

**BIBB COUNTY SUPERIOR COURT**

**STATE OF GEORGIA**

\_\_\_\_\_  
Plaintiff

vs.

Civil Action No. \_\_\_\_\_

\_\_\_\_\_  
Defendant

**PETITION FOR LEGITIMATION**

The Plaintiff files this action, and states the following in support of his petition:

1.

I believe I am the father of the following minor child(ren), born out of wedlock:

Current Name of Child	Male/Female	Year of Birth

2.

Jurisdiction and venue are proper in this Court because:

[Check and complete only one of the following, (a) through (e) of this paragraph]

**If none of these applies, you cannot file for Legitimation in Bibb County**

- (a) the Defendant mother resides in Bibb County, Georgia.
- (b) the Defendant mother resides in Georgia outside Bibb County, but the child or I reside in Bibb County, and the mother has consented to venue here.
- (c) the Defendant mother resides outside the State of Georgia and the child or I reside in Bibb County, Georgia.
- (d) the whereabouts of the Defendant mother are unknown and the child or I reside in Bibb County, Georgia.
- (e) the mother of the child is deceased and the child or I reside in Bibb County, Georgia.

3.

The Defendant, \_\_\_\_\_ is child's mother.

[Check and complete only one of the following.]

- The mother's address is -

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

- The mother is deceased.

4.

- No other man is shown as father on the birth certificate, and the mother was not married to any other man at the time of the child's conception or birth.

5.

[Check and complete all that apply below.]

The child lives with the following person who takes care of the child:

- The Defendant/mother  
 The Plaintiff/father  
 Neither the child's mother nor the Petitioner. Instead the child lives with \_\_\_\_\_, whose relationship to the child is \_\_\_\_\_  
\_\_\_\_\_. They reside at the following address: \_\_\_\_\_  
in \_\_\_\_\_ County, in the State of \_\_\_\_\_.

6.

My paternity of the child has been established by a court or by operation of law based on the child's birth certificate or, if paternity has not been legally established, I state that I am the child's natural father. I want to legitimate my relationship with the child, as provided in OCGA§ 19-7-22. so that the child will have full rights as my child, and I will have full rights as the father of the child, I believe that legitimation would be in the child's best interest.

7.

[Check and complete all that apply below]

I want the birth records of the child to be changes as follows:

- I want the child's last name to be changed on the birth record to my last name.
- I want my name to be entered as the father on the birth record.
- No chance are necessary on the birth record concerning either the father's name or the child's last name.

8.

[Check and complete part (a) or part (b), but **not** both]

- (a) There is already a child support order concerning the child. This current order was issued by the \_\_\_\_\_ Court/Agency in court case number \_\_\_\_\_. It requires me to pay \$ \_\_\_\_\_ per \_\_\_\_\_.
- (b) There is currently no child support order concerning the child.

THEREFORE, the Plaintiff asks:

[Check and complete only the ones that apply below]

- (a) That process issue and the Defendant be served with a copy of this *Petition for Legitimation*;
- (b) That the Court order service by publication for the Defendant mother, whose address unknown. I am filling my Affidavit(s) of diligent Search with this Petition, and incorporate it here by reference.
- (c) I ask that the Court enter an Order legitimating my relationship with the child, so that the child will be recognized as my legitimate child, capable of inheriting in the same manner as if born in lawful wedlock;
- (d) That the last name of the child be changed to my last name;
- (e) That the Department of Vital Statistic be ordered and directed to amend the child's birth record and to reissue the birth certified as follows:

[If you checked (e), you must also check & complete all that apply out of two]

- (1) entering my name as the father on the birth record
- (2) changing the child's last name to my last name

- (f) I asked that the Court enter an *Order* providing for specific, liberal visitation privileges for me with the minor child.
- (g) I ask that the Court enter an *Order* granting the following custody:
  - (1) Joint legal custody of the minor child to be shared between the parents, with shared decision making authority and full access to all information concerning the child's education, religious training, and medical care
  - (2) Sole legal and physical custody of the minor child to me
- (h) That the Court grant such other and further relief as the Court deems fair and proper

Signed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

[day]                      [month]                      [year]

\_\_\_\_\_  
 Plaintiff, Pro Se (Signature)  
 Plaintiff's Name (print or type): \_\_\_\_\_  
 Plaintiff's Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Plaintiff's Telephone Number: \_\_\_\_\_

Sworn to and affirmed before me  
 this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
 Notary Public (Seal)  
 My commission expires:\_\_\_\_\_

**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.

\_\_\_\_\_

\_\_\_\_\_

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:

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

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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:

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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

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5.

**Visitation (Choose a or b)**

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

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[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:

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\*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:

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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
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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.  
**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
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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: \_\_\_\_\_

## 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)**

**Defendant(s)**

Last	First	Middle I.	Suffix	Prefix
Last	First	Middle I.	Suffix	Prefix
Last	First	Middle I.	Suffix	Prefix
Last	First	Middle I.	Suffix	Prefix

Last	First	Middle I.	Suffix	Prefix
Last	First	Middle I.	Suffix	Prefix
Last	First	Middle I.	Suffix	Prefix
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

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(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](http://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](http://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 1<sup>st</sup> 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: \_\_\_\_\_

# 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](mailto:support@onlineparentingprograms.com)

<https://www.OnlineParentingPrograms.com>

# 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](http://www.onlineparentingprograms.com/financial-assistance.html)

<https://www.OnlineParentingPrograms.com>





# Family Counseling

CENTER OF CENTRAL GEORGIA

## “Families in Transition” Seminar Schedule 2024

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