

INSTRUCTIONS: CONTESTED DIVORCE WITH MINOR CHILDREN

General Comments

In the State of Georgia, if you wish to end your marriage, you must file a *Petition for Divorce* in Superior Court. This form packet is intended for people who wish to file their own divorce. Use this packet if:

- ✓ You and your spouse DO have minor children together AND
- ✓ Your divorce is contested (you and your spouse will NOT be able to sign a Settlement Agreement that negotiates issues such as alimony and division of property and debts).

STOP. If you and your spouse DO NOT have minor children together OR you will be able to reach an agreement about any issues, you must use a different form packet.

Please read the instructions and each from very carefully; errors in your paperwork can have serious consequences for your case. Incomplete, or improperly filled out forms may delay or prevent the grant of your divorce. If you want the Court to grant your divorce, **you must follow the law and complete every paragraph that applies to your case.** Do not fill out paragraphs that do not apply to your case. Your papers should remain in the same order as they appear in this packet.

Divorce can be very complicated. The only person allowed to help you in the preparation of these forms is a licensed attorney. **State Law O.C.G.A. § 15-19-51 forbids court personnel to give legal advice.**

YOU MAY NEED AN ATTORNEY IF:

- The case is contested OR an attorney represents your spouse
- You cannot locate your spouse to serve them with papers
- You or your spouse has a house, pension, or large amount of property or income
- You think you may have difficulty getting financial information from your spouse
- You might lose custody of your children
- You or your children are victims of family violence

Helpful Hints

This forms packet includes **Checklists** to help ensure that your forms are complete, accurate, and in the correct order. Consult the **Checklists** as needed while filling out your paperwork. All forms required to file for divorce are included in this packet or are available from the Athens Clarke County Court Help Center or the Clerk's Office.

The parties in divorce are known as **Petitioner**: the spouse filing for divorce (may also be referred to as "Plaintiff") and **Respondent**: the other spouse (may also be referred to as "Defendant").

MARITAL PROPERTY:

- As a general rule, ALL property that was acquired by either party during the marriage is considered marital property (no matter whose name is on the title), except for gifts and inherited property.
- If the marital home belonged to one of the parties before the marriage, it may still be claimed as marital property if its value has increased (or mortgage has decreased) during the marriage. See a lawyer if this applies to your case.
- If the marital home or other real estate is title in the Respondent's name alone (or you are not sure whose name is on the property deed), you must file a separate document called a *Notice of Lis Pendens*. If you do not file a *Lis Pendens*, and the property is sold before the divorce becomes final, you will not be able to get the home (or a share of it) as part of the divorce because it will be gone.
- If you or the Respondent has rights to a pension that have built up during the marriage, the pension may be considered marital property. Figuring out the value of a pension (and writing the proper *Qualified Domestic Relations Order* if it is distributed in the divorce) is very complicated. See a lawyer if this may apply to your case.
- If you think the Respondent may have acquired assets during the marriage that are unknown to you, the law has procedures to use (called "discovery") to try to find out about them. If it is important that you try to learn more about the Respondent's assets, you should see a lawyer.

Instructions

The following are detailed instructions on how to complete this *Petition for Divorce With Minor Children, Verification, Domestic Relations Financial Affidavit, and Parenting Plan*. Read these instructions carefully and consult the **Checklists** as needed. Not all forms will apply to your particular situation. You may remove forms which you do not use from your final packet.

NOTE: BEFORE YOU BEGIN, take a moment to review the *Parenting Plan*, as the information it contains may be relevant to your *Petition*.

Petition for Divorce Without Minor Children

Caption (Heading):

Fill in your full name as Petitioner and your spouse's full name as Respondent. Leave the Civil Action Number blank. The Clerk will assign a number to your case when you file your *Petition*. After the heading, write your full name again in the space just before Paragraph 1.

Paragraph 1: Residence Requirement CHECK ONE (1) BOX

- (a) Check box (a) if you have been a resident of the State of Georgia for at least six (6) months immediately before filing your *Petition for Divorce* (It is not good enough if you used to live in Georgia in the past, moved away, and have returned more recently than six months ago).
- (b) Check box (b) if you are not a resident of the State of Georgia, but your spouse has been living in Georgia for at least the past six (6) months. It is not good enough if your spouse used to live in Georgia, moved away, and has returned more recently than six months ago.

NOTE: If you live in Georgia, but have not lived here for the a full six months, but your spouse has been living here for the past six months, you may still use this *Petition* and file in Georgia. If this situation applies to you, check box (b) and cross out the words “I am not a resident of the State of Georgia, but” so that the sentence is accurate.

Paragraph 2: Venue CHECK ONE (1) BOX

Write your spouse’s full name in the space provided to indicate that they are the Respondent.

- (a) Check box (a) if the Respondent is a resident of Georgia and you live in the same county. Enter the county where the Respondent lives.
- (b) Check box (b) if the Respondent is a resident of Georgia and lives in a different county than you BUT you lived in the same county within the past six (6) months. Enter the county where the respondent lives.
- (c) Check box (c) if the Respondent is a resident of Georgia and lives in a different county than you BUT they have consented to have the case brought in the county where you live. If you check this box, you must also file a signed *Acknowledgment of Service and Waiver of Personal Venue and Jurisdiction*. Enter the county where the Respondent lives.
- (d) Check box (d) if the Respondent is not a resident of Georgia. Enter the county where you live, then check one of the following boxes:
 - 1. Check box (1) if the Respondent used to live in Georgia and is subject to Georgia’s Long Arm Statute. Enter the state where the Respondent lives.
 - 2. Check box (2) if the Respondent has never lived in Georgia. Enter the state where the Respondent lives.
 - 3. Check box (3) if the Respondent has agreed to have the case brought in the county where you live. If you check this box, you must also file a signed *Acknowledgment of Service and Waiver of Personal Venue and Jurisdiction*.
- (e) Check box (e) if you do not know where the Respondent is and you have made a good faith effort to locate the Respondent. If you check this box, you must also file a notarized *Affidavit of Due Diligence*.

Paragraph 3: Service of Process CHECK ONE (1) BOX

For more information on these documents, see *Which Method of Service is Right for You?*

- (a) Check box (a) if the Respondent will acknowledge service of process. If you check this box, you must file a signed *Acknowledgment of Service and Summons* OR *Acknowledgment of Service and Waiver of Personal Venue and Jurisdiction*.
- (b) Check box (b) if the Respondent should be served by the Sheriff's Department. Check the box to indicate whether the Respondent should be served at their home or work, and enter the address in the space provided. If you check this box, you must file a *Certificate of Service*.

NOTE: If the Respondent lives in a different county, check the box to indicate that they should be served by second original.

- (c) Check box (c) if you do not know where the Respondent is. If you check this box, you should file the forms for Service by Publication. Enter the Respondent's last known address.

NOTE: Service by Publication makes certain remedies impossible, because these remedies require the Court to have personal jurisdiction over the Respondent. These include, but are not limited to, alimony and division of marital debts and property.

Paragraph 4: Date of Marriage CHECK ONE (1) BOX

- (a) Check box (a) if you and the Respondent were married with a license and a ceremony, such as one by a pastor or by a judge at the courthouse. Write the date of marriage in the space provided.
- (b) Check box (b) if you and the Respondent did not have a marriage license and a ceremony, but you believe you have established a common law marriage. Under Georgia law, this generally means you lived together and held yourselves out as Spouse 1 and Spouse 2 before January 1, 1997. Write the date you began your common law marriage in the space provided.

Paragraph 5: Date of Separation

In the space provided, write the last date that you and the Respondent separated and remained separated up to the present time. Use only one date. If you and the Respondent have separated, gotten back together, then separated again, use the date of the most recent separation.

Paragraph 6: Minor Children of the Marriage

This Paragraph tells the Court that you and the Respondent have minor (under age 18) children together. In the space provided, write the number of children you have from the marriage. DO NOT use this packet if you and your spouse do not have minor children from this marriage.

In the table below, list the name and sex of each child. For privacy reasons, include **only the year** the child was born. List the parent (or other adult) with whom the child lives now. If you have more than five (5) children, list the additional children on a separate piece of paper and attach it to the *Petition*.

To complete this Paragraph, CHECK ONE (1) BOX

- (a) Check box (a) if neither party is currently believed to be pregnant.

- (b) Check box (b) if either party is currently believed to be pregnant. Check the box next to “Petitioner” or “Respondent” to indicate which party the selection concerns. Write the name of the person believed to be the father in the space provided.

Paragraph 7: Children’s Current Residence

In the spaces provided, you must tell the Court the address and the county where the children live now and the names of the adults who live with them. If the children live in a shelter for victims of family violence, DO NOT list the address of the shelter. To protect the location of the shelter, list ONLY name of the shelter and the state where it is located. Do not list the county of the shelter.

Paragraph 8: Children’s Past Residences

You must tell the Court where the children lived for the past five (5) years. In the table provided, list the dates the children lived at the address, then list each address next to the date. If the children ever lived in a shelter for victims of family violence, DO NOT list the address of the shelter. To protect the location of the shelter, list ONLY name of the shelter and the state where it is located. Do not list the county of the shelter.

Paragraph 9: Adults with Whom the Children Have Lived

In the table provided, list the names and current addresses of the adults with whom the children have lived for the past five (5) years. If any of these adults live in a shelter for victims of family violence, DO NOT list the address of the shelter. To protect the location of the shelter, list ONLY name of the shelter and the state where it is located. Do not list the county of the shelter.

Paragraph 10: Other Court Cases About the Children CHECK ONE (1) BOX

- (a) Check box (a) if you have never participated in litigation other than this case (such as filing a case, being served with court papers, or testifying as a witness), concerning the custody of or visitation with the children, in this state or any other state.
- (b) Check box (b) if you have participated in litigation other than this case (such as filing a case, being served with court papers, or testifying as a witness), concerning the custody of or visitation with these children, in this state or another state. In the spaces provided, list the court, the case number and the date of any order concerning custody or visitation. If you need more space for this answer, use additional paper and attach it to this *Petition*.

Paragraph 11: Other Proceedings That Could Affect Custody or Visitation in This Case CHECK ONE (1) BOX

- (a) Check box (a) if you do not have any information about any other case (past or present, in Georgia or another state) that could affect custody or visitation in this case. Examples include other divorces, contempt actions, family violence cases, protective orders, termination of parental rights, legitimations, and adoptions.
- (b) Check box (b) if you have information about any other case (past or present, in Georgia or another state) that could affect custody or visitation in this case. Examples include other divorces, contempt actions, family violence cases, protective orders, termination of parental rights, legitimations, and adoptions. In the spaces provided, list the name of the court involved, the case number, and the type of case. If you need more space for this answer, use additional paper and attach it to this *Petition*.

Paragraph 12: Others Claiming Custody or Visitation CHECK ONE (1) BOX

- (a) Check box (a) if you do not know of any person (other than the Respondent) who has physical custody of the children or who claims to have custody or visitation rights to the children.
- (b) Check box (b) if you know of someone (other than the Respondent) who has physical custody of the children or claims to have custody or visitation rights to the children. In the spaces provided, list the name and current address of each person involved.

Paragraph 13: Child Custody CHECK ONE (1) BOX

NOTE: Before completing this Paragraph, take time to look over the *Parenting Plan*, which also includes information about custody.

NOTE: There are many ways to arrange child custody. This *Petition* does not attempt to deal with all of them, only the most common ones. If you want the Court to order a different custody arrangement than the options listed below, you should speak to an attorney. Under the law, the Court must follow the **best interests of the children** when making custody decisions.

- (a) Check box (a) if the custody arrangement provided in the *Parenting Plan* is in the best interests of the children.
- (b) Check box (b) if it is in the best interests of the children for one party to have full custody. Check the box next to “Petitioner” or “Respondent” to indicate which party should have full custody.
- (c) Check box (c) if it is in the best interests of the children for the parties to share physical custody. Check the box next to “Petitioner” or “Respondent” to indicate which party should have primary physical custody. In the space provided, write when the children will reside with the primary custodian.

Next, check the box next to “Petitioner” or “Respondent” to indicate which party should have secondary physical custody. Make sure this is not the same party you selected in the previous section. In the space provided, write when the children will reside with the secondary custodian. Make sure that the times do not conflict with the times provided for the primary custodian.

This section states that the parties will share legal custody. You must select which party will act as the “tie breaker” in the event that parties cannot agree on a decision. Check the box next to “Petitioner” or “Respondent” to indicate which party should make the final decision.

Paragraph 14: Visitation CHECK ONE (1) BOX

NOTE: Before completing this Paragraph, take time to look over the *Parenting Plan*, which also includes information about visitation.

NOTE: There are many ways to arrange child visitation (also known as parenting time). This *Petition* does not attempt to deal with all of them, only the most common ones. If you want the Court to order a different visitation arrangement than the options listed below, you should speak to an attorney. As with custody, the Court must follow the **best interests of the children** when making visitation decisions.

