

CHILD SUPPORT MODIFICATION

This packet contains forms and information on:

How to Modify a Child Support Order

Note: The child support order must have been originally issued by a Superior Court and you may only file for modification if it has been two (2) years since a judge signed an order for child support, unless your original child support order has never been modified or unless there has been an exceptional change in one parent's financial circumstances or in the child's needs.

ALL contested domestic cases except domestic violence cases must be submitted to the ADR Office for mediation prior to ANY court hearing. If there is no mediation, there will be no court hearing unless mediation is excused in writing by the ADR Office. You may contact the ADR Office at 770-288-8448 to initiate the mediation process.

Child support can be set, or modified up or down, or enforced and collected when unpaid, by using the legal services of the Office of Child Support Recovery at **1-877-423-4746** even if you are not yet divorced or are divorced or have never been married. If your child support has ever been ordered through the legal services of the Office of Child Support Recovery, the law generally requires that they be involved in any legal cases involving child support after that.

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

IMPORTANT

IF THERE IS ANY QUESTION in your mind concerning these forms, the use of these forms, or your legal rights, it is strongly recommended that the services of an attorney be obtained. If you do not know an attorney you should contact your local Bar Association.

If you are unable to afford the services of an attorney, you should contact the following organizations to see if you are eligible for their services:

- **Georgia Legal Services Program, Piedmont Regional Office (404) 894-7707**

DUE TO THE CHANGING NATURE OF THE LAW, the forms and information contained in these packets may become outdated. Therefore, you should review and research statutes and rules of procedure referenced in the instructions to ensure that the forms are accurate and current.

IN NO EVENT will the Clerk of Court or ADR Office or anyone contributing to the production of these forms, commentary, instructions, and appendices be liable for any indirect or consequential damages resulting from the use of the booklet.

USE THESE FORMS AT YOUR OWN RISK. THESE FORMS MAY OR MAY NOT BE APPROPRIATE IN YOUR PARTICULAR CASE. ANY DESIRED OUTCOME FROM THE USE OF THESE FORMS CANNOT BE PREDICTED OR GUARANTEED. IT IS STRONGLY RECOMMENDED THAT YOU SEEK LEGAL ADVICE.

INSTRUCTIONS FOR FILING A PETITION FOR MODIFICATION OF CHILD SUPPORT

Use this packet if all of the following are true:

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

BASIC STEPS OF THIS PROCESS

- STEP 1:** Fill out the Petition for Modification of Child Support.
- STEP 2:** Fill out the Verification form to go with the Petition.
- STEP 3:** Fill out the Rule Nisi form. (not required if modification is agreed on by both parties or if you do not need a temporary hearing)
- STEP 4:** Fill out two (2) Summonses.
- STEP 5:** Fill out the Sheriff's Entry of Service.
- STEP 6:** Make a copy of the original child support order and attach it to the Petition for Modification of Child Support.
- STEP 7:** Put the documents in order.
- STEP 8:** Make two (2) copies of each document.
- STEP 9:** File the original documents with the Clerk of Court and pay filing fees and service fees in the Clerk's Office.
- STEP 10:** If a temporary or final hearing is necessary, come to Court on the date and time indicated on the Rule Nisi form or the Notice of Hearing form (the Clerk's office will mail you a copy of the Rule Nisi or Notice of Hearing).

Please read all instructions and complete the forms legibly.

DETAILED INSTRUCTIONS FOR FORM COMPLETION

Step 1: Petition for Modification of Child Support

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

Step 2: Verification

- This document tells the Court that you swear, under oath, that what you wrote or put in the Petition is true and correct.

- Print or type your full name next to the word “Petitioner.”
- Print or type the full name of the person disobeying the order next to the word “Respondent.”
- Where it says: “I _____,” print or type your full name.
- Where it says: “This ____ day of _____, 20____,” fill in the current date, month, and year.
- Next to the number 2, print or type your full name where indicated and fill in your address and telephone number.
- **DO NOT SIGN THIS DOCUMENT YET.** You may only sign this document in front of a public notary. Public notaries are available at banks, the post office, grocery stores, or the Superior Court Clerk’s Office.

Step 3: Rule Nisi

- This document is used only if you need a temporary hearing before a final hearing can be held. This is what you would request if you want temporary relief until the judge makes a final ruling. (Note: Mediation must occur prior to any hearing.) If you do need a temporary hearing, do not use the Rule Nisi form.
- Fill in your full name as the “Petitioner” and the other person’s full name as the “Respondent.”
- Fill in “Petition for Modification of Child Support” as the type of action being brought.
- The remaining information on this document will be filled in by the Clerk of Court when you take the papers to be filed.

Step 4: Summons (available under *other forms*)

- Fill out two (2) Summons forms.

Step 5: Sheriff’s Entry of Service

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

Step 6: Original Order

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

Step 7: Putting the Documents in Order

- Put the documents in the following order:
 - Petition
 - Copy of the Original Court Order for Child Support
 - Verification
 - Rule Nisi (only if temporary hearing is requested)
- Make two (2) copies of all documents in the package.
- Attach a Summons to your original papers. Attach another Summons to one of your copies along with the Sheriff’s Entry of Service.

