

IN THE SUPERIOR COURT OF _____ COUNTY

STATE OF GEORGIA

_____, §
Plaintiff, §
v. Civil Action §
File No. _____
_____, §
Defendant. §

COMPLAINT FOR MODIFICATION OF CHILD SUPPORT

1.

Jurisdiction and Venue (Choose a, b, or c)

___ a) The Defendant is a resident of _____ County, Georgia, which is where I am filing, and may be personally served with a copy of this complaint and summons at _____.

___ b) The Defendant is a resident of _____ County, Georgia, which is where I am filing, and has signed an acknowledgement of service.

___ c) The Defendant is not a resident of the State of Georgia, but is a resident of _____ and the Plaintiff lives here in _____ County, Georgia. The Defendant can be personally served at _____.

2.

Prior Child Support Order

On _____, 20_____, the Superior Court for the County of _____, Civil Action No. _____, issued a final judgment and decree awarding permanent child support to _____. The judgment provided for periodic _____.

payments to _____
as follows: _____

3.

Financial change in circumstances

Since _____, 20____, there has been a substantial downward or upward change in the income or financial status of the Defendant which decreases his or her ability to pay the alimony and/or child support previously awarded.

4.

Financial change in circumstances--specifics (choose a and/or b)

____ a) Specifically, at the time of the final judgment and decree, _____ was earning \$ _____ per month, although as of _____, 20____ his or her gross earnings have been decreased or increased to \$ _____ per month.

____ b) Specifically, at the time of the final judgment and decree, the net worth of _____ was \$ _____, although as of _____, 20____, his or her net worth has decreased to \$ _____.

5.

Other change in circumstances

Since the final judgment and decree, there have been other changes in circumstances which make a modification in the best interests of the children. The other changes in circumstances include: _____

6.

Proposed modification (check all that apply)

____ As a result of these other changes in circumstances, the child support award should be modified as follows: _____

_____.

____ A different method of payment: _____

_____.

____ A different time/sequence of payment: _____

_____.

____ A different party responsible for maintaining health insurance: _____

_____.

____ Other: _____

_____.

7.

No modification in the last two years

There has been no previous petition for modification filed within two years of this complaint.

THEREFORE, Plaintiff prays:

____ a) That the final judgment and decree awarding periodic payments of alimony and child support be modified so as to _____

_____;

and

____ b) That the Plaintiff have such additional relief as the Court may consider equitable and appropriate.

Plaintiff *pro se*

Address: _____

Telephone number(s): _____

Email Address: _____

IN THE SUPERIOR COURT OF _____ COUNTY

STATE OF GEORGIA

_____	§	
Plaintiff,		
	§	
v.		Civil Action
	§	File No. _____

Defendant.	§	

VERIFICATION

Personally appeared before me the undersigned who on oath states that the facts set forth in this Complaint are true and correct to the best of his/her knowledge and belief.

Plaintiff *pro se*

Sworn to and subscribed before me

this _____ day of _____, 20_____.

Notary Public, State of Georgia

My Commission Expires: _____

IN THE SUPERIOR COURT OF _____ COUNTY

STATE OF GEORGIA

_____, §
Plaintiff, §
v. Civil Action §
File No. _____ §
_____, §
Defendant. §

CERTIFICATE OF SERVICE

I hereby certify that I have this day served the foregoing COMPLAINT FOR MODIFICATION OF CUSTODY upon the following _____ counsel for _____ [party] OR _____ [party if no counsel of record] by delivering or causing to be delivered by hand a copy of same as follows: _____

[Name and address of counsel of record, or of parties if no counsel of record.]

This _____ day of _____, 20_____.

Plaintiff *pro se*

Address: _____

Telephone Number(s): _____

Email Address: _____

IN THE SUPERIOR COURT OF _____ COUNTY

STATE OF GEORGIA

_____	§	
Plaintiff,		
	§	
v.		Civil Action
	§	File No. _____

Defendant.	§	

ACKNOWLEDGEMENT OF SERVICE AND SUMMONS

The undersigned Defendant hereby acknowledges service of the above Summons and Complaint for Modification of Child Support and states that (s)he has received a copy of said Complaint, and Defendant hereby waives any further service of process.

This the _____ day of _____, 20_____.

Defendant *pro se*

Sworn to and subscribed before me

This _____ day of _____, 20_____.

