IN THE SUPERIOR COURT OF BIBB COUNTY
STATE OF GEORGIA

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

COMPLAINT FOR DIVORCE

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

1.

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

2.

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

3.

Plaintiff and Defendant were lawfully married on _____.

4.

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

5.

There are _____ minor children born of the marriage.

6.

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

7.

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

WHEREFORE, Plaintiff respectfully requests:

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

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

_____
Plaintiff Pro Se

STATE OF GEORGIA

COUNTY OF BIBB

VERIFICATION

Personally appeared before the undersigned officer 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.

_____

_____

PLAINTIFF

Sworn to and subscribed before me

this _____ day of _____, 20_____.

_____

Notary Public

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

_____
Plaintiff

vs. Civil Action No. _____

_____
Defendant

PERSONALLY appeared before me the undersigned officer, _____
(Affiant)
who after being duly sworn deposes and states under oath the following:

(1) That affiant has this date filed a suit for divorce or other complaint in this County and does not have an attorney at law representing affiant.

(2) (a) Affiant further states that the following person prepared the Complaint and/or other papers.

_____
Name of Person (and business name) who prepared papers

_____
Address of such person and business

_____
Telephone number of such person and business

(b) Affiant state that said person who prepared the paper (was/was not) paid to prepare the papers. The total amount paid $_____.

(3) Affiant further states that there (is/is not) any further money due anyone for assisting in the preparation of said papers. If affiant owes money to the preparer the amount is $_____.

(4) Affiant has not paid or given anyone any other consideration of money for helping in preparing the paper, except the following, _____.

(5) Did the preparer of the papers tell you what information, or give you advice regarding the information to put in any of your paper? (YES / NO)

(6) Did the preparer give you any advice about how to file your papers? (YES / NO)

(7) Did the preparer give you any advice about how to present your case to the judge? (YES / NO)

(8) Are you willing to discuss this matter with a State Bar or Georgia investigator? (YES / NO)

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

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

_____
Affiant

_____
Address

_____
Notary Public
My Commission Expires_____

_____
City State Zip
Phone No. (required): _____

SUPERIOR COURT OF BIBB COUNTY

PARTIES INFORMATION SHEET

TO BE FILED WITH COMPLAINT/PETITION

Plaintiff's Contact Information:

Plaintiff's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone Number: _____

Cell Phone Number: _____

Email Address: _____

Defendant's Contact Information:

Defendant's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone Number: _____

Cell Phone Number: _____

Email Address: _____

IN THE SUPERIOR COURT OF BIBB COUNTY

_____
Plaintiff

Vs. Civil Action No._____

_____
Defendant

ACKNOWLEDGEMENT OF SERVICE

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

This _____ day of _____, 20_____.

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

_____
Defendant

_____
Notary Public, State of _____
My Commission expires_____

WAIVER OF NOTICE OF HEARING AND JURY TRIAL

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

This _____ day of _____, 20_____.

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

_____
Plaintiff

_____
Notary Public, State of _____
My Commission expires_____

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

_____
Defendant

_____
Notary Public, State of _____
My Commission expires_____

IN THE SUPERIOR COURT OF BIBB COUNTY
STATE OF GEORGIA

_____
Plaintiff

Vs. Civil Action No. _____

_____
Defendant

SETTLEMENT AGREEMENT

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

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

WHEREAS, MINOR child(ren) born as issue of the marriage is/are:

Name: _____ YOB: _____

Name: _____ YOB: _____

Name: _____ YOB: _____

Name: _____ YOB: _____

Name: _____ YOB: _____

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

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

1. Separation

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

2. Custody and Visitation

The parties agree that the welfare of the child(ren) is important. Neither party shall do anything to hamper the natural development of the children's love and respect of the other party.

3. Legal and Physical Custody

Legal custody of the child(ren) to: _____.

Physical custody of the child(ren) to: _____.

4. Visitation

See attached Parenting Plan.

5. Child Support

You must go to https://csconlinecalc.georgiacourts.gov/ and complete the Child Support worksheet and include it in your divorce papers.

See attached Child Support Addendum.