- (a) Check box (a) if the visitation arrangement provided in the *Parenting Plan* is in the best interests of the children.
- (b) Check box (b) if you would like to come up with your own visitation agreement. Check the box next to “Petitioner” or “Respondent” to indicate the noncustodial party who should have reasonable visitation.
- (c) Check box (c) if you wish to use the *Visitation Schedule* provided in this packet. Fill out the *Visitation Schedule* and attach it to your *Petition*.

Paragraph 15: Child Support CHECK ONE (1) BOX

NOTE: Before completing this Paragraph, both parties must complete and print the online Child Support Calculator at csconlinecalc.georgiacourts.gov. Use the information from the *Child Support Worksheet* and *Schedules* to fill in the information below.

Your paperwork will not be accepted without this information.

- (a) Check box (a) if the Respondent should pay child support. In the space provided, list the amount the Respondent should pay based on the *Child Support Worksheets* (ex: “two hundred” or “twenty-five”), then rewrite the amount numerically (ex: “200” or “25”). Make sure the amounts match.
- (b) Check box (b) if the Petitioner should pay child support. In the space provided, list the amount the Petitioner should pay based on the *Child Support Worksheets* (ex: “two hundred” or “twenty-five”), then rewrite the amount numerically (ex: “200” or “25”). Make sure the amounts match.
- (c) Check box (c) if the issue cannot be decided in this action, because the Court does not have personal jurisdiction over the Respondent.

Paragraph 16: Health Insurance for Children CHECK ONE (1) BOX

- (a) Check box (a) if one of the parties shall maintain health insurance for the children. Check the box next to “Petitioner” or “Respondent” to indicate which party will provide coverage. In the space provided, write how the parties will divide any medical costs not covered by insurance.
- (b) Check box (b) if insurance is not available to either party at a reasonable cost. In the space provided, write how healthcare costs will be divided by the parties.
- (c) Check box (c) if the issues cannot be decided in this action, because the Court does not have personal jurisdiction over the Respondent.

Paragraph 17: Other Medical Expenses CHECK ONE BOX (1)

- (a) Check box (a) if the Respondent should pay all medical costs for the children that are not covered by insurance.
- (b) Check box (b) if the parties should share the medical costs for the children that are not covered by insurance.
- (c) Check box (c) if you are not asking the Court to address the issue.
- (d) Check box (d) if the issue cannot be decided in this action, because the Court does not have personal jurisdiction over the Respondent.

Paragraph 18: Life Insurance CHECK ONLY IF APPLICABLE

Check the box if one of the parties shall maintain a life insurance policy for the benefit of the children. Check the box next to “Petitioner” or “Respondent” to indicate which party will maintain the life insurance policy. In the space provided, write the face amount of the policy (ex: “two hundred” or “twenty-five”), then rewrite the amount numerically (ex: “200” or “25”). Make sure the amounts match.

Paragraph 19: Grounds for Divorce CHECK ALL THAT APPLY

NOTE: You should check only the boxes which you can prove in court.

- (a) Check box (a) if your marriage is irretrievably broken. This box lets the Court know that you no longer wish to be married, and there is no hope you and the Respondent can save the marriage. This is the language for grounds in most cases, and it is the basis for granting a divorce that does not require you to prove fault.
- (b) Check box (b) if the Respondent has committed cruel treatment towards you. Write the acts of cruel treatment in the space provided.
- (c) Check box (c) for Adultery if the Respondent had sexual intercourse with someone other than you during the course of your marriage.
- (d) Check box (d) for Desertion if the Respondent has intentionally and continually deserted you for at least one year.
- (e) Check box (e) if you believe you can prove other grounds. A list of other grounds can be found at O.C.G.A. §19-5-3. Explain the grounds in the space provided.

Paragraph 20: Alimony CHECK ONE (1) BOX

- (a) Check box (a) if you are not asking for alimony.
- (b) Check box (b) if you are asking the Court to order the Respondent to pay alimony for your support.
- (c) Check box (c) if this issue cannot be decided, because the Court does not have personal jurisdiction over the Respondent.

Paragraph 21: Marital Property CHECK ONE (1) BOX

- (a) Check box (a) if you and the Respondent do not have any marital property.
- (b) Check box (b) if you and the Respondent have already divided your property and are both satisfied with the division.
- (c) Check box (c) if you and the Respondent have marital property that needs to be divided. To complete this option, check the box next to each type of property that you own and fill in the identifying information in the spaces provided. If you require more space, you may attach a separate sheet of paper.
- (d) Check box (d) if this issue cannot be decided because the Court does not have personal jurisdiction over the Respondent.

Paragraph 22: Joint or Marital Debts CHECK ONE (1) BOX

NOTE: Creditors are not parties in your divorce case, so the Court cannot take away creditors' rights in the divorce. This means that the Court cannot prevent creditors from trying to collect from any person who is liable to a particular debt. However, the Court can enter an order in the divorce case that says one party or the other must pay a particular marital debt. If the responsible party does not pay as ordered, s/he may be held in contempt.

- (a) Check box (a) if you and the Respondent do not have any joint or marital debts.
- (b) Check box (b) if you and the Respondent have joint or marital debts. In the spaces provided, list each creditor (ex: Visa, MasterCard, etc.), the balance owed, and who you believe should pay each debt. If you need additional paper, attach it to the *Petition*.
- (c) Check box (c) if the issue cannot be decided because the Court does not have personal jurisdiction over the Respondent.

Paragraph 23: Restraining Order Where Family Violence Has Occurred

CHECK ONLY IF APPLICABLE

This Paragraph asks the Court to enter a restraining order against the Respondent. Check the box only if the Respondent has been violent towards you in the past, and you fear s/he will be violent again in the future.

Paragraph 24: Restore Former Name CHECK ONLY IF APPLICABLE

Check the box only if you want the Court to restore your former or maiden name. On the space provided, write the name you wish to have restored to you.

Note: This is not a name change action.

Final Paragraph: Request for Relief CHECK ONLY THE BOXES THAT APPLY

- (a) Check box (a) if you want the Court to grant you a total divorce from the Respondent.
- (b) Check box (b) if you are asking the Court to order the Respondent to pay you alimony.
- (c) Check box (c) if you are asking the Court to order child custody and visitation arrangements. Make sure you have completed Paragraphs 13 and 14.
- (d) Check box (d) if you want the Court to order child support, health insurance, medical expenses, and life insurance payments for the benefit of the children. Make sure you have completed Paragraphs 15, 16, 17, 18, 19.
- (e) Check box (c) if you want the Court to fairly divide your marital property. Make sure you have completed Paragraph 21.
- (f) Check box (f) if you want the Court to fairly divide your joint or marital debts. Make sure you have completed Paragraph 22.
- (g) Check box (g) if you are asking the Court to restore your former name. Make sure you have completed Paragraph 24.
- (h) Check box (h) if you require a temporary hearing before your final hearing to decide any relief you have requested. You must also file a *Rule Nisi* form.
- (i) Check box (i) as a “back up” for any other relief the Court may find appropriate in your case.

Signature and Date

To finish the *Petition* form, add the date on which you are signing it, sign your name in the space provided, and write your address and daytime phone number where the Court staff could reach you if necessary.

Verification Form

The *Verification* form must be filled out with the *Petition for Divorce*. In the Caption (heading) write your name as the Petitioner and your spouse's name as the Respondent. DO NOT fill out the Civil Action Number. **Before you sign this *Verification***, remember that you will be swearing **under oath** that the information you have provided in the *Petition* is true and correct to the best of your knowledge. You should re-read the *Petition* one more time to make sure it is all true, then sign your name in front of a notary public. The notary will complete the rest of the form after you sign it under oath.

Parenting Plan

General Comments

In the State of Georgia, for any case in which the Court must decide the issue of custody, the parties must submit a *Parenting Plan*.

Please read the instructions and form very carefully; errors in your paperwork can have serious consequences for your case. Incomplete, or improperly filled out forms may delay or prevent a decision. **You must follow the law and complete every paragraph that applies to your case.** Do not fill out paragraphs that do not apply to your case. Your papers should remain in the same order as they appear in this packet.

This *Parenting Plan* shall be filed at the time of any *Petition* or *Answer*, and in any event, not less than ten (10) days before any final hearing, and not less than fifteen (15) days before any final hearing. A copy must be served to the opposing party or their attorney, if they have one.

You may come up with your own *Parenting Plan*, but keep in mind that any *Parenting Plan* must meet certain legal requirements.

Custody cases can be very complicated. The only person allowed to help you in the preparation of these forms is a licensed attorney. **State Law O.C.G.A. § 15-19-51 forbids court personnel to give legal advice.**

YOU MAY NEED AN ATTORNEY IF:

- The case is contested OR an attorney represents the other party
- You cannot locate the other party to serve them with papers
- You or the other party are in the military and may be deployed
- You or your children are victims of family violence

Helpful Hints

The parties in a lawsuit are known as **Petitioner**: the person filing the initial suit (may also be referred to as “Plaintiff”) and **Respondent**: the other person (may also be referred to as “Defendant”).

Physical custody refers to the parent with whom the child lives. **Legal custody** refers to the parent who makes decisions about the child’s school, healthcare, etc. Both types of custody can be held by one parent solely or shared by both parents jointly. **Split Custody** occurs when parents with multiple children have sole or primary physical custody of different children, “splitting” up the siblings.

An **uncontested plan** is one in which the parties can work together on the issues to submit a *Parenting Plan* together. A **contested plan** is one in which the parties either have not spoken about the issues or are unlikely to agree. In this situation, one party will propose a *Parenting Plan*, and the other party will have a chance to respond.

When filling out your *Parenting Plan*, bear in mind: the age of your children and their school and activity schedules, your work and activity schedule, and the goals you have for your children and your relationship with them.

According to O.C.G.A. §19-9-3, there is no presumed right of custody for either party. Only a judge can decide issues of custody, not a jury. When deciding custody, the Court applies the standard of “**the best interests of the child.**” Factors a judge may consider include, but are not limited to:

- The love, affection, bonding, and emotional ties between each parent and the child
- The love, affection, bonding, and emotional ties between siblings
- The ability of each parent to love and nurture the child and to continue the child’s education
- Each parent’s knowledge and familiarity of the child’s needs
- The ability of each parent to meet the child’s needs for food, clothing, and basic care
- The ability of each parent to provide a safe and stable home environment
- The importance of continuity in the child’s life
- Each parent’s extended family and support systems in the community
- Each parent’s physical and mental health
- Each parent’s involvement in the child’s education and extracurricular activities
- Employment schedules
- The home, school, and community record of the child and any special health or educational needs
- Each parent’s past parental responsibilities
- Each parent’s ability and willingness to encourage a positive relationship between the child and the other parent
- Any recommendation by a court appointed counselor or Guardian ad Litem
- Any history of family violence
- Any evidence of substance abuse by either parent

Instructions

Caption (Heading)

If you are filing the *Parenting Plan* with a *Petition* or have already been listed as the Petitioner in the action, fill in your full name as the Petitioner and the other party's full name as the Respondent. OR if you are filing the *Parenting Plan* with an *Answer* or have already been listed as the Respondent in the action, fill in your full name as the Respondent and the other Party's full name as the Petitioner.

If you have already been assigned a case number, enter it on the line labeled Civil Action Number. Otherwise, leave the line blank, and the Clerk will assign a number to your case.

The first page has three sections:

The first section asks whether the submitted *Parenting Plan* is contested.
CHECK ONE (1) BOX

- Check the first box if the plan is uncontested.
- Check the second box if the plan is contested.
- Check the third box if the plan was prepared by a judge.

NOTE: There are additional instructions and requirements for contested plans. See the second page of the *Parenting Plan* for more information.

The second section asks whether you have an existing *Parenting Plan*.
CHECK ONE (1) BOX

- Check the first box if this is a new plan.
- Check the second box if you and the other party have an existing plan which you are asking to change. Enter the date of the initial original Parenting Plan in the space provided.
- Check the third box if you and the other party have an existing court order which you are asking to change. Enter the date of the initial order in the space provided.

The third section identifies the children who are the subject of this *Parenting Plan*.

- Enter each child's full name in the chart provided. For privacy reasons, only provide the year of their birth.

I. CUSTODY AND DECISION MAKING

Legal Custody CHECK ONE (1) BOX

- Check the first box if the Petitioner will have sole legal custody.
- Check the second box if the Respondent will have sole legal custody.
- Check the third box if both parties will share joint legal custody.

Primary Physical Custody MAKE A SELECTION FOR EACH CHILD

- Write each child's name in the spaces provided. Then, for each child check whether the Petitioner, Respondent, or both parties will have primary physical custody.