Notary Public, State of Georgia

My Commission Expires: _____

IN THE SUPERIOR COURT OF _____ COUNTY

STATE OF GEORGIA

_____	§	
Plaintiff,		
	§	
v.		Civil Action
	§	File No. _____

Defendant.	§	

**DEFENDANT’S ACKNOWLEDGEMENT OF SERVICE
AFFIDAVIT OF WAIVER OF VENUE AND PERSONAL JURISDICTION**

I, _____, the named Defendant in the above-styled case, after being duly sworn do hereby depose and say that I am a resident of _____ County, _____ (state), and that the Plaintiff in the above-styled case is a resident of _____ County, Georgia. I affirm that I have received a copy of said Petition/Complaint, and I hereby waive any and all further notice, service, and issuance of process.

After being duly informed that I have a constitutional right to a trial by judge or jury on the above matter in the county of my residence, and with that knowledge, I hereby expressly waive my right to venue in the county of my residence, and consent to venue and personal jurisdiction in the county of this superior court.

Affiant

Sworn to and subscribed before me

This _____ day of _____, 20_____.

Notary Public, State of Georgia

My Commission Expires: _____

IN THE SUPERIOR COURT OF HOUSTON COUNTY, GEORGIA

_____, Plaintiff)
vs.) 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 birth dates of children for whom support is to be determined in this action:

Name	Date of Birth	Resides with
_____	_____	_____
_____	_____	_____
_____	_____	_____

Names and birth dates of affiant's other children:

Name	Date of Birth	<u>Resides with</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. SUMMARY OF AFFIANT'S INCOME AND NEEDS

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

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

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

Monthly payments to creditors + _____

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

(subsections (d) & (e) deleted)

3. A. 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 \$ _____
(prior section B deleted)

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	<u>Basis of the Claim</u>
Cash	\$ _____	_____	_____	_____
Stocks, bonds	\$ _____	_____	_____	_____
CD's/Money Market Accounts	\$ _____	_____	_____	_____
Bank Accounts (list each account):				
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
<u>Retirement Pensions, 401K, IRA, or Profit Sharing</u>	\$ _____	_____	_____	_____
Money owed you:	\$ _____	_____	_____	_____
<u>Tax Refund owed you:</u>	\$ _____	_____	_____	_____

Real Estate:

home:	\$	_____	_____	_____	_____
<u>debt owed:</u>	\$	_____			
other:	\$	_____	_____	_____	_____
<u>debt owed:</u>	\$	_____			
Automobiles/Vehicles:					
<u>Vehicle 1:</u>	\$	_____	_____	_____	_____
<u>debt owed:</u>	\$	_____			
<u>Vehicle 2:</u>	\$	_____	_____	_____	_____
<u>debt owed:</u>	\$	_____			
Life Insurance (<u>net cash value</u>):	\$	_____	_____	_____	_____
Furniture/furnishings:	\$	_____	_____	_____	_____
Jewelry:	\$	_____	_____	_____	_____
Collectibles:	\$	_____	_____	_____	_____
Other Assets:	\$	_____	_____	_____	_____
_____	\$	_____	_____	_____	_____
_____	\$	_____	_____	_____	_____
_____	\$	_____	_____	_____	_____
Total Assets:	\$	_____	_____	_____	_____

5. A. AVERAGE MONTHLY EXPENSES

HOUSEHOLD

Mortgage or rent payments	\$	_____	Cable TV	\$	_____
Property taxes	\$	_____	Misc. household and grocery Items	\$	_____
<u>Homeowner/Renter Insurance</u>	\$	_____	Meals outside the home	\$	_____
Electricity	\$	_____	Other	\$	_____
Water	\$	_____	AUTOMOBILE		
Garbage and Sewer	\$	_____	Gasoline and oil	\$	_____

	Repairs	\$ _____
Telephone:		
<u>residential line:</u>	\$ _____ Auto tags and license	\$ _____
<u>cellular telephone:</u>	\$ _____ Insurance	\$ _____
Gas	\$ _____	
	<u>OTHER VEHICLES</u>	
	<u>(boats, trailers, RVs, etc.)</u>	
	<u>Gasoline and oil</u>	\$ _____
Repairs and maintenance:	\$ _____ <u>Repairs</u>	\$ _____
Lawn Care	\$ _____ <u>Tags and license</u>	\$ _____
Pest Control	\$ _____ <u>Insurance</u>	\$ _____

