

# CHILD SUPPORT MODIFICATION

**This packet contains forms and information on:**

## **How to Modify a Child Support Order**

**Note:** The child support order must have been originally issued by a Superior Court and you may only file for modification if it has been two (2) years since a judge signed an order for child support, unless your original child support order has never been modified.

It is advisable to have an attorney when filing legal papers to be sure that your rights are protected and that all the procedures are correctly followed. **Courthouse personnel are prohibited by state law O.C.G.A. § 15-19-51 from giving legal advice.** Different situations may require special procedures and courthouse personnel cannot advise you on how to proceed or what forms may be necessary in specific situations.

# INSTRUCTIONS FOR FILING A PETITION FOR MODIFICATION OF CHILD SUPPORT

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**Use this packet if all of the following are true:**

- You have a Child Support Order from a Superior Court in Georgia which was signed after July 1, 1986, and it orders child support to be paid to you or by you.
- You are asking for a change in child support.
- The opposing party is a resident of Cobb County.

## **BASIC STEPS OF THIS PROCESS**

- STEP 1:** Fill out the Petition for Modification of Child Support.
- STEP 2:** Fill out the Verification form to go with the Petition.
- STEP 3:** Fill out the Rule Nisi form.
- STEP 4:** Fill out two (2) Summons.
- STEP 5:** Fill out the Sheriff's Entry of Service.
- STEP 6:** Make a copy of the original child support order and attach it to the Petition for Modification of Child Support.
- STEP 7:** Put the documents in order.
- STEP 8:** Make two (2) copies of each document.
- STEP 9:** File the original documents with the Clerk of Court and pay filing fees and service fees in the Clerk's Office.
- STEP 10:** Come to Court on the date and time indicated on the Rule Nisi form.

## DETAILED INSTRUCTIONS FOR FORM COMPLETION

### Step 1:

#### **Petition for Modification of Child Support**

- **Petitioner:** You are the Petitioner. Fill in your name on the line after “Petitioner” and on the line after “NOW COMES.”
- **Respondent:** The Respondent is the opposing side. Fill in that person’s full name on the line after “Respondent.”
- **File Number:** Leave the Civil Action File Number blank. It will be filed in by the Clerk of Court when you file the Petition.
- **Paragraph 1:** (Check **a** or **b**)
  - Check **a** if the Respondent lives in Cobb County. Fill in his/her complete address.
  - Check **b** if the Respondent lives in another state, but you live in Cobb County and your original court order is from a Georgia Superior Court. Fill in the state where the Respondent lives in the first blank, and then enter his/her complete address in the other space.
- **Paragraph 2:**
  - In the first blank, fill in the date of the original child support order.
  - In the second blank, fill in the county in Georgia where you received your child support order.
  - In the third blank, fill in the Civil Action File Number from your original child support order.
  - In the fourth blank, fill in which party was to receive child support under the original child support order.
  - In the fifth blank, fill in the amount of the original child support order. Circle whether it is weekly, biweekly, semimonthly, or monthly.
- **Paragraph 3:**
  - Check **a** if the child support is paid to the Petitioner (you) and write the amount in the blank.
  - Check **b** if the child support is paid to the Respondent (opposing party) and write the amount in the blank.
- **Paragraph 4:**
  - Check **a** if you are asking for an increase in child support paid to you.
  - Check **b** if you are asking for your child support payments to be decreased.
  - Check **c** if you are asking for an increase in payment for the needs of the child(ren).
- **Paragraph 5:**
  - Check **a** if you are asking for an increase in child support paid to you. Then in the first blank, fill in how much the Respondent (opposing side) was earning at the time that the original child support order was entered. In the next blank, fill in the date that his/her income increased. In the next blank, fill in the amount of the Respondent’s current gross income.
  - Check **b** if you are asking for your child support payments to be decreased. Then fill in your monthly gross income.
- **Paragraph 6:**
  - Check **a** if it has been two years since your child support has changed.
  - Check **b** if you have never changed the original child support order and you want to change that order.
- **Prayer, Paragraph a:**
  - Check **1** if you are asking for an increase in child support paid to you.
  - Check **2** if you are asking for your child support payments to be decreased.

- Signature:
  - Fill in the date you finished the form and then sign your name.

**Step 2: Verification**

- This document tells the Court that you swear, under oath, that what you wrote or put in the Petition is true and correct.
- Print or type your full name next to the word “Petitioner.”
- Print or type the full name of the person disobeying the order next to the word “Respondent.”
- Where it says: “I \_\_\_\_\_,” print or type your full name.
- Where it says: “This \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,” fill in the current date, month, and year.
- Next to the number 2, print or type your full name where indicated and fill in your address and telephone number.
- **DO NOT SIGN THIS DOCUMENT.** You may only sign this document in front of a public notary. Public notaries are available at banks, the post office, grocery stores, or the Cobb County Superior Court Clerk’s Office.