NOTE: The party with primary physical custody may be referred to as the **custodial parent**, and the other party may be called the **non-custodial parent**.

NOTE: If you are asking for split custody, write a detailed statement explaining why the custody arrangement is in the best interests of each child and all the children, collectively. Include any psychological evaluations, recommendations of a Guardian ad Litem, and/or elections of a child over the age of 14. Attach the statement to the *Parenting Plan*.

Day-to-Day Decision Making: Each parent shall be responsible for the day-to-day care of the children whenever the children reside with, or are in the physical custody of, that parent. This includes emergency decisions that affect the health and safety of the children. You do not need to make a selection for this Paragraph.

Major Decision Making: Whenever possible, parties should work together to make major decisions. If cooperation is impossible, this Paragraph will help determine how to "break the tie."

MAKE A SELECTION FOR EACH SITUATION

If additional situations apply to your family that have not been addressed by the form, enter them in the spaces provided and make a selection for each situation.

II. PARENTING TIME

This section describes the minimum amount of parenting time a party is entitled to under this *Parenting Plan*. This may also be referred to as **visitation**. The schedule may appear strict; the parties can agree to any time sharing arrangements that are in the best interests of the children. This *Plan* will be in place in the event that parties cannot mutually agree.

If one party has primary physical custody, this section applies to the non-custodial parent. If the parties share joint physical custody, you must decide which party this section concerns. Check the box next to the appropriate party.

The first section addresses weekend parenting time. CHECK ALL THAT APPLY

- (a) Check box (a) if the party should have parenting time on the first and third weekend of the month.
- (b) Check box (b) if the party should have parenting time on the first, third, and fifth weekend of the month.
- (c) Check box (c) if the party should have parenting time on the second and fourth weekend of the month.
- (d) Check box (d) if the party should have parenting time every other weekend. To complete the fourth box, enter the date the parenting time will begin.
- (e) Check box (e) if the party should have parenting time on one weekend day. To complete the fifth box, enter the day of the week in the space provided. Next enter the start and end times, making sure to check the box next to a.m. or p.m. for each time.
- (f) Check box (f) if you wish to use your own arrangement or provide additional information. To complete the sixth box, enter the information in the space provided.

The second section addresses weekday parenting time. CHECK ALL THAT APPLY

- 1. Check box (1) if the party should not have weekday parenting time.
- 2. Check box (2) if weekday parenting time should occur once a week. To complete this selection, enter the day of the week in the space provided.
- 3. Check box (3) if weekday parenting time should occur every other week. To complete this selection, enter the day of the week in the space provided.
- 4. Check box (4) if weekday parenting time should occur twice per week. To complete this selection, enter the days of the week in the spaces provided.
- 5. Check box (5) if you want to use your own arrangement or provide additional information. To complete this selection, enter the information in the space provided.

You must define the start and end times for weekend parenting time. Enter the start time in the space provided, making sure to check the box next to a.m. or p.m. Next, check the box next to the day of the week that begins the weekend. Then, enter the end time in the space provided, making sure to check the box next to a.m. or p.m. Finally, check the box next to the day of the week that ends the weekend.

You must define the start and end times for weekday parenting time. Enter the start and end times in the spaces provided, making sure to check the box next to a.m. or p.m. for each selection.

Enter the date the parenting schedule begins in the spaces provided.

Fall Vacation: This Paragraph states that the schedule above will apply unless you would like to make an exception during fall vacation.

- If you would like to vary the day-to-day schedule, enter the information in the spaces provided.

Winter Vacation

- Check the box next to the party who will have parenting time during the first half of winter vacation.
- Next, enter the end date and time of that party's winter vacation parenting time in the spaces provided, making sure to check the box next to a.m. or p.m.
- Then, decide whether the party will have parenting time for the first half of winter vacation in odd-numbered years, even-numbered years, or every year. Check the box next to your selection.
- Finally, enter the end date and time of the second half of winter vacation, making sure to check a.m. or p.m.

If you would like to come up with your own arrangement for winter vacation, you are not required to make any selections in the first part of the Paragraph. Instead, enter the information in the space provided.

Spring Vacation: This Paragraph states that the schedule above will apply unless you would like to make an exception during spring vacation.

- If you would like to vary the day-to-day schedule, enter the information in the spaces provided.

Summer Vacation: This Paragraph states that the schedule above will apply unless you would like to make an exception during summer vacation.

- If you would like to vary the day-to-day schedule, enter the information in the spaces provided.
- Enter the date of the deadline for parents to communicate each year to confirm school breaks. Then, enter the date of the deadline for parents to confirm summer parenting time.

Special Days and Holidays

- For each holiday in the table, check one (1) box to show whether the Petitioner will have parenting time on even-numbered years, odd-numbered years, or every year.
- Check one (1) box to show whether the Respondent will have parenting time on even-numbered years, odd-numbered years, or every year.
- Enter the start and stop times in the spaces provided.

NOTE: Make sure that your selections do not conflict.

Schedule Conflicts: This Paragraph determines how conflicts between the schedule in the table above and extended/ summer parenting time will be resolved. For example, you may have selected that the Petitioner will have parenting time on their birthday every year, but that date falls during the Respondent's summer parenting time.

CHECK ONE (1) BOX

- Check box (a) if the holiday schedule will be observed.
- Check box (b) if extended parenting time will be uninterrupted.
- Check box (c) if you wish to use your own arrangement or provide additional information. To complete this selection, enter the information in the space provided.

You must decide whether a holiday visitation will include the immediately preceding or immediately following weekend. CHECK ALL THAT APPLY

- (a) Check box (a) if holidays that fall on Friday include the following Saturday and Sunday.
- (b) Check box (b) if holidays that fall on Monday include the preceding Saturday and Sunday.
- (c) Check box (c) if you wish to use your own arrangement or provide additional information. To complete this selection, enter the information in the space provided.

Transportation Arrangements COMPLETE EACH SECTION

- In the spaces provided, explain how the parties will exchange the children for pick-up and drop-off.
- If one party has to travel long distances for parenting time, check the box next to the party who will pay for the cost of transportation. To complete this section, enter your definition of long distance in the space provided.
- Enter any additional information about special circumstances affecting transportation in the space provided. This may include a parent without a license or other approved drivers.
- Determine the length of time a party may be late without proper notification before giving up parenting time for that period. Enter the number of minutes in the space provided.
- The next section states that a party may seek to change the terms of this *Parenting Plan* if the other party repeatedly causes delays in exchanging the children. Write your definition of repeatedly causing a delay in the space provided.

Relocation: Determine the number of miles away the other party may move before they are required to notify the other party. Enter the number of miles in the space provided. To complete this Paragraph, check one (1) box next to the number of days a party has to give notice of relocation.

Communication Access: This Paragraph describes how a party may communicate with the children when they are in the custody of the other party.

- Check box (a) if there shall be unrestricted phone access during reasonable hours.
- Check box (b) if you only want to allow a certain number of calls per day or week. In the spaces provided, enter the number of phone calls and the time limit for each call. In the final space, enter the times of day phone calls are allowed.
- Check box (c) if you would like to come up with your own arrangement or provide additional information.

Other Parenting Time Provisions: CHECK ALL THAT APPLY

- Check box (a) if a party should notify the other of any change in contact information.
- Check box (b) if you want to add any information about childcare, such as: age before the children can be left alone, appropriate caregivers, etc. Enter the information in the space provided.
- Check box (c) if a party should consult with the other before scheduling activities that may impact the other party's parenting time.
- Check box (d) if you would like to come up with your own arrangement or provide additional information.

III. ACCESS TO RECORDS AND INFORMATION

This section states that in order to facilitate an ongoing relationship with the children, both parties must have access to all of the children's records and information.

CHECK ALL THAT APPLY

- Check box (a) to propose any limitations on sharing records with the other party. Enter the proposed limitations in the space provided.
- Check box (b) if a party should notify the children's school every year to inform them that both parents should receive all records and reports. Check the box next to the party who shall contact the school.
- Check box (c) if each party should promptly share any information received through the children regarding their records.
- Check box (d) if you would like to come up with your own arrangement or provide additional information.

IV. MODIFICATION

This section addresses the ways parties may make changes to the *Parenting Plan* over time.

NOTE: Custody can only be modified by the Court.

- Check the box if the parties will attempt mediation or other conflict resolution methods before involving the Court in disagreements.

V. SPECIAL CONSIDERATIONS

This section allows you to notify the Court of any circumstances that have not been covered by the form. If you have special considerations, write about them on a separate sheet of paper and attach them to the *Parenting Plan*.

VI. PARENTAL ACKNOWLEDGMENT

O.C.G.A. §19-9-1 requires that both parties acknowledge the importance of a close and continuation relationship with the children, and that the children's needs with change as they grow. By signing the Parenting Plan in front of a notary public, you swear that the information you provided is true and correct.

DO NOT sign until you are in the presence of a notary. If this *Parenting Plan* is proposed by one party, leave the other party's signature block blank.

Domestic Relations Financial Affidavit

The *Domestic Relations Financial Affidavit* (DRFA) is like a snapshot of your financial life in the form of a breakdown of all income, assets, expenses, and debts for one month. This form can be time consuming, but it is an important tool for the Court to decide issues like child support payments, division of property, alimony, and attorney's fees. You must be as accurate as possible and try not to guess. **Read these instructions carefully, and gather helpful documents before you begin.** Good sources of information are: bank and credit card statements, receipts, bills, tax returns, and wage statements.

The DRFA must be signed in front of a notary public. By signing in front of a notary, you are swearing under oath that the information contained in the *Affidavit* is true, correct, and complete to the best of your knowledge. Failure to provide accurate information, or providing false or misleading information, could subject you to penalties from the Court and delay the final hearing in your case. You are not asked to produce bills or receipts for every item you enter, but you should be able to back up every amount to the Court. You can and must submit an updated DRFA if you have changes to your financial situation, such as getting or losing a job.

Do not leave any blank spaces in the form. If an item does not apply to you, use "\$0.00" or "n/a." Do not round amounts. For example, if a payment or expense is \$201.50, write that amount, not \$202.00 or \$200.00.

NOTE: Some items on the list may not occur every month (such as payments for your child's summer camp) or may occur more frequently (such as bi-weekly paychecks), but you must still include them. To account for these amounts, you will need to make some calculations called **annualization**.

- ✓ If you earn or pay a different amount every period, but you know the annual total, divide that number by 12.
 - For example: One month you make \$1,500.00 and the next month you make \$2,200.00, etc. You know that your annual income is \$25,000.00.
$$\$25,000.00 \div 12 = \$2,083.33$$
Use \$2,083.33 as your monthly income.
- ✓ If the earning or payment occurs weekly, multiply the weekly amount by 52, then divide that total by 12.
 - For example: You spend an average of \$20.00 per week on fuel for your car.
$$\$20.00 \times 52 = \$1,040.00$$
$$\$1,040.00 \div 12 = \$86.67$$
Use \$86.67 as your monthly fuel expense.
- ✓ If the earning or payment occurs bi-weekly, divide that amount by 2 to find the weekly amount, then follow the instructions above.

SECTION 1: Identifying Information

This section asks for basic information about you and the other party, your children, and your marriage (if applicable).

NOTE: The parties in a civil case are known as **Petitioner**: the party filing the action (may also be referred to as “Plaintiff”) and **Respondent**: the other party (may also be referred to as “Defendant”).

- The first section regarding children addresses children for whom support is being determined in this action (the court case that is the reason you are submitting this *Affidavit*).
 - In the spaces provided, write the children’s names and the years of their birth. For privacy reasons, **omit the rest of the children’s birthdate**.
 - Then write whether the children live with the Petitioner or the Respondent. If any of the children live with someone other than the parties, write the person’s name and their relationship to the child.
- The next section regarding children addresses your other children (such as children from another marriage or partner).
 - Write their names and the years of their birth. **Omit the rest of the birthdate**.
 - List the adults with whom the children live.

SECTION 2: Summary of Your Income and Needs

This section is a summary of the information contained in the rest of the document. **Skip this section and return to it after you have filled out the rest of the *Affidavit*.**

SECTION 3: Income

This section deals with your income. It is divided into two sections: Gross Monthly Income and Net Monthly Income.

SECTION 3(A): Gross Monthly Income: This is a list of all your sources of income without any deductions. Annualize these amounts if necessary (see above).

- Begin by entering your wages. If you are self-employed or an independent contractor, use a different section below.
- Continue to enter amounts until the entire section is filled out.
- If you are unemployed, you should attach a separate sheet detailing your efforts to find a job, when you expect to be employed, and how much you expect to earn.
- Attach copies of your two most recent wage statements.

NOTE: **Fringe benefits** are extra payments or “perks” made to supplement your salary. This may include a company car, cell phone, or meal vouchers.

When you have finished filling out this section, add up the amounts for each item to calculate your total Gross Monthly Income.