CHILDREN'S EXPENSES

AFFIANT'S OTHER EXPENSES

Child care <u>(total monthly cost)</u>	\$ _____	Dry cleaning/laundry	\$ _____
School tuition	\$ _____	Clothing	\$ _____
<u>Tutoring</u>	\$ _____	<u>Medical, dental, prescription</u>	\$ _____
<u>Private lessons (e.g., music, dance)</u>	\$ _____	<u>(out of pocket/uncovered expenses)</u>	\$ _____
School supplies/expenses	\$ _____	Affiant's gifts (special holidays)	\$ _____
Lunch Money	\$ _____	Entertainment	\$ _____
<u>Other Educational Expenses (list)</u>	\$ _____	<u>Recreational Expenses (e.g.,</u>	\$ _____
_____	\$ _____	<u>fitness)</u>	\$ _____
_____	\$ _____	Vacations	\$ _____
Allowance	\$ _____	<u>Travel Expenses for Visitation</u>	\$ _____
Clothing	\$ _____	Publications	\$ _____
Diapers	\$ _____	Dues, clubs	\$ _____
<u>Medical, dental, prescription</u>	\$ _____	Religious and charities	\$ _____
<u>(out of pocket/uncovered expenses)</u>	\$ _____	<u>Pet expenses</u>	\$ _____
Grooming, hygiene	\$ _____	Alimony paid to former spouse	\$ _____
<u>Gifts from children to others</u>	\$ _____	Child support paid <u>for other</u>	\$ _____
		<u>children</u>	\$ _____
		<u>Date of initial order:</u>	_____

Entertainment \$ _____ Other (attach sheet) \$ _____

Activities (including extra-curricular, school, religious, cultural, etc.) \$ _____

Summer Camps \$ _____

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:

\$ _____

This _____ day of _____, 20____.

Affiant
[Sign in the presence of a Notary Public]

Notary Public

IN THE SUPERIOR COURT OF HOUSTON COUNTY, GEORGIA

_____, Plaintiff)
vs.) Civil Action No. _____
_____, Defendant)
)

DOMESTIC RELATIONS FINANCIAL AFFIDAVIT OF DEFENDANT

5. AFFIANT'S NAME: _____ Age _____
Spouse's Name: _____ Age _____
Date of Marriage: _____ Date of Separation _____

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

Name	Date of Birth	Resides with
_____	_____	_____
_____	_____	_____
_____	_____	_____

Names and birth dates of affiant's other children:

Name	Date of Birth	<u>Resides with</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. SUMMARY OF AFFIANT'S INCOME AND NEEDS

(a) Gross monthly income (from item 3A) \$ _____
(b) Net monthly income (from item 3C) _____
(c) Average monthly expenses (item 5A) \$ _____
Monthly payments to creditors + _____
Total monthly expenses and payments
to creditors (item 5C) _____

(subsections (d) & (e) deleted)

7. A. 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 \$ _____
(prior section B deleted)

C. 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 _____

8. 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	<u>Basis of the Claim</u>
Cash	\$ _____	_____	_____	_____
Stocks, bonds	\$ _____	_____	_____	_____
CD's/Money Market Accounts	\$ _____	_____	_____	_____
Bank Accounts (list each account):				
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
<u>Retirement Pensions, 401K, IRA, or Profit Sharing</u>	\$ _____	_____	_____	_____
Money owed you:	\$ _____	_____	_____	_____
<u>Tax Refund owed you:</u>	\$ _____	_____	_____	_____

Real Estate:

home:	\$	_____	_____	_____	_____
<u>debt owed:</u>	\$	_____			
other:	\$	_____	_____	_____	_____
<u>debt owed:</u>	\$	_____			
Automobiles/Vehicles:					
<u>Vehicle 1:</u>	\$	_____	_____	_____	_____
<u>debt owed:</u>	\$	_____			
<u>Vehicle 2:</u>	\$	_____	_____	_____	_____
<u>debt owed:</u>	\$	_____			
Life Insurance (<u>net cash value</u>):	\$	_____	_____	_____	_____
Furniture/furnishings:	\$	_____	_____	_____	_____
Jewelry:	\$	_____	_____	_____	_____
Collectibles:	\$	_____	_____	_____	_____
Other Assets:	\$	_____	_____	_____	_____
_____	\$	_____	_____	_____	_____
_____	\$	_____	_____	_____	_____
_____	\$	_____	_____	_____	_____
Total Assets:	\$	_____	_____	_____	_____

