

After paternity is established, does the father have any rights to the child?

Under Georgia law, the birth mother is the only person entitled to custody of a child born out of wedlock, unless the father has gone through the process of legitimating the child. In a paternity action if the court finds that a man is the father of a child, the court can also order that the man have visitation rights with the child (if the court finds that visitation would be in the best interests of the child).

If the father's name is on the birth certificate, does he have any rights to the child?

Under Georgia law, the birth mother is the only person entitled to custody of a child born out of wedlock, unless the father has gone through the process of legitimating the child. This is the case even if the father's name is on the birth certificate. The father must go through legitimation to have rights to a child born out of wedlock.

Does it matter if the father's name or social security number is on the child's birth certificate?

If a man's name or social security number is on the child's birth certificate and someone files a petition to establish paternity, the burden of proof is on the man to prove that he is not the father.

If the birth certificate of the child does not contain any information about the father, the person or agency that filed the paternity action must prove that the man is the father.

Can DNA testing be used to prove or disprove paternity?

Any party to the action may make a motion for the court to order DNA testing. The court must grant the motion unless someone shows that there is good cause not to order DNA testing. The person who requests the testing is responsible for any costs of the testing.

What is the result of a finding that the man is the father of the child in a paternity case?

If the court finds that a man is the father of a child, the father has a duty to support the child financially. This means that the man must pay child support. The court's order may also provide that the father has the right to visit with the child (visitation privileges) if the court finds that visitation would be in the best interests of the child.

What happens if a paternity action is brought before the child is born?

In this situation, all legal proceedings will be stayed until after the birth except service of process, discovery, and the taking of depositions.

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

Plaintiff

Vs.

Civil Action No. _____

Defendant

PETITION FOR PATERNITY AND CHILD SUPPORT

My name is _____ and I am representing myself in this modification petition. In support of my case, I state the following:

1. **Subject Matter Jurisdiction:** I am the Plaintiff in this action and
[Check only one of the following, either (a) or (b).]

(a) I am a resident of the State of Georgia.

(b) I am not a resident of the State of Georgia but Defendant is a resident of the State of Georgia.

2. **Jurisdiction and Venue:**
[Check only one of the following, either (a), (b), or (c).]

(a) Defendant is a resident of Bibb County, Georgia and is subject to the jurisdiction of this Court.

(b) Defendant is a resident of _____ County, Georgia, but I live in Bibb County. The Defendant has acknowledged service of process and consented to the jurisdiction and venue of this Court.

3. **Service of Process:** The Defendant shall be served as provided under O.C.G.A. § 9-11-4, in the following manner:

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

(a) Defendant has acknowledged service of process. I am filing the *Acknowledgment of Service* (which has been signed by the Defendant and notarized) along with this Petition.

(b) The Defendant may be served by the Sheriff's Department at the Defendant's

home work address, which is

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

The Defendant and I are the parents of _____ minor child(ren), listed below:

<i>Name of Child</i>	<i>Male / Female</i>	<i>Date of Birth</i>

5. The Defendant has:

[Check only one of the following with (a) or (b).]

(a) had his paternity of the child(ren) determined in another action. The court and case number and the nature of the proceeding are as follows:

(b) has acknowledged paternity of the child(ren).

6. The Defendant and I have a joint and several duty to provide support for the minor child(ren) pursuant to O.C.G.A. § 19-7-24.