SECTION 3(B): Net Monthly Income: This is your income minus taxes.

- Use your wage statements and/or most recent tax return (if there have not been significant changes since you last filed to determine how much you pay in federal, state, and Federal Insurance Contribution Act (FICA) taxes.
 - Do not include other deductions such as insurance or retirement contribution.
- Subtract the monthly tax amount from your total Gross Monthly Income and enter the resulting amount on the form.
 - NOTE: This number may be different from the Net Income amount on your pay stub.
- Next, write how often you get paid (ex: monthly, weekly, bi-weekly) and enter the number of exemptions you claim on your taxes.

SECTION 4: Assets

This section is a list of all your assets. **Assets** are anything you own that have cash value.

- **Value** is the fair market (resale) value of the item. This can be hard to determine for some items (such as jewelry, collectibles, or furniture) and may require some research. For these items, use your best estimations.
 - NOTE: Resale value is NOT the purchase price.
- For items whose values may fluctuate, such as stocks, indicate that the value is listed as of a certain date. List these assets even if they are currently valued at zero dollars (\$0.00), because their value may increase in the future.
- If you have a bank account, safety deposit box, or any other asset that the other party does not know about, you must disclose it on this *Affidavit*.
- In the section regarding bank accounts, do not include full account numbers. Instead write the name of the account and the last four digits of the account number (ex: Bank of America Checking XXXXX1234).
- After stating the value of each item in the “Value” column, the form asks you to address whether the asset is marital or non-marital property.
 - As a general rule, **Marital property** is ALL property acquired by either party during the marriage, no matter whose name is on the title.
 - If the marital home belonged to one of the parties before the marriage, it may still be claimed as marital property if its value has increased (or mortgage has decreased during the marriage). See a lawyer if this applies to your case.
 - If you or the Respondent have rights to a pension that has built up during the marriage, the pension may be considered marital property. Figuring out the value of a pension (and writing the proper Qualified Domestic Relations Order if it is distributed in a divorce) is very complicated. See a lawyer if this may apply to your case.

- **Non-marital property** is property acquired by either party before the marriage OR property that was inherited during the marriage or received as a gift from someone other than the spouse.
- If you believe that an asset is partially marital property and partially non-marital property, you should see an attorney.
- ✓ If the item is **marital property**, only write its value on the “Value” column next to the description.
- ✓ If you claim or agree that an item is **non-marital property**, rewrite the value in the “Separate Asset of Petitioner” or “Separate Asset of Respondent” column.
 - In the “Basis of the Claim” column, write why you believe the asset is separate property. For example, if you are the Petitioner and you inherited a ring worth \$5,000.00 from your grandmother while you were married (non-marital property), your “Jewelry” row would look like this:

Description	Value	Separate Asset of Petitioner	Separate Asset of Respondent	Basis of the Claim
Jewelry	\$5,000.00	\$5,000.00	n/a	Inheritance

- If you own real estate, write the full value of the property in the “Value” column. Underneath, list how much you still owe on the property.
 - If you need additional space, attach a separate sheet.
- If you own a car or other vehicle, write the make and model in the “Description” column. Next, write the value of the car in the “Value” column. Underneath, list how much you still owe on each vehicle.
 - If you need additional space, attach a separate sheet.

When you have finished filling out this section, add up the amounts for each item to calculate your total Assets.

SECTION 5: Expenses

This section deals with expenses. It is divided into three sections: Household Expenses, Payments and Debts to Creditors, and Total Monthly Expenses.

5(A): Average Monthly Expenses for You and Your Household: This section addresses expenses related to you, your household, and your family. The form assumes that you and your spouse are living apart. Do not include any of your spouse's expenses in this section.

- If you work from home, do not include business expenses in these calculations (you may already have addressed them in Section 3(A): Income from self-employment...).
- Annualize these amounts as necessary (see above).
- Utility payments can fluctuate with seasons. Many utility companies will provide a twelve-month average upon request.
- If in the past you did not have enough money to spend on an item, but you would normally spend a higher amount if you had enough money, use the normal higher amount.
- The "Children's Expenses" section should address ALL minor children (under age 18) whom you support.
- The "Other Insurance" section requires that you state which portion of the insurance fee covers your children. Contact your insurance provider or Human Resources Department for this information.

When you have finished filling out this section, add up the amounts for each item to calculate your total Average Monthly Expenses for You and Your Household.

5(B): Payments and Debts to Creditors: This section deals with other payments you make each month such as credit card payments and student loans. A **creditor** is someone to whom you owe money.

- Enter the full balance due to each creditor. Then write the amount of your monthly payment.
 - Write the whole amount you owe each month, even if you are not currently making full monthly payments.

- Check the box to indicate which party is responsible for the debt.
NOTE: This is not the place to indicate who should be responsible for the debt. In a divorce, this issue is addressed in the *Petition* or *Settlement Agreement*.

When you have finished filling out this section, add up the amounts for each item to calculate your total Payments and Debts to Creditors.

5(C): Total Monthly Expenses: Add the totals from Sections 5(A) and 5(B).

WHEN YOU HAVE FINISHED SECTIONS 3-5, ENTER EACH TOTAL IN SECTION 2.

Notes

The *Domestic Relations Financial Affidavit* must be filed with the Court and served to the other party at least fifteen (15) days before any preliminary hearing, and at least ten (10) days before any mediation session. Many people file with their *Petition*. You should file the original with the Court, serve the other party with one copy, and keep one copy for your records. If you are the Petitioner, you should also serve the Respondent with a blank copy of the form for them to fill out.

Other Forms

For information on other forms required to complete your **Contested Divorce With Minor Children**, please refer to the **Checklists** included in this form packet. You should submit your forms in the order in which they appear on the **Checklists**.

ACKNOWLEDGING SERVICE

ACKNOWLEDGMENT OF SERVICE AND SUMMONS

When to Use:

- In an uncontested action
- If the other party lives in the SAME COUNTY as you

Cost: FREE

Must be NOTARIZED

How To:

- ✓ Your form packet should include an *Acknowledgment of Service and Summons* and a *Summons*
 1. Respondent signs *Acknowledgment of Service and Summons* in front of a notary. Return the *Acknowledgment* to your packet of forms.
 2. Make two (2) copies of all of your paperwork. You will have three (3) total.
 3. Take all three (3) copies of your paperwork to the Court Clerk's office in the county where you are filing. The Clerk will stamp and date all the copies.
 4. Pay the filing fee or submit the *Poverty Affidavit*. The Clerk will file the original copy. Keep one copy for your records and give the final copy to the Respondent.

ACKNOWLEDGMENT OF SERVICE AND WAIVER OF VENUE AND PERSONAL JURISDICTION

When to Use:

- In an uncontested action
- When the other party lives in a DIFFERENT COUNTY than you AND AGREES to have the action brought in your county

Cost: FREE

Must be NOTARIZED

How To:

- ✓ Your form packet should include an *Acknowledgment of Service and Waiver of Venue and Personal Jurisdiction* and a *Summons*
 1. Respondent signs *Acknowledgment of Service and Waiver of Venue and Personal Jurisdiction* in front of a notary. Return the *Acknowledgment* to your packet of forms.
 2. Make two (2) copies of all of your paperwork. You will have three (3) total.
 3. Take all three (3) copies of your paperwork to the Court Clerk's office in the county where you are filing. The Clerk will stamp and date all the copies.
 4. Pay the filing fee or submit the *Poverty Affidavit*. The Clerk will file the original copy. Keep one copy for your records and give the final copy to the Respondent.

PERSONAL SERVICE: SHERIFF OR PROCESS SERVER

SERVICE BY SHERIFF

When to Use:

- In a contested action
- When you know the location of the Respondent (work or home address)
- If the Respondent will not cooperate or will not acknowledge service

Cost: \$50 (Athens-Clarke County) or \$25 for a dispossessory action

NOTE: This fee cannot be waived by a *Poverty Affidavit*

How To:

✓ Your form packet should include a *Certificate of Service* and a *Summons*

If the Respondent lives the SAME COUNTY as you:

1. Make two (2) copies of all of your paperwork. You will have three (3) total.
2. Take all three (3) copies of your paperwork to the Court Clerk's office in the county where you are filing. The Clerk will stamp and date all the copies.
3. Pay the filing fee or submit the *Poverty Affidavit*.
NOTE: The filing fee and the Sheriff's Service fee should be SEPARATE.
4. Inform the Clerk that you need the Sheriff to serve the other party. Fill out the *Sheriff's Entry of Service*. It may be a good idea to bring along a photo of the Respondent to help the Sheriff identify them, as well as information about the best time of day to execute service.
5. The Clerk will file the original forms. Keep one copy for your records, and the final copy will be served on the Respondent. The Sheriff will inform you when service is complete.

If the Respondent lives in a DIFFERENT COUNTY than the county where you are filing:

1. Make two (2) copies of all your paperwork. You will have three (3) total.
2. Contact the Sheriff in the county where the Respondent lives to make sure they execute service.
3. Take all three (3) copies of your paperwork to the Court Clerk's office in the county where you are filing. The Clerk will stamp and date all copies. Ask the clerk to stamp one copy of your forms "Second Original."
4. Pay the filing fee or submit the *Poverty Affidavit*.
5. Mail the second original AND an additional copy to the Sheriff in the county where the Respondent lives.
6. The Sheriff will notify you when service is complete and will return the second original to be filed. Keep a copy for your records.

SERVICE BY PROCESS SERVER

When to Use:

- In a contested action
- If you think the Respondent may try to avoid service
- If you are facing extreme time constraints

Cost: Varies depending on the server and how difficult service may be.

NOTE: This is the most expensive option.

NOT ALL COUNTIES allow this method of service. Contact the Court Administrator in the county where you are filing to make sure they allow process servers.

How To:

- ✓ Your form packet should include a *Certificate of Service* and a *Summons*
 1. Make two (2) copies of all your paperwork. You will have three (3) total.
 2. You must petition the Court to have someone who is not a party to your action appointed to serve your petition.
 3. Take all three (3) copies of your paperwork to the Court Clerk's office in the county where you are filing. The Clerk will stamp and date all the copies.
 4. Pay the filing fee or submit the *Poverty Affidavit*.
 5. The Clerk will file the original. Keep one copy for yourself and give the final copy to the process server. When service is complete, the process server must file an affidavit stating the case number, date, and place and manner of service with the court.

SERVICE BY PUBLICATION

When to Use:

- When you do not know the location of the Respondent
- If the Respondent has never lived in Georgia

Cost: Publication fee for the newspaper

NOTE: The publication fee cannot be waived by a *Poverty Affidavit*

Must be NOTARIZED

How To:

✓ Your form packet should include a *Motion for Service by Publication*, *Affidavit of Due Diligence*, and *Order for Service by Publication*

1. Make one (1) copy of all of your paperwork. You will have two (2) copies total.
2. Take both copies of your paperwork to the Court Clerk's office in the county where you are filing. The Court Clerk will stamp and date both copies.
3. Pay the filing fee or submit the *Poverty Affidavit*.
NOTE: The filing fee and the publication fee should be SEPARATE.
4. The Clerk will file the original. Keep the second copy for your records. The publication must run in the appropriate newspaper (in Athens-Clarke County, this is the *Athens Banner Herald*) four (4) times in sixty (60) days, one week apart. Once the publication requirement is complete, the newspaper will mail an *Affidavit of Publication*. Bring this to your final hearing.

NOTE: If you later become aware of the location of the Respondent, you MUST amend your *Petition* and execute personal service (see above).

NOTE: Serving the Respondent this way means that the Court will not be able to grant certain forms of relief, such as child support and alimony. Later, if you are able to serve the Respondent personally, you can petition the Court to decide these issues.

BEGINNING CHECKLIST FOR CONTESTED DIVORCE WITH MINOR CHILDREN

BEFORE YOU BEGIN:

- DETERMINE WHERE TO FILE:
 - File in Superior Court of the county where your spouse lives
 - OR the county where you both lived if your spouse has moved in the past six months
- The FILING FEE in Athens-Clarke County is \$215. If you cannot afford filing fees, you may ask the court to waive them by submitting a *Poverty Affidavit*.
- GATHER FINANCIAL INFORMATION
 - Income: Tax returns, wage statements
 - Expenses: Utilities and other bills, pre-existing child support orders, entertainment, child care
 - Property and Debts: Homes, other real estate, vehicles, credit cards, medical bills
- IMPORTANT DATES: Date of marriage, date of separation, children’s birthdays
- READ THE PARENTING PLAN. If you agree on custody, discuss the terms with your spouse.
- Some forms must be NOTARIZED. DO NOT sign these forms until you are in front of a NOTARY PUBLIC.