5. A. AVERAGE MONTHLY EXPENSES

HOUSEHOLD

Mortgage or rent payments	\$	_____	Cable TV	\$	_____
Property taxes	\$	_____	Misc. household and grocery Items	\$	_____
<u>Homeowner/Renter Insurance</u>	\$	_____	Meals outside the home	\$	_____
Electricity	\$	_____	Other	\$	_____
Water	\$	_____	AUTOMOBILE		
Garbage and Sewer	\$	_____	Gasoline and oil	\$	_____

	Repairs	\$ _____
Telephone:		
<u>residential line:</u>	\$ _____ Auto tags and license	\$ _____
<u>cellular telephone:</u>	\$ _____ Insurance	\$ _____
Gas	\$ _____	
	<u>OTHER VEHICLES</u>	
	<u>(boats, trailers, RVs, etc.)</u>	
	<u>Gasoline and oil</u>	\$ _____
Repairs and maintenance:	\$ _____ <u>Repairs</u>	\$ _____
Lawn Care	\$ _____ <u>Tags and license</u>	\$ _____
Pest Control	\$ _____ <u>Insurance</u>	\$ _____

CHILDREN'S EXPENSES

AFFIANT'S OTHER EXPENSES

Child care <u>(total monthly cost)</u>	\$ _____	Dry cleaning/laundry	\$ _____
School tuition	\$ _____	Clothing	\$ _____
<u>Tutoring</u>	\$ _____	<u>Medical, dental, prescription</u>	\$ _____
<u>Private lessons (e.g., music, dance)</u>	\$ _____	<u>(out of pocket/uncovered expenses)</u>	\$ _____
School supplies/expenses	\$ _____	Affiant's gifts (special holidays)	\$ _____
Lunch Money	\$ _____	Entertainment	\$ _____
<u>Other Educational Expenses (list)</u>	\$ _____	<u>Recreational Expenses (e.g.,</u>	\$ _____
_____	\$ _____	<u>fitness)</u>	
_____	\$ _____	Vacations	\$ _____
Allowance	\$ _____	<u>Travel Expenses for Visitation</u>	\$ _____
Clothing	\$ _____	Publications	\$ _____
Diapers	\$ _____	Dues, clubs	\$ _____
<u>Medical, dental, prescription</u>	\$ _____	Religious and charities	\$ _____
<u>(out of pocket/uncovered expenses)</u>	\$ _____	<u>Pet expenses</u>	\$ _____
Grooming, hygiene	\$ _____	Alimony paid to former spouse	\$ _____
<u>Gifts from children to others</u>	\$ _____	Child support paid <u>for other</u>	\$ _____
		<u>children</u>	
		<u>Date of initial order:</u>	_____

Entertainment \$ _____ Other (attach sheet) \$ _____

Activities (including extra-curricular, school, religious, cultural, etc.) \$ _____

Summer Camps \$ _____

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:

\$ _____

This _____ day of _____, 20____.

Affiant
[Sign in the presence of a Notary Public]

Notary Public

IN THE SUPERIOR COURT OF _____ COUNTY

STATE OF GEORGIA

_____, §
Plaintiff,
v. § Civil Action
§ File No. _____
_____,
Defendant. §

RULE NISI

The within and foregoing Complaint having been read and considered, the same is allowed and ordered filed.

Let the Defendant be served with a copy of this Complaint and Order thereon and let the Defendant show cause before the Honorable _____, at _____ o'clock _____.M., on the _____ day of _____, 20_____, then and there to be heard, why the prayers of the Plaintiff's Complaint should not be granted.

This _____ day of _____, 20_____.

Clerk/Dep. Clerk, Superior Court

IN THE SUPERIOR COURT OF _____ COUNTY

STATE OF GEORGIA

_____, §
Plaintiff, §
v. Civil Action §
File No. _____ §
_____, §
Defendant. §

MODIFICATION AGREEMENT

This is an agreement for modification of child support by and between
_____, (hereinafter referred to as "Father") and
_____, (hereinafter referred to as "Mother").

WHEREAS, the child(ren) born to the parties is/are:

Name: _____ DOB: _____
Name: _____ DOB: _____
Name: _____ DOB: _____
Name: _____ DOB: _____

WHEREAS, the parties desire to settle between themselves all questions
related to the modification of child support:

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

1.
Child Support

GO TO HTTP://WWW.GEORGIA COURTS.ORG/CSC/ AND
COMPLETE THE CHILD SUPPORT WORKSHEET

_____ The Father/Mother shall pay to the Father/Mother, as support of the
minor child(ren), the sum of \$ _____ per week/bi-weekly/monthly,

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

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

2.