**Step 3: Rule Nisi**

- This document is used to set a temporary hearing date. This is what you would request if you want temporary relief until the judge makes a final ruling.
- Fill in your full name as the “Petitioner” and the other person’s full name as the “Respondent.”
- Fill in “Petition for Modification of Child Support” as the type of action being brought.
- The remaining information on this document will be filled in by the Clerk of Court when you take the papers to be filed.

**Step 4: Summons**

- Fill out two (2) Summons forms.

**Step 5: Sheriff’s Entry of Service**

- This document is used by the Sheriff when s/he serves a copy of the documents on the Respondent.
- Write your address under “Petitioner’s Address” on the left.
- Write the Respondent’s full name and address under “Name and Address of Party to be served.”
- On the right, write your full name on the line above “Petitioner” or “Plaintiff.”
- On the right, write the Respondent’s full name on the line above “Respondent” or “Defendant.”

**Step 6: Original Order**

- Make a copy of the original Court Order that the opposing party disobeyed, and attach it to your Petition for Modification.

**Step 7: Putting the Documents in Order**

- Put the documents in the following order:
  - Petition
  - Copy of the Original Court Order for Child Support
  - Verification
  - Rule Nisi
- Make two (2) copies of all documents in the package.

- Attach a Summons to your original papers. Attach another Summons to one of your copies along with the Sheriff's Entry of Service.

**Step 8: Filing**

- Take the document package to the Cobb County Superior Court Clerk's Office to file. Have the clerk fill in the case number. Be sure to tell the clerk that you need a hearing date for your Rule Nisi form. Make sure this information is on all copies of your documents. Have the clerk stamp your copies. Keep a copy of the document package for your records. You may be required to pay a filing fee.
- Take one copy of the document package to the Sheriff's Office so that the Sheriff can serve it upon the opposing party. You will have to pay a service fee. Check with the Sheriff's Office for the schedule fee.

**Step 9: Court Appearance**

- Come to Court on the hearing date and time that is indicated on the Rule Nisi form. You should go to the courtroom indicated on this document, and let the case manager know that you are there. Then, wait for your case to be called by the judge.
- If you are requesting a decrease in your child support payments, you should bring copies of your pay stubs for the last three (3) months.
- If you asking the judge for an increase in child support, then during the trial you will need to call the Respondent as a witness and ask questions about how much money s/he has now compared to how much s/he had when the original child support order was issued.
- When you schedule your Final Hearing, make sure you completely fill out the Child Support Addendum and Final Order for Child Support Modification as completely as possible. Also complete a Child Support Worksheet. Bring these forms to your hearing and present them to the judge.

**Fees are subject to change. Please check with the Clerk's Office.**



## **NEW CHILD SUPPORT GUIDELINES EFFECTIVE JANUARY 1, 2007 FOR ALL PENDING CASES**

Georgia's new child support guidelines require new paperwork in all pending cases involving child support issues. Both parties must file completed Child Support Worksheets and Schedules as a part of their case in addition to the Domestic Relations Financial Affidavit. Uniform Superior Court Rule 24.2 (enclosed) requires that you file a completed worksheet and financial affidavit with your complaint.

### **Where can I get help completing the Worksheet and Schedules?**

Selecting, interpreting, and filling out forms all constitute legal advice. O.C.G.A. § 15-19-51 states that it is illegal for anyone but a duly licensed attorney to give legal advice; therefore, we cannot help you complete these forms in the Law Library. Below is a list of places that will be able to help you:

#### **Cobb County Bar Association**

Lawyer Referral Hotline  
(770) 424-7149  
Monday-Friday  
9a.m. to 4:30p.m.  
www.cobbbar.org

#### **Atlanta Legal Aid, Cobb Office**

30 South Park Square  
Marietta, Georgia 30090  
(770) 528-2565  
www.atlantalegalaid.org

#### **Cobb County Family Law Workshop**

(770) 528-8100  
sca.cobbcountyga.gov/court\_programs.htm

#### **Hispanic Outreach Law Project\***

Provides Spanish Speaking Attorneys  
(404) 377-5381

#### **Georgia Senior Legal Hotline\***

(404) 657-9915

\* *Services of Atlanta Legal Aid*

### **What if I want to complete the Worksheet & Schedules on my own? Where can I get the documents?**

A Guided Electronic Worksheet is available online over the Internet through Child Support Services at <https://services.georgia.gov/dhr/cspp/do/public/SupportCalc>. Once you are there, you will select the Guided Worksheet option and click the Next button at the bottom of the screen. You will answer a series of questions about the household income and child rearing expenses for both parents. The Electronic Worksheet will automatically figure out the child support obligation of both parents. It will also fill out the Worksheet and Schedules for you. The Worksheet is long and complicated, so you may need to work on it several times. If this is the case, you may save the Worksheet online and work on it later. You will be given a confirmation number that you will enter every time you work on the Worksheet. This confirmation number is very important because it is unique to your specific worksheet. *If you lose your confirmation number, you will not have access to your saved worksheet!* Once you have completed the Worksheet, you will be given the option to submit the information for access by the Judge. In order to submit the Worksheet to the Judge electronically, you will be asked to input your Civil Action Number. Your Civil Action Number will be assigned when your case is filed.