HELPFUL HINTS:

- Participants in a legal action are known as the **parties**. Parties in a civil case like divorce are known as **Petitioner**: the party filing or beginning the action (may also be referred to as “Plaintiff”) and **Respondent**: the other party (may also be referred to as “Defendant”).
- This information should be filled out by the PETITIONER in the CASE CAPTION (top section) of every form:
 - COUNTY where the action is filed
 - PETITIONER first and last name
 - RESPONDENT first and last name
 - CASE NUMBER: Leave this blank if you are preparing to file a new case. The Court Clerk will assign a case number when you file

Physical custody refers to the parent with whom the child lives. **Legal custody** refers to the parent who makes decisions about the child’s school, healthcare, etc. Both types of custody can be held by one parent solely or shared by both parents jointly.

- **Use these forms at your own risk.** The forms and information contained in these packets may become outdated, may not be applicable to your situation, or both. You should review and research statutes and rules of procedure referenced in the *Instructions* to ensure that the forms are accurate, current, and applicable to your particular situation. Any desired outcome from the use of these forms cannot be predicted or guaranteed

ADMINISTRATIVE FORMS:

These forms help the Court keep statistics on different types of cases.

- Case Filing Information Form:** Filled out by the PETITIONER
- Domestic Relations Standing Order:** Signed by BOTH PARTIES
- Georgia DHS Report of Divorce, Annulment, or Dissolution of Marriage:** Filled out by the PETITIONER
- Final Case Disposition Information Form:** Top section filled out by the PETITIONER
- Pro Se Parties Form:** Filled out by the PETITIONER

DIVORCE PACKET:

This is not an exhaustive list of forms your case may need. If you have questions about additional forms, please consult an attorney

- Petition for Divorce:** Filled out by the PETITIONER
- Verification:** Filled out by the PETITIONER and signed in front of a NOTARY
- Consent to Trial 31 Days After Service and Waiver of Right to Trial by Jury:** Signed by BOTH PARTIES in front of a NOTARY
- Summons:** Filled out by the PETITIONER
- Service of Process:** CHOOSE ONE Case Caption filled out by the PETITIONER
[See *Which Method of Service is Right for You?* for help determining which form to use.]
 - Acknowledgment of Service and Summons:** Signed by the RESPONDENT in front of a NOTARY
 - OR **Acknowledgment of Service and Waiver of Venue and Personal Jurisdiction:** Signed by the RESPONDENT in front of a NOTARY
 - OR **Certificate of Service:** Filled out by the PETITIONER and served by the SHERIFF
 - OR **Service by Publication:**
 - Motion for Service by Publication:** Filled out by the PETITIONER
 - Affidavit of Due Diligence:** Filled out by the PETITIONER and signed in front of a NOTARY
 - Order for Service by Publication:** Submitted by the PETITIONER, signed by the JUDGE
- Parenting Plan:** Filled out by the PLAINTIFF if custody is contested or BOTH PARTIES if custody is uncontested
- Child Support Worksheet:** Filled out by BOTH PARTIES ONLINE at esconlinecalc.georgiacourts.gov
 - Print and attach to your form packet
- Domestic Relations Financial Affidavit:** Required from BOTH PARTIES
 - Filled out by the PETITIONER and signed in front of a NOTARY
 - Provide a blank copy to the Respondent
 - Filled out by the RESPONDENT and signed in front of a NOTARY
- Final Judgment and Decree:** Signed by the JUDGE to finalize the divorce and close the case

IN THE SUPERIOR COURT OF _____ COUNTY
STATE OF GEORGIA

Petitioner,
and

Respondent.

Civil Action No.: _____

PETITION FOR DIVORCE WITH MINOR CHILDREN

My name is _____, and I am representing myself in this action. In support of my case, I state as follows:

1. **Residence Requirement:** I am the Petitioner in this action, and:

[Check one (1) box]

- (a) I have been a resident of the State of Georgia for more than six (6) months immediately prior to filing this action.

- (b) I am not a resident of the State of Georgia, but my spouse has been a resident of the State of Georgia for at least six (6) months prior to filing this action.

2. **Venue:** My Spouse's name is _____, and s/he is the Respondent in this action.

[Check one (1) box, continued on the next page]

- (a) The Respondent is a resident of Georgia in _____ County and is subject to the jurisdiction of this Court.
- (b) The Respondent is a resident of Georgia in _____ County, but the Respondent and I lived together in _____ County at the time we separated. The Respondent only moved away within the past six (6) months before the date of my filing this action.
- (c) The Respondent is a resident of Georgia in _____ County and has acknowledged service of process and consented to the jurisdiction and venue of this Court.
- (d) The Respondent is not a resident of the State of Georgia. I live in _____ County, Georgia and:

[To complete Option (d), check one (1) box below]

- (1) The Respondent was formerly a resident of the State of Georgia and currently resides in the State of _____. The Respondent is subject to the personal jurisdiction of this Court under the Georgia's Long Arm Statute, O.C.G.A. §9-10-91(5).
- (2) The Respondent has never resided in the State of Georgia and currently resides in the State of _____.
- (3) The Respondent has acknowledged service of process and consented to the jurisdiction and venue of this Court.

- (e) I am a resident of _____ County, and the Respondent's whereabouts are unknown to me. I am filing an *Affidavit of Due Diligence* with this *Petition* and incorporate it here by reference.

3. **Service of Process:** The Respondent should be served as provided under O.C.G.A. §9-11-14 in the following manner:

[Check one (1) box]

- (a) The Respondent has acknowledged service of process. I am filing a signed *Acknowledgment of Service* with this *Petition*.

- (b) The Respondent may be served by the Sheriff's Department at the Respondent's home/ work address, which is:

- [Check if the Respondent lives in a different county] The Respondent shall be served by second original as provided by O.C.G.A. §9-10-72. Service shall be made by the Sheriff's Department of the county where the Respondent resides.

- (c) The Respondent's whereabouts are unknown to me. The Respondent shall be served by publication as provided under O.C.G.A. §9-11-4(f)(1)(A) for those who cannot be found within the State of Georgia. To the best of my knowledge, the Respondent's last known address is:

4. **Date of Marriage:**

[Check one (1) box]

(a) The Respondent and I were lawfully married on _____ [Date].

(b) The Respondent and I are common law married, having entered into a common law marriage before January 1, 1997 as of _____ [Date].

Note: Common law marriage was abolished in Georgia on January 1, 1997.

5. **Date of Separation:**

The Respondent and I last separated on _____ [Date], and we have remained in a true state of separation since that date.

6. **Minor Children of the Marriage:**

The Respondent and I have _____ minor children together.

Note: STOP. If you and the Respondent do not have minor children together, you must use a different *Petition for Divorce* form (See Instructions).

[List your minor children below. For privacy reasons, write only the YEAR of their birth.]

Name of Child	Sex	<u>Year</u> of Birth	Lives with (Mother, Father, or Other (identify))

(a) Neither party is currently pregnant.

(b) The Petitioner/ Respondent is currently pregnant. The father of the child is believed to be _____.

7. Children's Current Residence:

The children currently live at _____ [Address]
in _____ County, _____ [State] with the following
adult(s): _____.

8. Children's Residences for the Past Five Years:

Dates at Address	Address
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

9. Adults with Whom the Children Have Lived for the Past Five Years:

Name of Person	Person's Current Address
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

10. Other Court Cases About Children:

[Check one (1) box]

(a) I have never participated as a party, as a witness, or in any other capacity in any litigation concerning the custody or visitation of the minor children in Georgia or any other state.

(b) I have participated in litigation concerning custody or visitation of the minor children in Georgia or another state. The court, case number, and date of any order under the litigation are:

11. Other Proceedings That Could Affect Custody or Visitation in This Case:

[Check one (1) box]

(a) I do not have any information about any proceedings that could affect this case, such as proceedings related to family violence, protective orders, termination of parental rights, or adoption.

(b) I have information about proceedings that could affect this case. The court, case number, and date, and nature of the proceedings are:

12. Others Claiming Custody or Visitation:

[Check one (1) box]

- (a) I do not know of any other person, who is not a party to this case, who has physical custody of the children or who claims to have custody or visitation rights.
- (b) I know of someone, who is not a party to this case, who has physical custody of the children or who claims to have custody or visitation rights. Their names and addresses are:

13. Child Custody:

[Check one (1) box, continued on the next page]

The following arrangements are in the best interests of the minor children:

- (a) The custody arrangement set forth in the attached Parenting Plan is in the best interests of the children.
- (b) Children shall be in the full custody of the Petitioner/ Respondent.

(c) Primary physical custody shall be with Petitioner/ Respondent as follows:

Secondary physical custody shall be with Petitioner/ Respondent as follows:

Parties shall have joint legal custody of the minor children. Parties will share decision-making concerning healthcare, education, religion, extracurricular activities, and the like.

If parties cannot agree, Petitioner/ Respondent shall make the final decision.

(d) Petitioner and Respondent shall have joint physical custody as follows:

Petitioner and Respondent shall have joint legal custody. Parties will share decision-making responsibilities. If parties cannot agree Petitioner/ Respondent shall make the final decision.

14. Visitation:

[Check one (1) box]

(a) The visitation arrangement set forth in the attached *Parenting Plan* is in the best interests of the children.

(b) The Petitioner/ Respondent shall have the right of reasonable visitation as follows:

(c) The attached *Visitation Schedule* is in the best interests of the minor children.

15. **Child Support:**

Note: Before completing this Paragraph, both parties must complete and print the online Child Support Calculator at csconlinecalc.georgiacourts.gov. Use the information from the *Child Support Worksheet* and *Schedules* to fill in the information below.

Your paperwork will not be accepted without this information.

[Check one (1) box]

- (a) Respondent has income or is capable of earning enough money to support the minor children. Based on the parties' adjusted gross income and the attached *Child Support Worksheets*, the Respondent should pay the Petitioner a sum of _____ dollars (\$ _____) per month as child support.
- (b) Petitioner has income or is capable of earning enough money to support the minor children. Based on the parties' adjusted gross income and the attached *Child Support Worksheets*, the Petitioner should pay the Respondent a sum of _____ dollars (\$ _____) per month as child support.
- (c) The issue of child support cannot be decided in this action because the Court does not have personal jurisdiction over the Respondent.

16. Health Insurance for Children:

[Check one (1) box]

- (a) Petitioner/ Respondent shall maintain a policy of medical, dental, and hospitalization insurance for the benefit of the minor children for as long as each child is covered under the child support obligation in Paragraph 15. The responsible party will provide the other party with an insurance card or other acceptable proof of insurance and shall cooperate in submitting claims under the policy.

Costs not covered under the insurance policy shall be divided between the parties as follows:

- (b) Insurance is not available 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 under this *Petition*, that parent must obtain the insurance unless it is being provided by the other party. When insurance has been obtained by either party, Paragraph 7(a) shall apply.

Until insurance is provided, healthcare costs shall be divided between the parties as follows:

- (c) This issue of health insurance cannot be decided in this action because the Court does not have personal jurisdiction over the Respondent.

17. Other Medical Expenses:

[Check one (1) box]

- (a) The Respondent should be responsible for all expenses incurred for the children's medical, dental, and hospital care, that are not covered by insurance.
- (b) The Respondent and I should share the cost of expenses incurred by the children's medical, dental, and hospital care, that are not covered by insurance.
- (c) I am not asking the Court to address this issue in this case.
- (d) The issue of health care expenses cannot be decided in this action because the Court does not have personal jurisdiction over the Respondent.

18. Life Insurance

[This Paragraph is optional. Check the box if this Paragraph applies to your situation.]

- The minor children depend on the Petitioner/ Respondent for financial support, and therefore that party agrees to maintain a policy of insurance on his/her life, with a face amount of at least _____ dollars (\$_____) for the benefit of the minor children. The policy shall be maintained for as long as at least one child is a minor or is otherwise entitled to support under Paragraph 15.

19. Grounds for Divorce:

[Check and complete ONLY what you can prove in court]

- (a) Our marriage is irretrievably broken. The Respondent and I can no longer live together, and there is no hope we will get back together.
- (b) Cruel Treatment: The Respondent has committed the following acts of cruel treatment toward me:

- (c) Adultery: The Respondent had sexual intercourse with someone else during our marriage.
- (d) Desertion: The Respondent has intentionally and continually deserted me for at least a year.
- (e) Other grounds from the list contained in O.C.G.A. §19-5-3, as explained here:

20. Alimony:

[Check one (1) box]

- (a) I am not asking for alimony.
- (b) I am financially dependent on the Respondent and need the Court to order them to pay alimony for my support.
- (c) The issue of alimony cannot be decided in this action because the Court does not have personal jurisdiction over the Respondent.

