(ren) for so long as the child support obligation set forth herein exists. Cost not covered under the insurance policy shall be divided between Father and Mother as follows:

The Father/ Mother shall provide the Husband/ Wife with an insurance identification card or such other acceptable proof of insurance coverage and shall cooperate with the Husband/ Wife in submitting claims under the policy.

This _____ day of _____, 20__.

Mother

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

Notary Public (Seal)

My commission expires: _____

Father

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

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.

Plaintiff

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.
PLEASE DO NOT HAND WRITE.
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://www.georgiacourts.org/csc>, 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.

Defendant

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

Notary Public

My commission expires: _____

General Civil and Domestic Relations Case Filing Information Form

Superior or State Court of _____ County

For Clerk Use Only

Date Filed _____ Case Number _____
MM-DD-YYYY

Plaintiff(s)

Last	First	Middle I.	Suffix	Prefix

Defendant(s)

Last	First	Middle I.	Suffix	Prefix

Plaintiff's Attorney _____ Bar Number _____ Self-Represented

Check One Case Type in One Box

General Civil Cases

Automobile Tort

Civil Appeal

Contract

Garnishment

General Tort

Habeas Corpus

Injunction/Mandamus/Other Writ

Landlord/Tenant

Medical Malpractice Tort

Product Liability Tort

Real Property

Restraining Petition

Other General Civil

Domestic Relations Cases

Adoption

Dissolution/Divorce/Separate Maintenance

Family Violence Petition

Paternity/Legitimation

Support – IV-D

Support – Private (non-IV-D)

Other Domestic Relations

Post-Judgment – Check One Case Type

Contempt

Non-payment of child support, medical support, or alimony

Modification

Other/Administrative

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

_____ Case Number _____ Case Number

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

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

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

ATTACHMENTS

Parenting Plan

Child Support Order Addendum

Case Disposition Form & 3907 Form

Other _____

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
 - Tutorials and user guides are available online. To learn more, visit www.efilega.com
-

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.

YOU MUST NOTIFY THE CLERK'S OFFICE OF ANY ADDRESS CHANGES OR TO UPDATE YOUR EMAIL ADDRESS BY FILING A NOTICE TO CHANGE ADDRESS.

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**



Online
Parenting
Programs

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

Macon: 277 MLK Jr. Blvd, Suite 203
Macon, GA 31201
Ph: 478 745-2811
Fax: 478-745-0881

Warner Robins: 106-B Olympia Dr.
Warner Robins, GA 31092
478 918-0663