### **Where can I go to get on the Internet?**

Cobb County Public Libraries have free public Internet access. Local Law Libraries have free public Internet access as well, as long as you are doing legal research. Both libraries allow printing for a small fee. See the following page for a list of local libraries in your area where you can access a computer.

### **Important Points about Worksheets and Schedules:**

- Both parents are required to file a Child Support Worksheet and Schedules.
- There is a difference between filing and electronically submitting the Worksheet and Schedules. The original worksheet and Schedules are filed with the Superior Court Clerk's Office. After you submit electronically, you should check with the Court to see if a hard copy is preferred, and also to make sure that the Judge's office has a copy of your confirmation number. Your confirmation number is unique to your Worksheet and Schedules. *If you lose your confirmation number, you will not have access to your saved worksheet!* You will have to start over again if you need to print or make changes.
- After the Worksheet is submitted electronically, it cannot be retrieved to print. Remember to print out the original Worksheet before submitting it to the Judge.
- Documents used to complete your Worksheet will need to be brought with you to Court.

## Local Libraries with Computer Access

[www.cobbcat.org](http://www.cobbcat.org)

### **Central Library**

266 Roswell Street  
Marietta, GA 30066  
(770) 509-2725

### **Acworth Library**

4569 Dallas Street  
Acworth, GA 30101  
(770) 917-5165

### **Merchant's Walk Library**

1315 Johnson Ferry Road  
Marietta, GA 30068  
(770) 509-2730

### **East Marietta Library**

2051 Lower Roswell Road  
Marietta, GA 30068  
(770) 509-2711

### **Gritters Library**

880 Shaw Park Road  
Marietta, GA 30066  
(770) 528-2524

### **Hattie G. Wilson Library**

350 Lemon Street  
Marietta, GA 30060  
(770) 528-2526

### **Kemp Memorial Library**

4029 Due West Road, NW  
Marietta, GA 30060  
(770) 528-2527

### **Mountain View Regional Library**

3320 Sandy Plains Road  
Marietta, GA 30066  
(770) 509-2725

### **Powder Springs Library**

4262 Marietta Street  
Powder Springs, GA 30127  
(770) 439-3600

### **Sibley Library**

1539 South Cobb Drive  
Marietta, GA 30060

(770) 528-2520

### **Stratton Library**

1100 Powder Springs Road  
Marietta, GA 30064  
(770) 528-2522

### **West Cobb Regional Library**

1750 Dennis Kemp Lane  
Kennesaw, GA 30152  
(770) 528-4699

### **Kennesaw Library**

2250 Lewis Street  
Kennesaw, GA 30144  
(770) 528-2529

### **Cobb County Law Library**

12 East Park Square  
Marietta, GA 30090  
(770) 528-1884  
[www.lawlibrary.cobbcountyga.gov](http://www.lawlibrary.cobbcountyga.gov)

### **Cherokee County Law Library**

90 North Street  
Canton, GA 30114  
(678) 493-6175

### **Fulton County Law Library**

185 Central Avenue  
Atlanta, GA 30303  
(404) 730-4544  
[www.fultoncourt.org/lawlibrary](http://www.fultoncourt.org/lawlibrary)

### **Gwinnett County Law Library**

75 Langley Drive  
Lawrenceville, GA 30045  
(770) 822-8575  
[www.gcll.org/Facility\\_hours.htm](http://www.gcll.org/Facility_hours.htm)

### **Forsyth County Law Library**

118 Castleberry Road, Suite 10  
Cumming, GA 30040  
(770) 205-4610  
[www.forsythco.com/department.asp?DeptID=118](http://www.forsythco.com/department.asp?DeptID=118)

### **Clayton County Law Library**

Harold R. Banke Justice Center  
9151 Tara Boulevard, Suite 3CA01

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

<b>Petitioner:</b> _____  <b>and</b>  <b>Respondent:</b> _____	<b>Civil Action File No.:</b> _____
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**PETITION FOR MODIFICATION OF CHILD SUPPORT**

Comes now the Petitioner, \_\_\_\_\_, and states his/her claim against the Respondent for a Modification of Child Support as follows:

1

The Respondent is subject to the jurisdiction of this Court as follows:

- a) The Respondent is a resident of Cobb County, Georgia and may be personally served with a copy of this petition and summons at:

\_\_\_\_\_

\_\_\_\_\_

- b) The Respondent is a resident of the state of \_\_\_\_\_, and may be personally served with a copy of this petition and summons at:

\_\_\_\_\_

\_\_\_\_\_

2

On \_\_\_\_\_, 20\_\_\_\_\_, the Superior Court for the County of \_\_\_\_\_ in the State of Georgia, Civil Action File No. \_\_\_\_\_ issued an order awarding permanent child support to the \_\_\_\_\_ (insert Petitioner or Respondent) in the amount of \_\_\_\_\_ dollars to be paid weekly/semimonthly/monthly (circle one).