21. Marital Property:

[Check one (1) box, continued on the next page]

- (a) The Respondent and I do not have any property acquired during our marriage.
- (b) The Respondent and I have already divided our marital property, and we are both satisfied with the division.
- (c) The Respondent and I have acquired the following property during our marriage, and I am asking for a fair division of this property:

[To complete Option (c), check and complete all that apply]

- Home located at _____
- Other real estate, located at _____
- Mobile Home (model _____; year _____)
- Pension (mine, worth \$ _____, Respondent's, worth \$ _____)
- Motor Vehicles, listed here:
 - Make/ Model/ Year: _____
 - Make/ Model/ Year: _____
 - Make/ Model/ Year: _____
- Furniture:
 - Listed here:

 - Listed on separate paper, attached to this *Petition*

Bank account and/ or other investments:

Listed here:

Listed on separate paper, attached to this *Petition*

Other property:

Listed here:

Listed on separate paper, attached to this *Petition*

(d) The issue of division of martial property cannot be decided in this case, because none of the property is in Georgia, and the Court does not have personal jurisdiction over the Respondent.

22. Joint or Marital Debts:

[Check one (1) box]

- (a) The Respondent and I do not have any outstanding joint or marital debts.
- (b) The Respondent and I have the following outstanding joint or marital debts, and the responsibility for paying them should be as listed below:

Creditor	Amount	Responsible Party
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	

- (c) The issue of joint or marital debts cannot be decided in this case, because the Court does not have personal jurisdiction over the Respondent.

23. Restraining Order Where Family Violence Has Occurred:

[This Paragraph is optional. Check the box if the Paragraph applies to your situation]

- There is a history of physical violence by the Respondent towards me, and I am afraid that the Respondent will engage in further acts of violence or harassment unless the Court enters a temporary and permanent restraining order.

24. Restore Former Name:

[This Paragraph is optional. Check the box if the Paragraph applies to your situation]

- My former name is _____, and I am asking the Court to restore that name to me.

FOR THESE REASONS, I RESPECTFULLY REQUEST THE FOLLOWING RELIEF:

[Check all that apply]

- (a) That I be granted a total divorce from the Respondent;
- (b) That the Respondent be ordered to pay me alimony for my support;
- (c) That custody and visitation be ordered according to Paragraphs 13 and 14;
- (d) That child support, health insurance, medical expenses, and life insurance for the support of the children be ordered according to Paragraphs 15, 16, 17, 18, and 19;
- (e) That our marital property be divided according to Paragraph 9;
- (f) That our joint or marital debts be divided according to Paragraph 10;
- (g) That the Respondent be temporarily and permanently restrained from harassing me and committing acts of violence towards me;
- (h) That my former name be restored according to Paragraph 12;
- (i) That a Rule Nisi hearing be scheduled by the Court to decide on the relief that I have requested;
- (j) That the Court order any and all relief that the Court finds appropriate.

Respectfully submitted this _____ day of _____, _____.
[Day] [Month] [Year]

Petitioner, *Self-Represented*
[Signature]

[Name]

[Address]

[Phone]

IN THE SUPERIOR COURT OF _____ COUNTY
STATE OF GEORGIA

Petitioner,
and

Respondent.

Civil Action No.: _____

VERIFICATION

I, _____, personally appeared before the undersigned notary public, and declare under oath that I am a party in the above-styled action and that the facts stated in the foregoing *Petition for Divorce* are true and correct to the best of my knowledge.

Signed this _____ day of _____, _____.
[Day] [Month] [Year]

[Sign your name before a notary public] Petitioner, *Self-Represented*

Name

Address

Telephone Number

Sworn and affirmed to me, this
_____ day of _____.

NOTARY PUBLIC
My commission expires _____
(Notary Seal)

IN THE SUPERIOR COURT OF _____ COUNTY
STATE OF GEORGIA

Petitioner,
and

Respondent.

Civil Action No.: _____

SUMMONS

TO THE ABOVE NAMED RESPONDENT:

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

an *Answer* to the *Petition* which is served upon you. You must file and serve your *Answer* within thirty (30) days after service, not including the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the *Petition*.

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 have elapsed.

This _____ day of _____, _____.
[Day] [Month] [Year]

Clerk of Superior Court

IN THE SUPERIOR COURT OF _____ COUNTY
STATE OF GEORGIA

Petitioner,
and

Respondent.

Civil Action No.: _____

ACKNOWLEDGMENT OF SERVICE AND SUMMONS

I am the Respondent in this case. I hereby acknowledge service of the above *Summons* and *Petition for Divorce*, and I acknowledge that I have received a copy of the *Summons* and *Petition for Divorce*. I hereby waive any further service of process.

Signed this _____ day of _____, _____.
[Day] [Month] [Year]

[Sign your name before a notary public] Respondent, *Self-Represented*

Name

Address

Telephone Number

Sworn and affirmed to me, this
_____ day of _____.

NOTARY PUBLIC

My commission expires _____
(Notary Seal)

IN THE SUPERIOR COURT OF _____ COUNTY
STATE OF GEORGIA

Petitioner,
and

Respondent.

Civil Action No.: _____

**ACKNOWLEDGMENT OF SERVICE AND
WAIVER OF PERSONAL VENUE AND JURISDICTION**

I am the Respondent in this case. I hereby state that I am a resident of _____ County, Georgia, and that the Petitioner in this case is a resident of _____ County, Georgia. I hereby acknowledge service of the above *Summons* and *Petition for Divorce*, and I acknowledge that I have received a copy of the *Summons* and *Petition for Divorce*. I hereby waive any further service of process.

I have been informed that I have a constitutional right to a trial by judge or jury in this case held in the county of my residence. I hereby expressly waive my right to venue in the county of my residence and consent to both venue and jurisdiction as they are stated in the *Petition*.

Signed this ____ day of _____, _____.
[Day] [Month] [Year]

[Sign your name before a notary public] Respondent, *Self-Represented*

Sworn and affirmed to me, this _____ day of _____.

Name

Address

Telephone Number

NOTARY PUBLIC
My commission expires

(Notary Seal)

IN THE SUPERIOR COURT OF _____ COUNTY
STATE OF GEORGIA

Petitioner,
and

Respondent.

Civil Action No.: _____

CERTIFICATE OF SERVICE

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

by first class mail/ certified mail/ hand delivery to the opposing party, or their attorney, at the following address:

Respectfully submitted this _____ day of _____, _____.
[Day] [Month] [Year]

Sworn and affirmed to me, this _____ day of _____.

 Petitioner Respondent, *Self-Represented*

NOTARY PUBLIC
My commission expires _____
(Notary Seal)

Name

Address

Telephone Number

IN THE SUPERIOR COURT OF _____ COUNTY
STATE OF GEORGIA

Petitioner,
and

Respondent.

Civil Action No.: _____

MOTION FOR SERVICE BY PUBLICATION

I am the Petitioner, and I am representing myself in this action. Pursuant to O.C.G.A. §9-11-4(f)(1)(A), I am requesting an order directing service to be made upon the Respondent by publication of summons on the grounds set forth in the attached *Affidavit of Due Diligence*.

Respectfully submitted this _____ day of _____, _____.
[Day] [Month] [Year]

Petitioner, *Self-Represented*
[Signature]

[Name]

[Address]

[Phone]

IN THE SUPERIOR COURT OF _____ COUNTY
STATE OF GEORGIA

Petitioner,
and

Respondent.

Civil Action No.: _____

AFFIDAVIT OF DUE DILIGENCE

I am the Petitioner in this action, and I am filing this *Affidavit* pursuant to O.C.G.A.

§9-11-4(f)(1)(A) and in support of my *Motion for Service by Publication*. I hereby swear or affirm, before a notary public, that the following information is true and correct:

1.

A diligent search has been made, and the Respondent cannot be found within the State. I do not know where the Respondent lives or where the Respondent can be found.

2.

The last known address of the Respondent is:

The Respondent no longer lives at this address. To the best of my knowledge, the Respondent last lived at this address on _____ [Date].

The last known telephone number of the Respondent is (_____)_____.

3.

The last known employer of the Respondent is:

To the best of my knowledge, the Respondent last worked at this address on _____ [Date].

4. CHECK IF APPLICABLE

The Respondent has concealed themselves by:

5.

I have made the following efforts to find the Respondent: CHECK ALL THAT APPLY

(a) Contacted the Respondent’s friends, relatives, employers, landlords, and other parties

I have listed below:

1. Name of Person: _____

Relationship to Respondent: _____

Address and Telephone Number:

Date Contacted:

() _____

Result:

2. Name of Person: _____

Relationship to Respondent: _____

Address and Telephone Number:

Date Contacted:

() _____

Result:

3. Name of Person: _____

Relationship to Respondent: _____

Address and Telephone Number:

Date Contacted:

() _____

Result:

[If you need additional space, you may attach a separate sheet of paper]

(b) Checked telephone information and directories with the following results:

(c) Checked the Internet and social media:

Facebook/ Instagram/ Twitter/ Other: _____

with the following results:

(d) Asked the Sheriff to attempt service at the Respondent's former work/ home.

(e) Other efforts to locate the Respondent:

6.

I last had contact with the Respondent on _____ [Date].

Petitioner, *Self-Represented*
[Sign your name before a notary public]

Name

Sworn and affirmed to me, this
_____ day of

Address

NOTARY PUBLIC
My commission expires

Telephone

(Notary Seal)

IN THE SUPERIOR COURT OF _____ COUNTY
STATE OF GEORGIA

Petitioner,
and

Respondent.

Civil Action No.: _____

ORDER FOR SERVICE BY PUBLICATION

The above-styled *Petition* for _____ [Enter name of *Petition*], having been read and considered; and it appeared that the Respondent is no longer residing in the State of Georgia; and the Respondent's actual, physical address cannot be determined after due diligence.

IT IS THEREFORE ORDERED that the Respondent shall be served by publication of summons as provided by law.

SO ORDERED this _____ day of _____, _____.
[Day] [Month] [Year]

JUDGE, Superior Court

Judicial Circuit

Prepared and presented by:

Petitioner, *Self-Represented* [Signature]

Name

IN THE SUPERIOR COURT OF _____ COUNTY
STATE OF GEORGIA

Petitioner,
and

Respondent.

Civil Action No.: _____

PARENTING PLAN

[Choose one (1)]

- This plan is uncontested. The parties have agreed to the terms of this plan, and this information has been furnished by both parties to meet the requirements of O.C.G.A. §19-9-1. The parties agree on the terms of this plan. By signing this plan, the parties affirm the accuracy of the information provided.
- This plan is contested. This plan has been proposed by _____ [Name], and the information has been furnished to meet the requirements of O.C.G.A. §19-9-1. By signing this plan, the proposing party affirms the accuracy of the information provided.
- This plan has been prepared by a judge.

[Choose one (1)]

This plan

- is a new plan.
- modifies an existing *Parenting Plan* dated _____ [Date].
- modifies an existing Order dated _____ [Date].

Child's Name	Year of Birth

This *Parenting Plan* shall be filed at the time of any *Petition* or *Answer*, and in any event, not less than ten (10) days before any final hearing, and not less than fifteen (15) days before any final hearing. A copy must be served to the opposing party or their attorney, if they have one.

INSTRUCTIONS FOR PROPOSED PLAN WHEN CUSTODY OR VISITATION IS CONTESTED

1. Each party shall attach a schedule of their own employment hours for the last year and as far into the future as can be reasonably predicted.
2. Attach a schedule of the hours children will be in daycare. Identify the provider, including extended family or support group (neighbors, church, etc.). If the children are in school, provide separate schedules for the school year and summer vacation.
3. Attach documentation for any medical conditions of the children or the parent that are relevant to the custody or visitation decision.
4. If proposing home schooling or other special education provisions, attach credentials of the proposed educator or institution.
5. Attach a schedule for the children's proposed school district or private school as far in the future as the district provides.
6. If proposing split custody, attach a detailed explanation of how split custody will be in the best interests of each child and the children, collectively. Include any Guardian ad Litem (GAL), psychological, or other recommendations, and any elections of children over 14.
7. If restricted visitation is sought, attach a detailed statement of reasons for the request, including but not limited to: persons, places, activities, or other matters from which visitation should be restricted. Include any supervision or enforcement provisions and how the cost will be divided.
8. Each party shall attach an affidavit affirming or denying the existence of any criminal convictions, family violence orders, and child welfare (DFCS) investigations in which they are involved. If any such exist, identify every criminal conviction, family violence order, and DFCS investigation or safety plan.

I. CUSTODY AND DECISION MAKING

Definitions:

Physical custody refers to the parent with whom the children live.

Legal custody refers to the parent who makes decisions about the children.