6. Health Insurance

A selection must be made.

The □ Wife/ □Husband shall maintain a policy of medical and _____ insurance for the benefit of the minor child(ren) for so long as the child support obligation set forth herein exists. Costs not covered under the insurance policy shall be divided between Husband and Wife as follows: _____

_____

_____

7. Alimony

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

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

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

8. Division of Property

A selection must be made, or no martial property will be subject to division.

□ The parties have no martial property to divide.

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

□ The parties acknowledge that they possess various items of jointly owned property, which shall be divided as follows:

Wife:_____

_____

_____

_____

Husband:_____

_____

_____

_____

9. Division of Debts

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

□ The parties acknowledge that they have no outstanding joint debts.

□ The parties agree to the division of debts as indicated below

Wife:_____

_____

_____

_____

Husband:_____

_____

_____

_____

10. Name Restoration

The parties request that the Wife's name be restored to_____

11. Binding Agreement

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

This agreement is entered into this ____day of _____, 20____.

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

_____
Plaintiff, Pro Se (Signature)

_____
Notary Public
My Commission Expires_____

[Seal]

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

_____
Defendant, Pro Se (Signature)

_____
Notary Public
My Commission Expires_____

[Seal]

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 https://csconlinecalc.georgiacourts.gov/ complete the form, submit it and print it out.
5. You **MUST** file the worksheet along with your case.

IN THE SUPERIOR COURT OF BIBB COUNTY
STATE OF GEORGIA

_____
Plaintiff

v. Civil Action No. _____

_____
Defendant

DOMESTIC RELATIONS FINANCIAL AFFIDAVIT OF 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's Signature

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

_____

Notary Public

My commission expires: _____

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's Signature

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** BIBB **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 _____

BIBB COUNTY SUPERIOR COURT
STATE OF GEORGIA

_____
Plaintiff

vs. Civil Action No. _____

_____
Defendant

PARENTING PLAN

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

( ) This plan has been prepared by the judge.

This plan
( ) is a new plan.
( ) modified an existing Parenting Plan dated_____.
( ) modified an existing Order dated _____.

Child's Name	Date of Birth

I. Custody and Decision Making:

A. Legal Custody shall be (choose one:)

( ) with the Mother
( ) with the Father
( ) Joint

B. Primary Physical Custodian

For each of the children named below the primary physical custodial shall be:

	Y/O/B:	( ) Mother	( ) Father	( ) Joint
	Y/O/B:	( ) Mother	( ) Father	( ) Joint
	Y/O/B:	( ) Mother	( ) Father	( ) Joint
	Y/O/B:	( ) Mother	( ) Father	( ) Joint
	Y/O/B:	( ) Mother	( ) Father	( ) Joint
	Y/O/B:	( ) Mother	( ) Father	( ) Joint

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

C. Day-To-Day Decisions

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

D. Major Decisions

Major decisions regarding each child shall be made as follows:

Education decisions	( ) mother	( ) father	( ) joint
Non-emergency health care	( ) mother	( ) father	( ) joint
Religious upbringing	( ) mother	( ) father	( ) joint
Extracurricular activities	( ) mother	( ) father	( ) joint
_____	( ) mother	( ) father	( ) joint
_____	( ) mother	( ) father	( ) joint

E. Disagreements
Where parents have elected joint decision making in Section **I. D** above, please explain how any disagreements in decision-making will be resolved.

_____

_____

_____

_____

II. Parenting Time/Visitation Schedules

A. Parenting Time/Visitation

During the term of this parenting plan the non-custodial parent shall have at a minimum the following rights of parenting time/visitation (choose an item):

( ) The first and third weekend of each month.

( ) The first, third, and fifth weekend of each month.

( ) The second and fourth weekend starting on _____.

( ) Each _____ start at _____ a.m./p.m. and ending _____ a.m./p.m.
( ) Other:
_____
( ) and weekday parenting time/visitation on (choose an item):
( ) None
( ) Every Wednesday Evening
( ) Every other Wednesday during the week prior to a non-visitation weekend.
( ) Every _____ and _____ evening.
( ) Other_____
_____
_____

For purposes of this parenting plan, a weekend will start at _____ a.m./p.m. on [Thursday/ Friday/Saturday/Other: _____] and end at _____ a.m./p.m. on [Sunday/ Monday/Other: _____].