7. The Defendant has failed to provide adequate support for the child(ren).
8. Child Support: The Defendant has income or is capable of earning sufficient money to support minor child(ren).
9. **Health Insurance for Child(ren):**
[Check only one, either (a), (b) or (c).]
- (a) The Defendant should be ordered to maintain a policy for medical, dental, and hospitalization insurance for minor child(ren).
- (b) I already provide health insurance for the child(ren) and the Defendant should be required to reimburse me for a fair share of the cost each month.
- (c) I am not asking the Court to address this issue.
10. **Other Medical Expenses for Child(ren):**
[Check only one, either (a), (b) or (c).]
- (a) The Defendant should be responsible for all expenses incurred for the child(ren)'s medical, dental and hospital care, that are not covered by insurance.
- (b) The Defendant and I should share the cost of expenses incurred for the child(ren)'s medical, dental and hospital care, that are not covered by insurance.
- (c) I am not asking the Court to address this issue.
11. **Life Insurance to Support Child(ren):**
[Check only one, either (a) or (b).]
- (a) The child(ren) depend on the Defendant for support, and therefore the Defendant should maintain a policy of insurance on the Defendant's life with a face amount of \$_____, for the benefit of the minor child(ren). The Defendant should maintain the policy for so long as at least one of the child(ren) is a minor or is otherwise entitled to child support.
- (b) I am not asking the Court to address this issue.
12. Pursuant to O.C.G.A. §§ 19-7-42 and 19-7-43, Plaintiff requests Defendant's paternity of the child(ren) be determined and Defendant be ordered to provide support for the child(ren).

THEREFORE, I request the following relief:
[Check all that apply.]

- (a) That Defendant be served notice of this Petition as provided by law;

- (b) That Defendant's paternity of the minor child(ren) be determined pursuant to O.C.G.A. §§ 19-7-42 and 19-7-3;
- (c) That Defendant be ordered to pay the Plaintiff support for the minor child(ren) in accordance with the child support guidelines, O.C.G.A. §19-6-15;
- (d) That the Defendant be ordered to maintain medical and dental insurance for the child(ren), and be ordered to pay any medical and dental expenses incurred on behalf of the child(ren);
- (e) That the Defendant be ordered to maintain an insurance policy on his/her life for the benefit of the child(ren);
- (f) That Defendant be ordered to pay through the Bibb County Superior Court Receivers Office;
- (g) That Defendant be ordered to pay through income deduction;
- (h) That a Rule Nisi be scheduled by the Court decide on the relief I have requested;
- (i) That the Court order the parties to participate in mediation to try to resolve this matter;
- (j) That Defendant be required to pay all costs of this action; and
- (k) That the Court order any and all other relief that the Court finds appropriate.

Date: _____

Plaintiff, Pro Se (Signature)

Name: _____

Address: _____

Phone: _____

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, _____
(Plaintiff)

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

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.

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.

IN THE SUPERIOR/STATE COURT OF _____ COUNTY
STATE OF GEORGIA

CIVIL ACTION
NUMBER _____

PLAINTIFF

VS.

DEFENDANT

SUMMONS

TO THE ABOVE NAMED DEFENDANT:

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

an answer to the complaint which is herewith served upon you, within 30 days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint.

This _____ day of _____, 20_____.

Clerk of Superior/State Court

BY _____
Deputy Clerk

SHERIFF'S ENTRY OF SERVICE

Civil Action No. _____

Superior Court Magistrate Court
State Court Probate Court
Juvenile Court

Date Filed _____

Georgia, _____ COUNTY

Attorney's Address

Name and Address of Party to Served

Plaintiff

VS.

Defendant

Garnishee

SHERIFF'S ENTRY OF SERVICE

PERSONAL

I have this day served the defendant _____ personally with a copy of the within action and summons.

NOTORIOUS

I have this day served the defendant _____ by leaving a copy of the action and summons at his most notorious place abode in this County.

Delivered same into hands of _____ described as follows: age, about _____ years; weight _____ pounds; height _____ feet and _____ inches, domiciled at the residence of defendant.

CORPORATION

Served the defendant _____ a corporation by leaving a copy of the within action and summons with _____ In charge of the office and place of doing business of said Corporation in this County.

TACK & MAIL

I have this day served the above styled affidavit and summons on the defendant(s) by posting a copy of the same to the door of the premises designated in said affidavit and on the same day of such posting by depositing a true copy of same in the United States Mail, First Class in an envelope properly addressed to the defendant(s) at the address shown in said summons, with adequate postage affixed thereon containing notice to the defendant(s) to answer said summons at the place stated in the summons.

NON EST

Diligent search made and defendant _____ not to be found in the jurisdiction of this Court.

This _____ day of _____, 20____.

DEPUTY

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: _____



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