Legal Custody: [Choose one (1)]

- with the Petitioner
- with the Respondent
- Joint

Primary Physical Custody: [Make a selection for each child]

Name	Petitioner	Respondent	Joint
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Day-to-Day Decision Making:

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

Major Decision Making: [Make a selection for each situation]

The parties shall consult each other and attempt to reach consensus on major decisions. Should they be unable to reach consensus, final decisions will be made as follows:

	Petitioner	Respondent
Education	<input type="checkbox"/>	<input type="checkbox"/>
Non-Emergency Healthcare	<input type="checkbox"/>	<input type="checkbox"/>
Religious Upbringing	<input type="checkbox"/>	<input type="checkbox"/>
Extracurricular Activities	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

II. PARENTING TIME

If the parties cannot otherwise agree, during the term of this *Parenting Plan*, the non-custodial parent, or in joint custodial agreements the Petitioner/ Respondent, shall have at a minimum the following parenting time:

[Check all that apply]

- (a) First and third weekend of each month
- (b) First, third, and fifth weekend of each month
- (c) Second and fourth weekend of each month
- (d) Every other weekend, starting on _____, 20_____ [Date].
- (e) Each _____ starting at ____ a.m./ p.m. and ending at ____ a.m./ p.m.
- (f) Other:

Weekday times include:

[Check all that apply]

- (1) None
- (2) Every _____ evening
- (3) Every other _____ evening during the week prior to a non-visitation weekend.
- (4) Every _____ and _____ evening
- (5) Other:

- For the purposes of this *Parenting Plan*, a weekend will start at ____ a.m./ p.m. on Thursday/ Friday/ Saturday/ Other: _____ and end at ____ a.m./ p.m. on Sunday/ Monday/ Other: _____.
- Weekday time will begin at ____ a.m./ p.m. and will end at ____ p.m. when the children return to school the next day.
- This parenting schedule begins on _____, 20_____ [Date] or on the date of the Court's Order.

[Complete each section]

Fall Vacation

The day-to-day schedule shall apply except as follows:

beginning on _____, 20_____ [Date].

Winter Vacation

The Petitioner/ Respondent shall have the children for the first part of vacation from the day and time school is dismissed until December _____ at _____ a.m./ p.m. in

odd numbered years/ even numbered years/ every year.

The other parent will have the children for the second part of vacation from the day and time indicated above until _____ at _____ a.m./ p.m. The parties shall alternate first and second periods each year. OR the parties have chosen a different winter vacation plan:

Spring Vacation

The day-to-day schedule shall apply except as follows:

beginning on _____, 20_____ [Date].

Summer Vacation

The day-to-day schedule shall apply except as follows:

beginning on _____, 20_____ [Date].

Note: Parents will confer with each other by _____ [Date] each year to confirm school breaks/ vacations and by _____ [Date] to determine summer parenting schedule.

Special Days and Holidays

[Indicate whether the children will be with the parent on ODD or EVEN years or EVERY year]

Holiday	With Petitioner	With Respondent	Start/ Stop Time
Martin Luther King Day	<input type="checkbox"/> Even-number years <input type="checkbox"/> Odd-number years <input type="checkbox"/> Every year	<input type="checkbox"/> Even-number years <input type="checkbox"/> Odd-number years <input type="checkbox"/> Every year	
Mother's Day	<input type="checkbox"/> Even-number years <input type="checkbox"/> Odd-number years <input type="checkbox"/> Every year	<input type="checkbox"/> Even-number years <input type="checkbox"/> Odd-number years <input type="checkbox"/> Every year	
Father's Day	<input type="checkbox"/> Even-number years <input type="checkbox"/> Odd-number years <input type="checkbox"/> Every year	<input type="checkbox"/> Even-number years <input type="checkbox"/> Odd-number years <input type="checkbox"/> Every year	
July Fourth	<input type="checkbox"/> Even-number years <input type="checkbox"/> Odd-number years <input type="checkbox"/> Every year	<input type="checkbox"/> Even-number years <input type="checkbox"/> Odd-number years <input type="checkbox"/> Every year	
Labor Day	<input type="checkbox"/> Even-number years <input type="checkbox"/> Odd-number years <input type="checkbox"/> Every year	<input type="checkbox"/> Even-number years <input type="checkbox"/> Odd-number years <input type="checkbox"/> Every year	
Halloween	<input type="checkbox"/> Even-number years <input type="checkbox"/> Odd-number years <input type="checkbox"/> Every year	<input type="checkbox"/> Even-number years <input type="checkbox"/> Odd-number years <input type="checkbox"/> Every year	
Thanksgiving Day and Friday	<input type="checkbox"/> Even-number years <input type="checkbox"/> Odd-number years <input type="checkbox"/> Every year	<input type="checkbox"/> Even-number years <input type="checkbox"/> Odd-number years <input type="checkbox"/> Every year	
Child's Birthday	<input type="checkbox"/> Even-number years <input type="checkbox"/> Odd-number years <input type="checkbox"/> Every year	<input type="checkbox"/> Even-number years <input type="checkbox"/> Odd-number years <input type="checkbox"/> Every year	
Free School Days	<input type="checkbox"/> Even-number years <input type="checkbox"/> Odd-number years <input type="checkbox"/> Every year	<input type="checkbox"/> Even-number years <input type="checkbox"/> Odd-number years <input type="checkbox"/> Every year	
Petitioner's Birthday	<input type="checkbox"/> Even-number years <input type="checkbox"/> Odd-number years <input type="checkbox"/> Every year	<input type="checkbox"/> Even-number years <input type="checkbox"/> Odd-number years <input type="checkbox"/> Every year	
Respondent's Birthday	<input type="checkbox"/> Even-number years <input type="checkbox"/> Odd-number years <input type="checkbox"/> Every year	<input type="checkbox"/> Even-number years <input type="checkbox"/> Odd-number years <input type="checkbox"/> Every year	
Religious Holidays	<input type="checkbox"/> Even-number years <input type="checkbox"/> Odd-number years <input type="checkbox"/> Every year	<input type="checkbox"/> Even-number years <input type="checkbox"/> Odd-number years <input type="checkbox"/> Every year	

Schedule Conflicts

When holiday parenting times conflict with extended/ summer parenting time:

[Choose one (1)]

- (a) Holiday schedule will be observed
- (b) Extended visitation will be uninterrupted
- (c) Other: _____

If there is conflict between the regular schedule and the holiday schedule, the holiday schedule will prevail.

For the purposes of this *Parenting Plan*, the holiday will start and end as follows:

[Check all that apply]

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

Transportation Arrangements

[Complete each section]

Exchanging the children between parents shall take place as follows:

Payment of long distance transportation costs, if applicable, will be paid by:

Petitioner/ Respondent/ both equally. Long distance for the purpose of transportation is defined as: _____

Other transportation arrangements (ex: disabled parent, parent without valid driver’s license, other approved drivers, etc.):

Transportation Arrangements, continued

Should the parent picking up the children exceed a _____ minute grace period without proper notification or alerting the other parent by phone of an unavoidable breakdown or delay, the parenting time for that period is forfeited.

Should either party repeatedly cause a delay by not having children prepared for exchange or being late for pickup or return, a modification of parenting time may be sought. Repeatedly causing a delay is defined as:

Relocation

If either parent decides to relocate more than _____ miles away from the other parent’s home, the moving parent will give the other parent written notice of the intent to relocate no less than 30 days/ 60 days/ 90 days/ 180 days prior to the date of moving.

Communication Access

[Check all that apply]

The parents agree that when the children reside with one parent, that the other parent will have the right to unimpeded telephone conversations with the children as follows:

- (a) Unrestricted telephone access during reasonable hours
- (b) _____ telephone calls to the children per day/ week. The duration of each call shall not exceed _____ minutes. Calls may take place within the following times:

- (c) Other provisions for telephone/ e-mail access:

Other Parenting Time Provisions

[Check all that apply]

- (a) Each parent shall promptly notify the other parent of a change of address, phone number, or cell phone number so that the other parent may: exercise their parenting time, notify the other parent as needed, and reach the children while they are in the other parent’s household.
- (b) When making childcare arrangements while the children are with each parent, the following apply (ex: age before children will be left alone, appropriate caregivers, right of first refusal to provide care, etc.):

- (c) Parents will consult with each other before scheduling any activity that will impact time the other parent spends with children.
- (d) Other:

Restrictions to Parenting Time

[Check all that apply]

- (a) Supervised parenting time shall apply during the day-to-day schedule as follows:
Place: _____
Person supervising/ organizing: _____
Responsibility for cost: Petitioner/ Respondent/ Both equally
Any transition to alter supervised parenting would require:

- (b) Due to past instances of family violence, the address of the children and victim of family violence shall be kept confidential. The protected parent shall promptly notify the other parent, through a third party, of any change in contact information necessary to conduct visitation.

III. ACCESS TO RECORDS AND INFORMATION

[Check all that apply]

Pursuant to O.C.G.A. §19-9-1(b)(1)(D), both parents are entitled to all of the children's records and information including but not limited to: education, health, extracurricular activities, and religious communication. Designation as a non-custodial parent does not affect a parent's right to equal access of these records.

(a) Proposed limitations to access rights:

(b) Petitioner/ Respondent will notify school authorities where children are enrolled each year to list both parents to receive all notifications and reports.

(c) Each parent shall promptly notify the other parent of any information received through the children concerning parent meetings, reports, and school activities in which the children may be engaged or interested.

(d) Other information sharing provisions:

IV. MODIFICATION

Over time, as the children and family circumstances change, parties may agree in writing to vary the parenting schedule. Such altered agreement shall not be a binding court order and shall not constitute a defense for contempt unless agreed upon in writing. Custody shall only be modified by the Court.

Should parents disagree about this *Parenting Plan* or wish to modify it, they must make a good faith effort to resolve any issues between them.

Prior to involving the Court in resolving disagreements, parties will attempt further mediation, consultation with a family counselor or child specialist, or:

V. SPECIAL CONSIDERATIONS

If necessary, attach an addendum detailing any special circumstances of which the Court should be aware (ex: health issues, educational issues, etc.).

VI. PARENTAL ACKNOWLEDGMENT

By signing below, the party or parties acknowledge that:

- A close and continuing parent-child relationship and continuity in the children’s life will be in the children’s best interests;
- The children’s needs will grow and change as the children mature. A good faith effort has been made to take this growth into account to minimize the need for future modifications;
- The information provided is true and correct.

Petitioner, *Self-Represented*

[Name]

Sworn and affirmed to me, this
_____ day of _____.

NOTARY PUBLIC
My commission expires _____
(Notary Seal)

Respondent, *Self-Represented*

[Name]

Sworn and affirmed to me, this
_____ day of _____.

NOTARY PUBLIC
My commission expires _____
(Notary Seal)

VISITATION SCHEDULE

The non-custodial parent is _____.

The custodial parent is _____.

The non-custodial parent shall have the right to visitation according to the schedule below. To resolve any conflicts in visitation provided under the schedule, the Holiday visitation provided under Paragraph (c) shall have priority over the Weekend and Summer Vacation visitation in Paragraphs (a) and (b). Unless otherwise agreed upon by parties, the beginning time indicates the time at which children will be picked up or dropped for visitation, and the ending time indicates what time they will be picked up or dropped off to return to the custodial parent's home.

_____ will be responsible for pick-up or drop-off at the beginning of visitation.

_____ will be responsible for pick-up or drop-off at the end of visitation.

(a) **Weekends**: The **first** and **third** weekends of every month, from Friday at 6:00 p.m. through Sunday at 6:00 p.m..

(b) **Summer Vacation**: _____ weeks during the children's summer vacation from school. However, if none of the children are enrolled in school, the summer visitation schedule should be taken during the months of June, July, and August, until one of the children begins to attend school. The weeks may be taken consecutively or non-consecutively, but shall be taken in increments of at least seven (7) consecutive days. The non-custodial parent shall give written notice of the chosen weeks to the custodial parent on or before March 1 of every year, so that both parties will have ample time to make camp and childcare arrangements for the summer.

(c) **Holidays**: Complete the table on the following page. Choose only one preference per section, and make sure not to choose the same numbered year for both parents.

This Visitation Schedule is a sample. You may draft your own schedule to submit to the Court.