3

The Court awarded child support as follows:

- a) To the Petitioner in the sum of \_\_\_\_\_ dollars as permanent child support.
- b) To the Respondent in the sum of \_\_\_\_\_ dollars as permanent child support.





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

<b>Petitioner:</b> _____  <b>and</b>  <b>Respondent:</b> _____		<b>Civil Action File No.:</b> _____
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**RULE NISI**

This action has been filed. Therefore, let the parties appear before the Honorable Judge \_\_\_\_\_ of the Superior Court of Cobb County, Cobb Judicial Circuit in Courtroom \_\_\_\_\_, in the Superior Court Building, 70 Haynes Street, Marietta, Georgia on \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_ o'clock \_\_\_\_m. to show cause why the relief sought should not be granted.

Issued on \_\_\_\_\_, 20\_\_\_\_.

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JUDGE/CLERK  
Superior Court of Cobb County  
Cobb Judicial Circuit

Presented by:

\_\_\_\_\_  
 Petitioner     Respondent    *Pro se*

IN THE SUPERIOR COURT OF COBB COUNTY  
STATE OF GEORGIA

Petitioner: \_\_\_\_\_

and

Respondent: \_\_\_\_\_

Civil Action File No.: \_\_\_\_\_

**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 on contempt motions.*

**IMPORTANT:** *Final Order must be used in combination with this form..*

The following is true:

[ 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 \_\_\_\_\_ dollars; the Mother’s gross monthly income is \_\_\_\_\_ dollars (before taxes).
- 2) Number of Children – The number of children for whom support is being provided in this case 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 child(ren) in 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 becomes emancipated, provided that if a child becomes eighteen years old while enrolled in and attending secondary school on a full-time basis the then 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) **Stop as 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 Ordered** – 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

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

- 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, as shown by the attached *Schedule 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 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 deviations had not been applied is \_\_\_\_\_ dollars 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 child(ren) who are subject to this child support determination is served by deviation from the presumptive amount of child support.

7) Health Dental and Vision Insurance for Children

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

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

Health (medical, mental health, and hospitalization)     Dental     Vision

So long as it remains available to that parents, the \_\_\_\_\_ shall maintain the types of insurance checked above for the benefit of the minor child(ren), 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 in 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 reaches twenty years of age, whichever occurs first.

- 1) The parent who maintains the insurance shall provide the other parents 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 other 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 child(ren) later becomes available to the parent who is required to pay child support for these child(ren), 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(ren)'s health care (including medical, dental, mental health, hospital, vision care) that are not covered by insurance. The party who incurs a health care expense for one of the child(ren) 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 of the Father and \_\_\_\_\_ days for the Mother.

10) Social Security Benefits

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

a) **Not Received** – The child(ren) do not receive Title II Social Security benefits under the account of the parent ordered to pay child support. The benefits received by the child(ren) shall be counted as child support payments, and shall be applied against the final child support order to be paid by that parent.

b) **Received** – The child(ren) receive Title II Social Security benefits under the account of the parent ordered to pay child support. The benefits received by the child(ren) 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 child(ren)'s benefit shall be retained by the custodial parent or nonparent custodian for the child(ren)'s benefit, and it shall not be used as a reason for decreasing the final child support order or reducing arrearages.

11) Modification

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

- a) **Not a 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 child(ren). 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) 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:
  - [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 O.C.G.A. § 19-6-32 (f).
- 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 child(ren)’s best interests and that there has been sufficient proof of timely payment of any previously ordered support.

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 to the best of our knowledge.