Child support during extended periods of visitation

_____ In the event the child(ren) visit(s) with the non-custodial parent for one month or longer, the custodial parent shall pay to the non-custodial parent the usual amount of child support, which is \$ per _____ (week/biweekly/month).

3.

Child support method of payment (Check a or b)

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

No Income Deduction Order will be entered into at this time. However, when ever, in violation of the terms of this Agreement, there shall have been a failure to make the support payments due hereunder so that the amount unpaid is equal to or greater than the amount payable for one (1) month, the payments required to be made may be collected by the process of continuing garnishment for support. In the event Husband/Wife 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 that an Income Deduction Order shall then be entered.

_____ b) All payments of child support shall be paid by the non-custodial parent's employer pursuant to an Income Deduction Order.

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

4.

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. Costs not covered under the insurance policy shall be divided between Father and Mother as follows:

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

5.

Voluntariness of Agreement

_____ The parties acknowledge that they have entered into this Agreement freely and voluntarily and that it is not the result of any duress or any undue influence.

6.

Agreement as entire understanding

_____ This Agreement constitutes the entire understanding of the parties. There are no representations, warranties, covenants, or undertaking other than those expressly set forth herein.

IN WITNESS WHEREOF, the parties have signed their names, this _____ day of _____, 20_____.

MOTHER

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

Notary Public, State of Georgia
My Commission Expires: _____

FATHER

Sworn to and subscribed before me

This _____ day of _____, 20_____.

Notary Public, State of Georgia

My Commission Expires: _____

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

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

CHILD SUPPORT ORDER 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 on contempt motions.

(You must check one 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 O.C.G.A. §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 O.C.G.A. §19-6-15.

Application of Child Support Guidelines. The statutory requirements of O.C.G.A. §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 applicable schedules are attached and made a part of this Addendum.
4. **Child Support Amount** – The _____ shall pay to the _____ for the support of the minor child the sum of _____ Dollars (\$_____) per month, beginning on _____, 20____, and shall continue on the first of each month thereafter.

5. Duration of Child Support (check only one)

- (a) **Beyond Age 18 for High School** – The child support obligation shall continue monthly thereafter until the child reaches the age of eighteen, dies, marries, or otherwise become emancipated; provided that if the child becomes eighteen years old while enrolled in and attending secondary school on a 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 becomes emancipated.
- (c) **Until Further Order** – This is not a final order, so the child support 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 (check only one)

- (a) **No Deviation** – It has been determined that none of the Deviations allowed under O.C.G.A. §19-6-15 applies in this case. 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 O.C.G.A. §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 O.C.G.A. § 19-6-15 if the deviation 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 child support.

7. Health, Dental & Vision Insurance for Children (check and complete one)

- (a) **Insurance Available** – The following insurance for the child involved in this action is available at a reasonable cost to the Mother through that parent’s employer or the PeachCare program:

Health (medical, mental health and hospitalization) Dental 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 child, until each child reaches the age of eighteen, dies, marries, or otherwise becomes emancipated; except that if a child

becomes eighteen years old while enrolled and attending secondary school on a full-time basis, then the insurance shall be continued for the child until the child has graduated from secondary school or reached twenty years of age, whichever occurs first.

(1) The parent 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 other party paid the applicable health care service provider) or to 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 time 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 Expenses** – The _____ shall pay _____% and the _____ shall pay _____% of all expenses incurred for the child'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 the child shall provide verification of the amount to the other party. That other party shall reimburse the incurring party (or pay the health care provider directly) for the appropriate percentage of the expense, within fifteen (15) days after receiving the verification of a particular health care expense.

9. **Parenting Time Amounts** – The approximate number of days of parenting time per year according to the visitation order is _____ days for the Father and _____ days for the Mother.

10. **Social Security Benefits** (check and complete one)

() (a) **Not Received** – The child does not receive Title II Social Security benefits under 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 child support payments and shall be applied against the final child support order to be paid by that 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 no 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 not be used as a reason for decreasing the final child support order or reducing arrearages.

11. Modification (check and complete one)

(a) **Not Modification Action** – This is an initial determination of child 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 the 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 (check and complete one)

(a) An *Income Deduction Order* shall be entered by the Court, under O.C.G.A. §19-6-32, for payment of the child support and alimony (if any) provided. The *Income Deduction Order* shall take effect (check only 1 or 2 below, not 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 O.C.G.A. §19-6-32.