Weekend visitation will begin at _____a.m./p.m. and will end [_____p.m./ when the child(ren) return(s) to school or day care the next morning / Other _____].

This parenting schedule begins:

( ) _____ (day and time) **OR** ( ) date of the Court's Order

B. Major Holidays and Vacation Periods

Thanksgiving

The day to day schedule shall apply unless other arrangements are set forth:

_____

_____

beginning _____.

Winter Vacation

The ( ) mother ( ) father shall have the child(ren) for the first period from the day and time school is dismissed until December _____ at ____ a.m./p.m. in ( ) odd number years ( ) even number years ( ) every year. The other parent will have the child(ren) for the second period from the day and time indicated above until 6:00 p.m. on the evening before school resumes. Unless otherwise indicated, the parties shall alternate the first and second periods each year.

Other agreement of the parents:

_____

_____

_____

Summer Vacation (if applicable)

Define:_____
The day to day schedule shall apply unless other arrangements are set forth:

_____

_____

beginning _____.

Fall Vacation (if applicable)

Define: _____
The day to day schedule shall apply unless other arrangements are set forth:

_____

_____

beginning _____.

C. Other Holiday Schedule (if applicable)

Martin Luther King Day	_____	_____
Presidents' Day	_____	_____
Mother's Day	_____	_____
Memorial Day	_____	_____
Father's Day	_____	_____
July Fourth	_____	_____
Labor Day	_____	_____
Halloween	_____	_____

Child(ren)'s Birthday(s) _____ _____
Mother's Birthday _____ _____
Father's Birthday _____ _____
Religious Holidays: _____ _____
_____
_____
_____
Other: _____ _____
_____ _____ _____
_____ _____
_____ _____
Other: _____ _____
_____
Other: _____ _____
_____

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

_____
_____
_____

E. Start and end dates for holiday visitation

For the purposes of this parenting plan, the holiday will start and end as follows (choose one):

( ) Holidays that fall on Friday will include the following Saturday and Sunday
( ) Holidays that fall on Monday will include the preceding Saturday and Sunday
( ) Other: _____

F. Coordination of Parenting Schedules

Check if applicable:

( ) The holiday parenting time/visitation schedule takes precedence over the regular parenting time/visitation schedule.

( ) When the child(ren) is/are with a parent for an extended parenting time/visitation period (such as summer), the other parent shall be entitled to visit with the child(ren) during the extended period, as follows:

_____
_____

G. Transportation Arrangements

For visitation, the lace of meeting for the exchange of the child(ren) shall be :

_____
_____

The _____ will be responsible for transportation of the child at the beginning of visitation.
The _____ will be responsible for transportation of the child at the conclusion of visitation.

Transportation costs will be allocated as follows:

_____

_____

Other provisions:_____

H. Contacting the child

When the child or children are in the physical custody of one parent, the other parent will have the right to contact the child or children as follows:

( ) Telephone

( ) Other:_____

( ) Limitations on contact:

_____

I. Supervision of Parenting time

( ) Check here if Applicable
The day-to-day parenting time outlined above shall be conducted under supervision to ensure the safety of the child(ren) and/or parent as provided for in O.C.G.A. § 19-9-7 (a):
Place: _____

Person/Organization supervising: _____

Responsibility for cost:

( ) mother ( ) father ( ) both equally

J. Communication Provisions

Please check:

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

( ) Due to prior acts of family violence, the address of the child(ren) and victim of family violence shall be kept confidential. The protected parent shall promptly notify the other parent, through a third party, of any change in contact information necessary to conduct visitation.