\_\_\_\_\_  
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 \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Judge, Superior Court  
Cobb Judicial Circuit

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

**Petitioner:** \_\_\_\_\_

**and**

**Respondent:** \_\_\_\_\_

**Civil Action File No.:** \_\_\_\_\_

**DOMESTIC RELATIONS FINANCIAL AFFIDAVIT**

(1) Your Name:		Your Age:
Spouse's Name:		Spouse's Age:
Date of Marriage:	Date of Separation:	
Names and birth dates of child(ren) for whom support is to be determined in this action:		
Name	Date of Birth	Resides with
Names and birth dates of your other children:		
Name	Date of Birth	Resides with
<b>(2) SUMMARY OF YOUR INCOME AND NEEDS: (fill out this part after you complete pages 2-5)</b>		
(A) Gross Monthly Income (from Item 3A below)		\$
(B) Net Monthly Income (from Item 3B below)		\$
(C) Average Monthly Expenses (Item 5A below)		\$
Monthly Payments to Creditors (Item 5B below)		\$
Total Monthly Expenses & Payments to Creditors (Item 5C below)		\$

<b>(3) (A) YOUR GROSS MONTHLY INCOME: (Complete this section or attach Child Support Schedule A).</b> (All income must be entered based on monthly average regardless of date of receipt. Where applicable, income should be annualized)	
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	\$
Worker's 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.)	\$
<b>TOTAL Gross Monthly Income</b> (also write in 2A on page one)	\$

(3)(B) Net Monthly Income From Employment (deducting only state and federal taxes and FICA) (also write in 2B on page one)	\$
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Your Pay Period (i.e., monthly, weekly, etc.):	Number of Exemptions Claimed by You for Tax Purposes:
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**(4) ASSETS**

*(List all assets here, including both non-marital and marital property. 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. The total value of each asset must be listed in the "value" column. "Value" means what you feel the item of property would be worth if it were offered for sale.)*

Description	Value	Separate Asset of Husband	Separate Asset of Wife	Basis of the Claim (pre-marital, gift, inheritance, etc.)
Cash	\$	\$	\$	
Stocks, Bonds	\$	\$	\$	
CD's / Money Market Accounts	\$	\$	\$	
Bank Accounts (list each account below):				
(1)	\$	\$	\$	
(2)	\$	\$	\$	
(3)	\$	\$	\$	
Retirement Pensions, 401(k), IRA or Profit-Sharing	\$	\$	\$	
Money Owed to You (or Spouse)	\$	\$	\$	
Tax Refund Owed to You	\$	\$	\$	
Real Estate (list properties & mortgages):				
Home	\$	\$	\$	
Debt owed on Home	\$			
Other Real Estate	\$	\$	\$	
Debt owed on Other Real Estate	\$			
Automobiles / Vehicles (list vehicles & amounts owed on each one):				
(1)	\$	\$	\$	
Debt owed on Vehicle (1)	\$			
(2)	\$	\$	\$	
Debt owed on Vehicle (2)	\$			

<b>(4) ASSETS (continued)</b>				
<b>Description</b>	<b>Value</b>	<b>Separate Asset of Husband</b>	<b>Separate Asset of Wife</b>	<b>Basis of the Claim (pre-marital, gift, inheritance, etc.)</b>
Life Insurance (net cash value)	\$	\$	\$	
Furniture / Furnishings	\$	\$	\$	
Jewelry	\$	\$	\$	
Collectibles	\$	\$	\$	
Other Assets (specify):	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
<b>TOTAL ASSETS</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	

**(5)(A) AVERAGE MONTHLY EXPENSES FOR YOU AND YOUR HOUSEHOLD**

**HOUSEHOLD EXPENSES**

Mortgage or Rent Payments	\$	Gas	\$
Property taxes	\$	Repairs & Maintenance	\$
Homeowner's / Renter's Insurance	\$	Lawn Care	\$
Electricity	\$	Pest Control	\$
Water	\$	Cable TV / Internet Access	\$
Garbage & Sewer	\$	Misc. Household & Grocery Items	\$
Telephones		Meals Outside Home	\$
Residential Lines	\$	Other (specify)	\$
Cellular Telephones	\$		\$

**AUTOMOTIVE**

Gasoline & Oil	\$	Auto Tags / Registration / License	\$
Repairs & Maintenance	\$	Insurance	\$

**OTHER VEHICLES (boats, trailers, RVs, etc.)**

Gasoline & Oil	\$	Tags / Registration / License	\$
Repairs & Maintenance	\$	Insurance	\$

<b>CHILDREN'S EXPENSES</b>			
Child Care (total monthly cost)	\$	Allowance	\$
School Tuition	\$	Child(ren)'s Clothing	\$
Tutoring	\$	Diapers	\$
Private lessons (e.g., music, dance)	\$	Medical, Dental, Prescriptions (out-of-pocket uncovered expenses)	\$
School Supplies / Expenses	\$	Grooming / Hygiene	\$
Lunch Money	\$	Gifts from child(ren) to others	\$
Other Educational Expenses (list type & amount):		Entertainment	\$
_____	\$	Activities (including extra-curricular, school, religious, cultural, etc.)	\$
_____	\$	Summer Camps	\$
<b>OTHER INSURANCE</b>			
Health Insurance	\$	Life Insurance	\$
Child(ren)'s portion:	\$	Relationship of Beneficiary:	
Dental Insurance	\$	Disability Insurance	\$
Child(ren)'s portion:	\$	Other Insurance (specify)	\$
Vision Insurance	\$		\$
Child(ren)'s portion:	\$		\$
<b>YOUR OTHER EXPENSES</b>			
Dry Cleaning & Laundry	\$	Publications	\$
Clothing	\$	Dues, Clubs	\$
Medical / Dental / Prescription (out-of-pocket uncovered expenses)	\$	Religious & Charities	\$
Your Gifts (special holidays)	\$	Pet expenses	\$
Entertainment	\$	Alimony Paid to Former Spouse	\$
Recreational Expenses (e.g., fitness)	\$	Child Support Paid for other child(ren)	\$
Vacations	\$	Date of initial CS order:	
Travel Expenses for Visitation	\$	Other (attach sheet to list)	\$