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

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

Mother's Signature

Father's Signature

IN THE SUPERIOR COURT OF _____ COUNTY

STATE OF GEORGIA

_____, §
Plaintiff,
v. § Civil Action
§ File No. _____
_____, §
Defendant.

INCOME DEDUCTION ORDER

The above-styled matter was heard by the court on
_____, 20 _____.
The _____ was properly served and present and
represented by counsel. This court having entered an Order requiring the
_____ to pay child support to the
_____, this Income Deduction
Order is entered pursuant to O.C.G.A. § 19-6- 32(a.1)(1).

_____ Defendant shall pay child support of \$ _____ weekly/bi-weekly
semi-monthly/monthly with the next payment due on
_____, 20 _____.

_____ Defendant shall pay \$ _____ weekly/bi-weekly/semi-monthly/
monthly with the next payment due on
_____, 20 _____.

The total amount to be withheld is \$ _____ weekly/bi-weekly
semi-monthly/monthly. This amount shall be made payable to
_____ and forwarded within two (2) business days
of each payment date. Payments shall be made by cash, cashier's check, or
money order, personally or by mailing it to: _____.

The maximum amount to be deducted shall not exceed the amounts
allowed under § 303(b) of the Consumer Credit Protection Act, 15 U. S. C. §
1673(b), as amended. This Order applies to current and subsequent employers
and periods of employment, and may only be contested on the grounds of
mistake of fact regarding the amount of support owed pursuant to a support
Order, the arrearage, or the identity of the obligor. The obligor shall notify
thewithin seven (7) days of any change of address, employer or employer's

address. A copy of this Order shall be served on the obligor and the employer.

Other: _____

This Order shall become effective immediately upon signing and shall remain in full force and effect until modified, suspended, or terminated by Order of this Court.

SO ORDERED this _____ day of _____, 20____.

JUDGE, Superior Court
_____ Judicial Circuit

NOTICE TO: Employer or any other person, private entity, Federal or State Government, or any unit of local government providing or administering income due to Defendant

Re: **Income Deduction Order**

DATE: _____

Attached you will find an Income Deduction Order. Please read this Order carefully and follow the instructions as written. If you have any questions you would contact your attorney.

Employers are required by law to deduct from income due and payable an employee the amount designated by the court to meet support obligations. Income includes wages, salary, bonuses, commissions, compensation as an independent contractor, workers' compensation, disability benefits, annuities and retirement benefits, pensions, dividends, royalties, or any other payment to an employee. **FAILURE TO DEDUCT THE AMOUNT DESIGNATED BY THE COURT MAKES THE EMPLOYER LIABLE FOR THE AMOUNT THAT SHOULD HAVE BEEN DEDUCTED, PLUS COSTS, INTEREST AND REASONABLE ATTORNEYS' FEES.**

Payments must begin no later than the first pay period after fourteen (14) days following the postmark of the notice. You are required to forward to the person or entity specified in the Income Deduction Order within two (2) days after each payment date the amount deducted from the employee's income and a statement as to whether the amount forwarded totally or partially satisfies the periodic amount specified in the Income Deduction Order.

This deduction has priority over all other legal processes under Georgia law pertaining to the same income and the payment required by the Income Deduction Order. It is a complete defense against any claims of the employee or the employee's creditors as to the sum paid.

Employers must continue to deduct the child support amount and send it to the person or entity specified in the Income Deduction Order until further notice by the Court or until the income is no longer provided to the employee. In the event the income is no longer provided, the employer is required to notify the person or entity specified in the Income Deduction Order immediately of such and to give the employee's last known address and to provide a name and address of any new employer of this employee if known. **FAILURE TO DO THIS WILL RESULT IN A CIVIL PENALTY BEING IMPOSED, NOT TO EXCEED**

\$250.00 FOR THE FIRST VIOLATION OR \$500.00 FOR A SUBSEQUENT VIOLATION.

Employers may not discharge an employee by reason of the entry of an Income Deduction Order. If an employee is discharged because of this reason, A FINE OF NOT MORE THAN \$250.00 FOR THE FIRST VIOLATION AND \$500.00 FOR A SUBSEQUENT VIOLATION WILL BE IMPOSED AGAINST THE EMPLOYER.

Employers should contact their attorney if more than one Income Deduction Order is received against the same employee.

Employers may send a single payment if multiple employees have Income Deduction Orders to pay to the same depository provided the amount attributed to each employee is identified.

An employer may collect up to \$25.00 against the employee's income to reimburse for the administrative costs of the first income deduction and up to \$3.00 for each subsequent income deduction.