III. Access to Records and Information

Rights of the Parents

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

Limitations on access rights: _____
_____
_____

Other Information Sharing Provisions: _____
_____
_____
_____

IV. Modification of Plan or Disagreements

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

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

V. Special Considerations

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

_____

VI. Parents' Consent

Please review the following and initial:

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

Mother's Initials _____ Father's Initials _____

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

Mother's Initials _____ Father's Initials _____

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

Mother's Initials _____ Father's Initials _____

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

_____ _____

Mother's Signature Father's Signature

ORDER

The Court has reviewed the foregoing Parenting Plan, and it is hereby made the order of this Court.

This Order entered on _____, 20 _____.

_____

JUDGE
BIBB COUNTY SUPERIOR COURT

BIBB COUNTY SUPERIOR COURT
STATE OF GEORGIA

_____
Plaintiff

vs. Civil Action No._____

_____
Defendant

CHILD SUPPORT ADDENDUM

Instructions: All parts of this Addendum must be completed and it must be attached to all final orders and judgments determining the amount of child support. However, it is not required for orders of contempt motions.

[You must check of the following boxes]

( ) The parties have agreed to the terms of this order and this information has been furnished by both parties to meet the requirements of OCGA § 19-6-15. The parties agree on the terms of the order and affirm the accuracy of the information provided, as shown by their signatures at the end of this addendum.

( ) This addendum includes findings of fact and conclusions of law and fact made by the Court, in compliance with the OCGA § 19-6-15

Application of Child Support Guidelines. The statutory requirements of OCGA § 19-6-15 have been applied in reaching the amount of child support provided under the final order in this action. The specifics are as follows:

1. **Gross Income -** The Father's gross monthly income (before taxes) is $_____; The Mother's gross monthly income (before taxes) is $_____.

2. **Number of Children -** The number of children for whom support is being provided under this order is _____.

3. **Attachments** – The *Child Support Worksheet* and *Schedule E* are attached and made a part of this addendum, along with any other applicable schedules.

4. **Child Support Amount** – The _____ shall pay to the _____, for the support of the minor children, the sum of _____Dollars ($_____) per month, beginning on _____, 20_____.

5. **Duration of Child Support:**

[You must check and complete only one of the following paragraphs.]

( ) (a) **Beyond Age 18 for High School** – The child support shall continue monthly thereafter until each child reaches the age of eighteen, dies, marries, or otherwise become emancipated; provided that is a child becomes eighteen years old while while in and attending secondary school or fulltime basis, then the child support shall continue for the child until the child has graduated from secondary school or reaches twenty years of age, whichever occurs first.

( ) (b) **Stops at Age 18** – The child support shall continue monthly thereafter until each child reaches the age of eighteen, dies, marries, or otherwise become emancipated.

( ) (c) **Until Further Order** – This is not a final order, so the child support shall shall continue until further order of this Court.

( ) (d) **Until Specific Date** – The child support shall continue monthly thereafter until_____.

6. **Deviation from Presumptive Amount:**

[You must check and complete only one of the following paragraphs]

( ) (a) **No Deviation –** It has been determined that one or more of the Deviations allowed under OCGA § 19-6-15 applies in this case, as shown by the attached Scheduled E. The amount of support in Paragraph 4 above is the Presumptive Amount of Child Support shown on the attached Child Support Worksheet.

( ) (b) **Deviation –** It has been determined that one or more of the Deviations allowed under OCGA § 19-6-15 applies in this case, as shown by the attached Schedule E. The Presumptive Amount of Child Support that would have been required under OCGA § 19-6-15 if the deviations had not been applied is $_____ per month, as shown on the attached Child Support Worksheet. The attached Schedule E explains the reasons for the deviation, how the application of the guidelines would be unjust or inappropriate considering the relative ability of each parent to provide support, and how the best interest of the children who are subject to this child support determination is served by deviation from the presumptive amount of the child support.

7. Health, Dental & Vision Insurance for Children:
[You must check and complete all parts of only one of the following paragraphs. (a) or (b)]

( ) (a) Insurance Available - The following insurance for the children involved in this action is available at a reasonable cost to the _____ through that parent's employer or the PeachCare program.