<b>TOTAL ABOVE MONTHLY EXPENSES</b> <i>(also write on first line of 2C on page one)</i>	<b>\$</b>
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<b>(5)(B) YOUR PAYMENTS &amp; DEBTS TO CREDITORS</b>					
To Whom	Balance Due	Monthly Payments	(Please check one)		
			Joint	Husband	Wife
	\$	\$			
	\$	\$			
	\$	\$			
	\$	\$			
	\$	\$			
	\$	\$			
<b>Total Monthly Payments to Creditors</b> <i>(also write this total on line 2 of 2C on page one)</i>				\$	
<b>(5)(C)TOTAL MONTHLY EXPENSES</b> <i>(Total Expenses from final line on page 5 + Total Monthly Payments to Creditors above) (also write this total on line 3 of 2C on page one)</i>				\$	

\_\_\_\_\_  
 (Sign your name before Notary)  Petitioner  Respondent, *Pro se*

Name (print or type): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
 Daytime Telephone Number: \_\_\_\_\_

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

\_\_\_\_\_  
**NOTARY PUBLIC**  
 My commission expires: \_\_\_\_\_  
 (Notary Seal)



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

**Petitioner:** \_\_\_\_\_

**and**

**Respondent:** \_\_\_\_\_

**Civil Action File No.:** \_\_\_\_\_

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**FINAL ORDER FOR CHILD SUPPORT MODIFICATION**

This action came before the Court on \_\_\_\_\_, 20\_\_\_\_\_. The Petitioner appeared Pro Se. *[Select one of the following.]*  The Respondent also appeared /  The Respondent did not appear. The Court heard the evidence and considered the matter. It is hereby ordered and adjudged that:

I.

*[Choose only one (1) of the following.]*

- The Petitioner did not satisfactorily prove that there has been a substantial change in his/her income or financial status or in the needs of the child(ren) so as to warrant a modification of child support.
- The Petitioner did not satisfactorily prove there has been a substantial change in the Respondent's income or financial status or in the needs of the child(ren) so as to warrant a modification of child support.
- There has been a substantial upward change in the income or financial status of the Respondent which increases his/her ability to pay the child support award previously ordered.
- There has been a substantial downward change in the income or financial status of the Petitioner which decreases his/her ability to pay the child support award previously ordered.
- There has been a substantial change in the needs of the child(ren) as follows: \_\_\_\_\_

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

II.

*[Choose only one (1) of the following.]*

- Child support shall not be modified.
- Child support shall be modified to reflect the substantial change in the income or financial status of the Petitioner/Respondent, or in the needs of the child(ren).

III.

**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:

- 14) **Gross Income** – The Father’s gross monthly income (before taxes) is \_\_\_\_\_ dollars; the Mother’s gross monthly income is \_\_\_\_\_ dollars (before taxes).
- 15) **Number of Children** – The number of children for whom support is being provided in this case is \_\_\_\_.
- 16) **Attachments** – The *Child Support Worksheet* and *Schedule E* are attached and made a part of this Addendum, along with any other applicable schedules.
- 17) **Child Support Amount** – The \_\_\_\_\_ shall pay to the \_\_\_\_\_, for the support of the minor child(ren) in the sum of \_\_\_\_\_ dollars (\$ \_\_\_\_\_) per month, beginning on \_\_\_\_\_, 20\_\_\_\_\_.

**18) 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 becomes emancipated, provided that if a child becomes eighteen years old while enrolled in and attending secondary school on a full-time 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) Stop 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 Ordered – 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 \_\_\_\_\_.

**19) Deviation from Presumptive Amount**

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

- 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, as shown by the attached *Schedule 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 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 deviations had not been applied is \_\_\_\_\_ dollars 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 child(ren) who are subject to this child support determination is served by deviation from the presumptive amount of child support.

**20) Health Dental and Vision Insurance for Children**

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

- a) Insurance Available – The following insurance for the child(ren) involved in this action is available at a reasonable cost to the \_\_\_\_\_ through the 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(ren), 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 in 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 reaches twenty years of age, whichever occurs first.