VISITATION SCHEDULE

Holiday	With Petitioner	With Respondent
<p>Spring Break: from 6:00 p.m. on the day that school lets out for vacation through 6:00 p.m. on the day before the children return to school.</p> <p>If none of the children are enrolled in school, Spring Break shall be for up to seven (7) consecutive days during March or April. The visiting parent shall give written notice of the chosen week to the other parent at least 30 days prior to the beginning of visitation.</p>	<input type="checkbox"/> Even-number years <input type="checkbox"/> Odd-number years	<input type="checkbox"/> Even-number years <input type="checkbox"/> Odd-number years
<p>Easter Weekend: from 6:00 p.m. Friday through 6:00 p.m. Sunday, provided there is no conflict with Spring Break.</p>	<input type="checkbox"/> Even-number years <input type="checkbox"/> Odd-number years	<input type="checkbox"/> Even-number years <input type="checkbox"/> Odd-number years
<p>Mother's Day: Children shall be with their Mother from 9:00 a.m. through 6:00 p.m.</p>		
<p>Memorial Day Weekend: from 6:00 p.m. Friday through 6:00 p.m. Monday</p>	<input type="checkbox"/> Even-number years <input type="checkbox"/> Odd-number years	<input type="checkbox"/> Even-number years <input type="checkbox"/> Odd-number years
<p>Father's Day: Children shall be with their Father from 9:00 a.m. through 6:00 p.m.</p>		
<p>Fourth of July: from 10:00 a.m. through 10:00 p.m.</p>	<input type="checkbox"/> Even-number years <input type="checkbox"/> Odd-number years	<input type="checkbox"/> Even-number years <input type="checkbox"/> Odd-number years
<p>Labor Day Weekend: from 6:00 p.m. Friday through 6:00 p.m. Sunday</p>	<input type="checkbox"/> Even-number years <input type="checkbox"/> Odd-number years	<input type="checkbox"/> Even-number years <input type="checkbox"/> Odd-number years
<p>Thanksgiving Weekend: 6:00 p.m. Wednesday through 6:00 p.m. Sunday</p>	<input type="checkbox"/> Even-number years <input type="checkbox"/> Odd-number years	<input type="checkbox"/> Even-number years <input type="checkbox"/> Odd-number years
<p>First part of Christmas Vacation: from 6:00 p.m. on the day school lets out through 12:00 noon on Christmas Day.</p> <p>If none of the children are enrolled in school, this visitation shall be from 6:00 p.m. on December 20 through 12:00 noon on December 25.</p>	<input type="checkbox"/> Even-number years <input type="checkbox"/> Odd-number years	<input type="checkbox"/> Even-number years <input type="checkbox"/> Odd-number years
<p>Latter part of Christmas Vacation: 12:00 noon on Christmas Day through 6:00 p.m. on the day before the children return to school.</p> <p>If none of the children are enrolled in school, this visitation shall be from 12:00 noon on December 25 through 6:00 p.m. on January 1.</p>	<input type="checkbox"/> Even-number years <input type="checkbox"/> Odd-number years	<input type="checkbox"/> Even-number years <input type="checkbox"/> Odd-number years

This Visitation Schedule is a sample. You may draft your own schedule to submit to the Court.

IN THE SUPERIOR COURT OF _____ COUNTY
STATE OF GEORGIA

<p>_____</p> <p style="text-align: center;">Petitioner,</p> <p>and</p> <p>_____</p> <p style="text-align: center;">Respondent.</p> <p>_____</p>	<p>Civil Action No.: _____</p>
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DOMESTIC RELATIONS FINANCIAL AFFIDAVIT

1. IDENTIFYING INFORMATION		
Your Name:	Your Age:	
Other Party's Name:	Other Party's Age:	
Date of Marriage:	Date of Separation:	
Names and birth years of children for whom support is to be determined in this action:		
Name:	Year of Birth	Resides with
Names and birth years of your other children:		
Name	Year of Birth	Resides with
2. SUMMARY OF YOUR INCOME AND NEEDS (Fill this out AFTER completing Sections 3-5)		
(A) Gross Monthly Income (from Item 3A below)	\$	
(B) Net Monthly Income (from Item 3B below)	\$	
(C) Average Monthly Expenses (from Item 5A below)	\$	
Monthly Payments to Creditors (from Item 5B below)	\$	
Total Monthly Expenses & Payments to Creditors (from Item 5C below)	\$	

3. (A) GROSS MONTHLY INCOME: Complete this Section OR attach Child Support Schedule A. <i>All income must be based on monthly average, regardless of date received. Where applicable, income should be annualized. For more information, see Instructions.</i>	
Salary or Wages – ATTACH COPIES OF 2 MOST RECENT WAGE STATEMENTS	\$
Commissions, Fees, and 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 and Lottery Winnings	\$
Alimony and Maintenance from Persons NOT in This Case	\$
Assets Used for Support of Family	\$
Fringe Benefits (If significantly reducing living expenses)	\$
Any Other Income (Do not include means-tested public assistance, such as TANF or food stamps)	\$
TOTAL Gross Monthly Income (also write in Section 2A)	\$
3. (B) NET MONTHLY INCOME from Employment: Deduct only state and federal taxes and FICA (also write in Section 2B)	
Pay Period (monthly, bi-weekly, etc.)	Number of Exemptions Claimed on Your Taxes:

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. **For more information on marital property, see Instructions.** 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 Petitioner	Separate Asset of Respondent	Basis of the Claim (pre-marital gift, inheritance, etc.)
Cash	\$	\$	\$	
Stocks, Bonds	\$	\$	\$	
CD's/ Money Market Accounts	\$	\$	\$	
Bank Accounts: List each below. For privacy reasons, use only last four digits of account numbers.				
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 and mortgages.				
Home	\$	\$	\$	
Debt Owed on Home	\$			
Other Real Estate	\$	\$	\$	
Debt Owed on Other Real Estate	\$			
Automobiles and Vehicles: List vehicles and amounts owed on each one.				
1.	\$	\$	\$	
Debt Owed on Vehicle 1	\$			
2.	\$	\$	\$	
Debt Owed on Vehicle 2	\$			

ASSETS (continued) Description	Value	Separate Asset of Petitioner	Separate Asset of Respondent	Basis of the Claim (pre-marital gift, inheritance, etc.)
Life Insurance (net cash value)	\$	\$	\$	
Furniture/ Furnishings	\$	\$	\$	
Jewelry	\$	\$	\$	
Collectibles	\$	\$	\$	
Other Assets (specify):	\$	\$	\$	
1.	\$	\$	\$	
2.	\$	\$	\$	
3.	\$	\$	\$	
TOTAL ASSETS	\$	\$	\$	

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

HOUSEHOLD EXPENSES

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

AUTOMOTIVE

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

OTHER VEHICLES (Boats, Trailers, RVs, etc.)

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

CHILDREN'S EXPENSES			
Child Care	\$	Allowance	\$
School Tuition	\$	Children's Clothing	\$
Tutoring	\$	Diapers	\$
Private Lessons (music, dance, etc.)	\$	Medical, Dental, Prescriptions (out-of-pocket)	\$
School Supplies/ Expenses	\$	Grooming/ Hygiene	\$
Lunch Money	\$	Gifts from Children to Others	\$
Other Educational Expenses (specify)		Entertainment	\$
	\$	Activities (extracurricular, school, religious, etc.)	\$
	\$	Summer Camps	\$
INSURANCE			
Health Insurance	\$	Life Insurance	\$
Children's Portion	\$	Relationship of Beneficiary:	
Dental Insurance	\$	Disability Insurance	\$
Children's Portion	\$	Other Insurance (specify)	
Vision Insurance	\$		\$
Children's Portion	\$		\$
OTHER EXPENSES			
Dry Cleaning and Laundry	\$	Publications	\$
Clothing	\$	Dues, Clubs	\$
Medical/ Dental/ Prescription (out-of-pocket)	\$	Religious and Charities	\$
Gifts for Others	\$	Pet Expenses	\$
Entertainment	\$	Alimony Paid to Former Spouse	\$
Recreational Expenses (gym membership, etc.)	\$	Child Support Paid for Other Children	\$
Vacations	\$	Date of Initial CS Order	
Travel Expenses for Visitation	\$	Other (attach list)	\$
TOTAL ABOVE MONTHLY EXPENSES <i>(also write on first line of Section 2C)</i>			\$

5. (B) PAYMENTS AND DEBTS TO CREDITORS					
To Whom	Balance Due	Monthly Payments	Responsible for Debt (Please Check One)		
			Joint	Petitioner	Respondent
	\$	\$			
	\$	\$			
	\$	\$			
	\$	\$			
	\$	\$			
	\$	\$			
	\$	\$			
	\$	\$			
Total Monthly Payments to Creditors <i>(also write on second line of 2C)</i>				\$	
5. (C) TOTAL MONTHLY EXPENSES <i>(Total Expenses from Section 5A + Total Monthly Payments to Creditors above. Also write this total on the third line of Section 2C)</i>				\$	

_____ [Sign your name before a notary public] Petitioner Respondent, *Self-Represented*

_____ Name

_____ Address

_____ Telephone Number

Sworn and affirmed to me, this _____ day of _____.

 NOTARY PUBLIC
 My commission expires _____
 (Notary Seal)

IN THE SUPERIOR COURT OF _____ COUNTY
STATE OF GEORGIA

Petitioner,
and

Respondent.

Civil Action No.: _____

FINAL JUDGMENT AND DECREE OF DIVORCE

Upon consideration of this case, upon evidence submitted as provided by law, it is the judgment of this Court that a total divorce be granted between the parties to this case. It is hereby ordered that the marriage contract entered into between the parties is hereby set aside from this date, and fully dissolved. Petitioner and Respondent in the future shall be held and considered as separate and distinct persons, altogether unconnected by any nuptial union or civil contract whatsoever, and both shall have the right to remarry.

The Spouse's former name of _____ shall be restored.

This decree entered the _____ day of _____, 20____.

Judge _____

_____ County, Georgia

FINAL CHECKLIST FOR CONTESTED DIVORCE WITH MINOR CHILDREN

BEFORE YOU SUBMIT YOUR FORMS:

DOUBLE CHECK that all forms are SIGNED and all appropriate boxes are CHECKED

- PETITIONER name, RESPONDENT name, and COUNTY on every CASE CAPTION
- Administrative Forms
 - Case Filing Information Form
 - Domestic Relations Standing Order
 - Georgia DHS Report of Divorce, Annulment, or Dissolution of Marriage
 - Final Case Disposition Information Form
 - Pro Se Parties Form
- Divorce Packet
 - Petition for Divorce
 - Verification
 - Summons
 - Service of Process
 - Acknowledgment of Service and Summons
 - OR Acknowledgment of Service and Waiver of Venue and Personal Jurisdiction
 - OR Certificate of Service
 - OR Service by Publication
 - Motion for Service by Publication
 - Affidavit of Due Diligence
 - Order for Service by Publication
 - Parenting Plan
 - Child Support Worksheet
 - Domestic Relations Financial Affidavit
 - Blank copy for the Respondent
 - Final Judgment and Decree
- Optional Forms (if using)
 - Visitation Schedule
 - Lis Pendens
 - Poverty Affidavit
 - Rule Nisi

The following forms must be NOTARIZED. DO NOT sign these forms until you are in front of a NOTARY

- Verification
- Domestic Relations Financial Affidavit
- Service of Process
- Settlement Agreement
- Poverty Affidavit (if using)

WHEN YOU ARE READY TO FILE:

- Gather your Filing Fee (\$215 in Athens-Clarke County) or *Poverty Affidavit*
- Make two (2) COPIES of your forms (you will have three (3) copies total)
 - Original gets filed by the Clerk
 - One copy goes to the Respondent
 - Keep one copy for your records
- THEN: Take all your paperwork to the Superior Court Clerk's Office in the county where you are filing. In Athens, the Clerk's Office is located on the fourth (4th) floor of the ACC Courthouse.
 - Inform the Clerk if you and the Respondent have ever been involved in another case together. This will aid in assigning the case number.
 - Inform the Clerk that your divorce does not include a signed *Settlement Agreement*.
 - The Clerk will stamp all copies and file the original. Keep one copy for yourself and give the other copy to the Respondent.

WHAT HAPPENS NEXT:

- After the PETITIONER files the *Petition*, the RESPONDENT has thirty (30) days to file a response.
- After thirty (30) days, parties are allowed to obtain information they need for the case to go forward (known as "discovery").
- There may be one or more temporary hearings.
- If the Respondent contests the divorce (refuses to sign a *Settlement Agreement*) but does not dispute any issues, the final hearing may be set as soon as **forty-six (46) days after your filing**. If you have served the Respondent by publication, the hearing could be set for **sixty-one (61) days after the first day of publication**. If there are any disputes over issues such as custody or division of property, the case may take longer.
- The final hearing will be conducted in front of a judge or a judge and jury. At any point in the process the parties may negotiate and reach a *Settlement Agreement* to present to the court.
 - Court Helpers from the Court Help Center can give you information on how to prepare for your hearing.
- If you are filing in Athens-Clarke, Elbert, Franklin, Hart, Madison, Newton, Oglethorpe, Oconee, or Walton County, you and your spouse are required to attend a **Divorcing Parents Program**.
 - The cost is \$25 per parent.
 - You **MUST** complete the course before the Judge will order a *Final Judgment*.
 - You and your spouse will be automatically enrolled, and notice will be sent by mail.
 - For more information: athensclarkecounty.com/1600/Divorcing-Parents-Program
- Wait for further instruction from the court. Be sure to abide by all the guidelines in the *Domestic Relations Standing Order*.
- **Keep copies of all paperwork related to your case.**
- Once the Judge signs the *Final Judgment and Decree*, you are free to marry again.