( ) Health (medical, mental health and hospitalization ( ) Dental and/or
( ) Vision – So long as it remains available to that parent, the _____ shall maintain the types of insurance checked above for the benefit of the minor children, until each child reaches the age of eighteen, dies, marries, or otherwise become emancipated; except that if a child becomes eighteen years old while enrolled in and attending secondary school on a full-time basis, then the insurance hall be continued for the child until the child has graduated from secondary school or reaches twenty years of age, whichever occurs first.

(1) The parent of who maintains the insurance shall provide the other parent with an insurance identification card or such other acceptable proof of insurance coverage and shall cooperate with the other parent in submitting claims under the policy.

(2) All money received by one of the parties for claims processed under the insurance policy shall be paid within five (5) days after the party receives the money, to the other party (if that party paid the applicable health care service provider) or the applicable health care provider (if the provider has not been paid by one of the parties.

( ) (b) **Insurance Not Available** – Insurance (other than Medicaid) is not available at this to either party at a reasonable cost. If health insurance for the children later becomes available to the parent who is required to pay child support for these children then that parent must obtain the following types of insurance, unless it is then being provided by the other parent:
( ) Health (medical, mental health and hospitalization
( ) Dental
( ) Vision

When insurance has been obtained by either party, Paragraphs 7 (a)(1) and (2) shall apply.

8. **Uninsured Health Care Express –** The _____ shall pay _____% and the _____shall pay _____% of all expenses incurred for the children's health care (including medical, dental, mental health, hospital and vision care) that are not covered by insurance. The party who incurs a health care expense for one of the children shall provide verification of the amount to the other party. That other party shall reimburse the incurring party (or pay the health expense, within fifteen (15) days after receiving the verification of particular health care expense.

9. **Parenting Time Amounts –** The approximate amount of parenting time according to the visitation order is _____ for the Father and _____for the Mother. (Express as a percentage of the year or as the number of 24-hour periods the child is with a parent.

10. **Social Security Benefits:**

[you must check and complete only one of the following paragraphs]

( ) (a) **Not Received –** The children do not receive Title II Social Security benefits under the account the account of the parent ordered to pay child support.

( ) (b) **Received** - The children receive Title II Social Security benefits under the account of the parent ordered to pay child support. The benefits received by the children shall be counted as a child support payments, and shall be applied against the final child support order to be paid by the parent.

(1) If the amount of benefits received is less than the amount of support ordered, the obligor shall pay the amount exceeding the Social Security benefit.
(2) If the amount of benefits received is equal to or more than the amount of support ordered, the obligor's responsibility is met and not further support shall be paid.
(3) Any Title II benefits received for the children's benefit shall be retained by the custodial parent or nonparent custodian for the children's benefit, and it shall be used as a reason for decreasing the final child support or reducing arrearages.

11. Modification:

[You must check and complete only one of the following paragraphs].

( ) (a) **Not Modification Action** – This is an initial determination of support, not a modification action.

( ) (b) **Support Not Modified** – This action is a modification action, but the order does not modify the amount of child support that was previously ordered for these children. The date of the initial support order concerning this child support case was: _____.

( ) (c) **Support Amount Modified** – The order modifies the amount of child support that was previously ordered for these children. The basis for the modification is:

( ) (1) Substantial change in the income and financial status of the Father;
( ) (2) Substantial change in the income and financial status of the Mother;
( ) (3) Substantial change in the needs of the Children;
( ) (4) The noncustodial parent failed to exercise visitation provided under the prior order;
( ) (5) The noncustodial parent has exercised more visitation than was provided in the prior order.

The date of the initial support order concerning this child support case was: _____.

12. **Continuing Garnishment for Child Support –** Whenever, in violation of the terms of the order, there shall have been a failure to make the support payments, so that the amount unpaid is equal to or greater than the amount payable for one month, the payments required to be made may also be collected by the process of continuing garnishment for support.

13. **Income Deduction Order:**

[You must check and complete only one of the following paragraphs: (a), (b) or (c).]

( ) (a) An *Income Deduction Order* shall be entered by the Court, under OCGA § 19-6-32, for payment of the child support and alimony (if any) provided. The *Income Deduction Order* shall take effect:

[To finish (a), you must check either (1) or (2). Do not check both.]

( ) (1) immediately upon entry by the Court.
( ) (2) upon accrual of a delinquency equal to one month's support.