1. The parent who maintains the insurance shall provide the other parents 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 other 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 child(ren) later becomes available to the parent who is required to pay child support for these child(ren), 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.

21) **Uninsured Health Care Expenses** – The \_\_\_\_\_ shall pay \_\_\_\_\_% and the \_\_\_\_\_ shall pay \_\_\_\_\_% of all expenses incurred for the child(ren)'s health care (including medical, dental, mental health, hospital, vision care) that are not covered by insurance. The party who incurs a health care expense for one of the child(ren) 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.

**22) Life Insurance**

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

- \_\_\_\_\_ shall maintain a policy of life insurance in the amount of \$\_\_\_\_\_ that names the minor children as irrevocable beneficiaries of the same. This life insurance policy shall be kept in full force effect until all child support obligations required of the \_\_\_\_\_ have terminated. At least once each calendar year, \_\_\_\_\_ shall provide proof to \_\_\_\_\_ that the life insurance policy exists and is in full force and effect. \_\_\_\_\_ shall also provide \_\_\_\_\_ with a copy of said life insurance policy, naming the minor children as irrevocable beneficiaries, within 15 days of the Final Judgment and Decree.
- The Court does not order life insurance in this case.
- The parties agree that life insurance is not necessary in this case.

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

**24) Social Security Benefits**

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

- a) Not Received – The child(ren) do not receive Title II Social Security benefits under the account of the parent ordered to pay child support. The benefits received by the child(ren) shall be counted as child support payments, and shall be applied against the final child support order to be paid by that parent.
- b) Received – The child(ren) receive Title II Social Security benefits under the account of the parent ordered to pay child support. The benefits received by the child(ren) shall be counted as child support payments, and shall be applied against the final child support order to be paid by that parent.
  - 4) 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.
  - 5) 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.
  - 6) Any Title II benefits received for the child(ren)'s benefit shall be retained by the custodial parent or nonparent custodian for the child(ren)'s benefit, and it shall not be used as a reason for decreasing the final child support order or reducing arrearages.

**25) Modification**

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

- a) Not a 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 child(ren). The date of the initial support order concerning this child support case was \_\_\_\_\_.

26) **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.

**27) Income Deduction Order**

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

- 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:

[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 O.C.G.A. § 19-6-32(f).

- 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 child(ren)’s best interests and that there has been sufficient proof of timely payment of any previously ordered support.

This Order entered on \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
JUDGE, Superior Court  
Cobb Judicial Circuit

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

\_\_\_\_\_,  
PETITIONER,

VERSUS

\_\_\_\_\_,  
RESPONDENT.

CIVIL ACTION FILE NUMBER

\_\_\_\_\_

**RESPONDENT'S ANSWER TO PETITIONER'S**  
**PETITION FOR MODIFICATION OF CHILD SUPPORT**

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

1.

Respondent (CIRCLE ONE: ADMITS OR DENIES) the allegations contained in Paragraph 1 of Petitioner's Petition for Modification of Child Support.

2.

Respondent (CIRCLE ONE: ADMITS OR DENIES) the allegations contained in Paragraph 2 of Petitioner's Petition for Modification of Child Support.

3.

Respondent (CIRCLE ONE: ADMITS OR DENIES) the allegations contained in Paragraph 3 of Petitioner's Petition for Modification of Child Support.

4.

Respondent (CIRCLE ONE: ADMITS OR DENIES) the allegations contained in Paragraph 4 of Petitioner's Petition for Modification of Child Support.

5.

Respondent (CIRCLE ONE: ADMITS OR DENIES) the allegations contained in Paragraph 5 of Petitioner's Petition for Modification of Child Support.

6.

Respondent (CIRCLE ONE: ADMITS OR DENIES) the allegations contained in Paragraph 6 of Petitioner's Petition for Modification of Child Support.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
(Sign your name here before notary) Respondent, *Pro Se*

Respondent's Name (Print or Type): \_\_\_\_\_

Respondent's Address: \_\_\_\_\_

Respondent's Telephone Number: \_\_\_\_\_

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

\_\_\_\_\_  
**NOTARY PUBLIC**

My Commission Expires: \_\_\_\_\_

(Notary Seal)

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

_____	PETITIONER,	
VERSUS		CIVIL ACTION FILE NUMBER
_____	RESPONDENT.	_____

---

**CERTIFICATE OF SERVICE**

This document certifies that on \_\_\_\_\_, 20\_\_\_\_, I sent copies of the following documents:

**ANSWER TO PETITIONER’S PETITION FOR MODIFICATION OF CHILD SUPPORT**

to the opposing party by: (CHOOSE ONE: first class mail OR certified mail and return receipt was requested).