The *Income Deduction Order* may be enforced by serving a "Notice of Delinquency," as provided in OCGA § 19-6-32.

( ) (b) The parties agree that an *Income Deduction Order* is not immediately necessary.

( ) (c) The Court finds that there is good cause not to require income deduction, having determined that income deduction will not serve the children's best interests and that there has been sufficient proof of timely payment of any previously ordered support.

Parties' Consent – We knowingly and voluntarily agree on the terms of this order. Each of us affirms that the information we have provided in this Addendum is true and correct.

_____ _____

Father's Signature **Mother's Signature**

ORDER

The Court has reviewed the foregoing *Child Support Addendum*, and it is hereby made the order of this Court.

This Order entered on _____, 20_____.

_____

JUDGE BIBB COUNTY SUPERIOR COURT

Georgia Department of Public Health

REPORT OF DIVORCE, ANNULMENT OR DISSOLUTION OF MARRIAGE • FORM 3907
(REVISED 12/2016)

PLEASE PRINT OR TYPE ALL INFORMATION LEGIBLY AND CORRECTLY BELOW.

REQUIRED INFORMATION

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

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

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

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

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

General Civil and Domestic Relations Case Disposition Information Form

☑ **Superior or** ☐ **State Court of** BIBB **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**
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**

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 Registration & Quick Tips

Register to eFile at: https://efilega.tylertech.cloud

- Email: _____
- Address: _____
  Address: _____
- Phone #: _____
- Password: Abcd1234
- Click on link sent to your email to activate your account.
- Separate, scan, and save your documents to your computer.
- Visit efilega.tylertech.cloud to start filing your case.
- File your case. For assistance visit: odysseyfileandservecloud.zendesk.com/hc/en-us
- All communication about your case will come to the email your provided above. You must file a 'Notice of Address Change' form with the Clerk's Office if you need to update your address or email. Add *no-reply@efilingmail.tylertech.cloud* to your email contact.
- To view your case, visit https://researchga.tylerhost.net. You will log-in using the same email and password you use for eFileGA.

Envelope # _____ **Case #** _____ (assigned when case is accepted)

- **Cases filed with Poverty Affidavit: You must wait until the Judge makes a decision on your Poverty Order before moving on to the next steps. If your order is denied, you must pay the filing fee of $_____ to proceed with your case. If your Poverty Affidavit is accepted, please proceed to one of the below next steps that apply to the type of case you filed.**
- **Cases filed with an agreement: File your *Request Letter* 46 days after you receive notice that your case has been ACCEPTED. Notification will be sent to you via email.**
- **Cases filed with Sheriff Service: File your *Request Letter* 46 days after Defendant has been served. You will receive email notification once the Defendant has been served.**
- **Adult Name Change: From your email, print the electronic filed-stamped *Notice of Name Change* to The Telegraph. After your case is done running in the paper, request the *Publisher's Affidavit* from the Telegraph and eFile it into your case. File your *Request Letter* after you file the Publisher's Affidavit.**
- **Minor Name Change: File the *Request Letter* after you receive notice that your *Publisher's Affidavit* has been accepted into your case.**

Clerk Assisted:_____
Date:_____

Family Counseling
CENTER OF CENTRAL GEORGIA

"Families in Transition" Seminar Schedule 2025

Thursday, January 9th 1:00pm - 4:00pm Traneice	Tuesday, January 21st 9:00am - 12:00pm Candace
Thursday, February 6th 1:00pm - 4:00pm Shardonnay	Tuesday, February 18th 9:00am - 12:00pm Takeela
Thursday, March 6th 1:00pm - 4:00pm Traneice	Tuesday, March 18th 9:00am - 12:00pm Shardonnay
Thursday, April 3rd 1:00pm - 4:00pm Takeela	Tuesday, April 15th 9:00am - 12:00pm Candace
Thursday, May 8th 1:00pm - 4:00pm Traneice	Tuesday, May 20th 9:00am - 12:00pm Shardonnay
Thursday, June 5th 1:00pm - 4:00pm Takeela	Tuesday, June 17th 9:00am - 12:00pm Candace
Thursday, July 10th 1:00pm - 4:00pm Traneice	Tuesday, July 22nd 9:00am - 12:00pm Shardonnay
Thursday, August 7th 1:00pm - 4:00pm Takeela	Tuesday, August 19th 9:00am - 12:00pm Candace
Thursday, September 4th 1:00pm - 4:00pm Traneice	Tuesday, September 16th 9:00am - 12:00pm Shardonnay
Thursday, October 9th 1:00pm - 4:00pm Takeela	Tuesday, October 21st 9:00am - 12:00pm Candace
Thursday, November 6th 1:00pm - 4:00pm Traneice	Tuesday, November 18th 9:00am - 12:00pm Shardonnay
Thursday, December 4th 1:00pm - 4:00pm Takeela	Tuesday, December 16th 9:00am - 12:00pm Candace

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

www.fcccg.org

SCAN HERE TO REGISTER

Family Counseling
CENTER OF CENTRAL GEORGIA

WE TAKE CARE OF
YOU & YOUR FAMILY'S WELLBEING

Families in Transition (F.I.T.) is a class for parents of minor children who are going through a divorce, separation, change of custody, legitimization, or some other change in family structure.

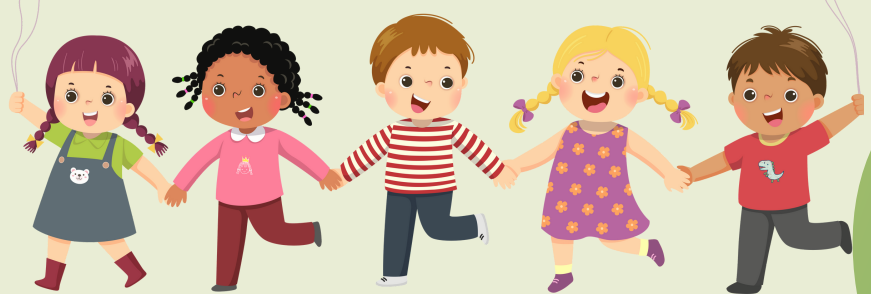
Co-Parenting Focus

- Help children adjust to change
- Children developmental levels
- Appropriate behaviors
- Stages of grief
- Divorce statistics
- Finances
- Blended family challenges
- Resources

*Anyone may attend this class.
*Classes are held TWICE a month, once online and once in-person.

Requirements

- Parents must attend separate classes.
- Court-mandated for both parents of children 18 and under who are seeking a divorce.
- MUST register prior to start date- Registration includes $40 fee and registration form (with Civil Action Number).
- To receive a certificate of completion ALL participants are required to complete a confidential survey at the end of each class.

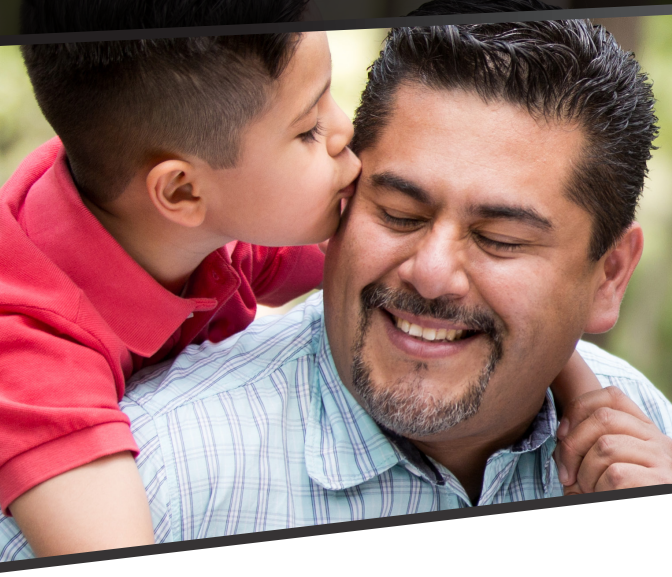


277 Martin Luther King Jr. Blvd., Macon, GA 32101

(478)745-2811

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