The documents were addressed as follows:

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

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_

(Sign your name here before notary) Respondent, *Pro Se*

Respondent’s Name (Print or Type): \_\_\_\_\_

Respondent’s Address: \_\_\_\_\_

Respondent’s Telephone Number: \_\_\_\_\_

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

\_\_\_\_\_  
**NOTARY PUBLIC**

My Commission Expires: \_\_\_\_\_

(Notary Seal)

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

\_\_\_\_\_  
Plaintiff,

v.

\_\_\_\_\_  
Defendant.

\_\_\_\_\_  
Civil Action File Number

**DOMESTIC RELATIONS STANDING ORDER & RULE NISI**

**This case is hereby set for a hearing on \_\_\_\_\_ at \_\_\_\_\_ AM/PM in Courtroom \_\_\_\_\_ of the Superior Court of Cobb County, 70 Haynes Street, Marietta, GA 30090.**

**To Parties Without Attorneys: If you have filed this action without an attorney, or if you plan to defend this action without an attorney, you have full responsibility for complying with all procedural and substantive requirements of the law. The Court will not act as your attorney, will not dispense legal advice, and will not help you prove or defend your case. This action involves important legal rights and this Court strongly urges you to hire an attorney.**

**The parties to this action, their agents, servants, and employees, and all other persons acting in concert with the Parties are subject to the following provisions:**

**1.**

If this case involves child custody or visitation, then except in an emergency which has been created by another Party, you shall not cause or permit the minor child(ren) to be removed from the State of Georgia for more than one week at a time unless this Court Orders otherwise.

Parties except in the ordinary course of business or except in an emergency which has been created by the other Party to the action.

You shall not disconnect or cause to be disconnected any utility-providing service to the home of the other Party. You shall not change, cause to change, cancel, or cause the cancellation of any insurance presently in effect which protects the Parties or any of their children or property. You shall not interfere with the other Party's mail.

**2.**

You shall not do, attempt to do, or threaten to do any act which injures, maltreats, vilifies, molests, or harasses or which may, upon judicial determination, constitutes threats, harassment, or stalking of the adverse Party or the child(ren) of the Parties or any act which constitutes a violation of other civil or criminal laws of this state.

**4.**

You must attend the Seminar for Divorcing Parents. If you would like more information about the Seminar, please see this Court's Standing Order Establishing Seminar for Divorcing Parents or contact the ADR Office.

**3.**

You shall not sell, encumber, trade, contract to sell, or otherwise dispose of or remove from the jurisdiction of the court, without the permission of the court, any of the property belonging to the

**5.**

You must provide the following documentation to this Court by filing it with the Clerk:

- a) if this case involves financial issues such as child support, alimony, division of property, allocation of debt, or contempt of a court order addressing these issues, then you must file your Financial Affidavit/Statement as required by the Uniform Superior Court Rules with the Clerk at least 15 days before the scheduled hearing.
- b) if this case involves child support or child custody, then you must file your Child Support Worksheet and the schedules thereto as required by the Uniform Superior Court Rules with the Clerk at least 15 days before the scheduled hearing.
- c) if this case involves an action for contempt of a previous court order or an action for modification of custody, visitation, child support, or alimony, then you must attach copies of all prior orders which you seek to enforce or modify to your initial pleadings.
- d) If there has been a change in your income, employment, debts, assets, or other relevant financial circumstances since you filed a previous Financial Affidavit/Statement or Child Support Worksheet, then you must file with the Clerk and serve upon the opposing Party updated versions of either or both of those documents at least 10 days before the next scheduled hearing.

**6.**

You must bring the following documents to each hearing in this case:

- a) Documents reflecting your current income, including but not limited to a copy of your most recent paystub as well as state and federal income tax returns, W-2 forms, and 1099 forms from the last three years.
- b) If this case involves child support, documents from your employer or insurance company showing how much you pay for health, dental, and vision insurance for the children at issue and health insurance cards for yourself and the children at issue. If possible, these documents should show how much you pay for insurance for each child.

If any documents that you plan to file or bring to court contain social security numbers or financial account numbers, you must redact those numbers by marking out all but the last four digits.

**7.**

If you fail to comply with the provisions of this Order, then you may be sanctioned by or held in contempt of this Court.

**SO ORDERED** this day of \_\_\_\_\_.

---

**Judge, Superior Court of Cobb County  
Cobb Judicial Circuit**

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

**Petitioner:** \_\_\_\_\_

**and**

**Respondent:** \_\_\_\_\_

**Civil Action File No.:** \_\_\_\_\_

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**SUMMONS**

TO THE ABOVE NAMED DEFENDANT:

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

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

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

If a hearing has already been scheduled in this case, you must appear at that scheduled hearing, regardless of whether the 30 days for filing an answer has elapsed.

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

REBECCA KEATON,  
Clerk of Superior Court

By \_\_\_\_\_  
Clerk

To Defendant upon whom this *Petition* is served:

This copy of *Complaint and Summons* was served upon you, \_\_\_\_\_, 20\_\_\_\_\_.