Step 8: Filing

- Take the document package to the Superior Court Clerk’s Office in the appropriate county to file. Have the clerk fill in the case number. If you need a temporary hearing, give the clerk your Rule Nisi form so that s/he can fill in the hearing date. Make sure this information is on all copies of your documents. Have the clerk stamp your copies. Keep a copy of the document package for your records. You may be required to pay a filing fee.
- The original copies of the packet will be filed in the Clerk’s office. In addition, one copy of the document package will be left with the clerk’s office so that the Sheriff’s Department can serve it

upon the opposing party. You will have to pay a service fee for Sheriff's service. Check with the Clerk's Office for the schedule fee.

Step 9: Mediation

- Mediation is mandatory and failure to appear may result in court sanctions.
- Come to the mediation session on the date and time that is indicated on the Notice of Mediation. You should go to the location indicated on this document, and let the mediator know that you are there.
- Before your mediation date, the ADR Office will send to you a document called *How to Prepare for Mediation*. Please review this document and bring all necessary documentation.
- There is a fee for the mediation session. However, this fee may be waived or reduced. To see if you qualify, please complete the Request for Fee Waiver or Reduction available from the ADR Office and turn in three (3) days prior any session. No late or incomplete fee waivers will be accepted.
- Following the mediation session, the ADR Office will mail you a copy of the Release for Hearing.
- Questions regarding mediation can be directed to the ADR Office at 770-288-8448.

Step 10: Court Appearance

- Come to Court on the hearing date and time that is indicated on the Clerk's Notice or Rule Nisi form. Dress appropriately. You should go to the courtroom indicated on this document. Then, wait for your case to be called by the judge.
- If you are requesting a decrease in your child support payments, you should bring copies of your pay stubs for the last three (3) months.
- If you asking the judge for an increase in child support, then during the trial you will need to call the Respondent as a witness and ask questions about how much money s/he has now compared to how much s/he had when the original child support order was issued.
- When you schedule your Final Hearing, make sure you completely fill out the Child Support Addendum and Final Order for Child Support Modification as completely as possible. Also complete a Child Support Worksheet. Bring these forms to your hearing and present them to the judge.
- It may be possible for you to obtain judgment in your case without having to come to court for a hearing. Judgment obtained in this way is done by filing a document called a Motion for Judgment on the Pleadings. Judgment on the pleadings will be granted if you have filed the motion for it AND 1) the Respondent/Defendant is not contesting the case, 2) you have fully and correctly prepared all the required documents, 3) all the originals of every document have been properly signed, notarized (if required), and filed with the Clerk of Superior Court, and 4) either proper service has been made on the Respondent/Defendant or else the Respondent/Defendant has properly waived service and that waiver has been filed in the Clerk's office. However, a hearing will be required if 1) the case is contested, 2) any one of the documents has not been properly filled out, signed, notarized (if required), or filed, or 3) the judge needs further information before s/he can decide your case. Therefore, include the Motion for Judgment on the Pleadings just in case the judge can grant judgment without requiring a hearing the case.

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

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

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

Where can I get help completing the Worksheet and Schedules?

Below is a list of places that might be able to help you:

Georgia Legal Services Program, Piedmont Regional Office
(404) 894-7707

Hispanic Outreach Law Project*
Provides Spanish Speaking Attorneys
(404) 377-5381

Georgia Senior Legal Hotline*
(404) 657-9915
* *Services of Atlanta Legal Aid*

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

To complete a Child Support Worksheet, you must go online to the Georgia Child Support Commission website and make an account to access the Child Support Calculator (also called the Worksheet) at <https://csconlinecalc.georgiacourts.gov/>. Click on the "Worksheet" tab at the top, then "Create folder-Worksheet" and follow the instructions on how to fill out the forms. (**NOTE: Do NOT submit a Child Support Worksheet that you have calculated yourself and written in by hand or typed on a typewriter. The Court cannot accept it.**) Any deviations in the presumptive child support award, upward or downward, **must** be listed and explained on Schedule E. The final child support award listed on the Worksheet **MUST** match the final award that you list in the Child Support Addendum, Settlement Agreement, and Final Judgment and Decree or Final Order.

Where can I go to get on the Internet?

Internet access is available for free at the ADR Office by appointment only. Printing is available for a small fee. Public Libraries also have free public Internet access. To find your local library, go to <http://www.georgialibraries.org/directories/>. Some libraries allow printing for a small fee. See the aforementioned page for a list of local libraries in your area where you can access a computer.

Important Points about Worksheets and Schedules:

- Both parents are required to file a Child Support Worksheet and Schedules.
- All schedules must be printed, not just the first page. If there are any deviations from the presumptive amount of child support, these deviations must be fully explained in boxes B, C, and D in Schedule E.
- Documents used to complete your Worksheet will need to be brought with you to Court.

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

Petitioner: _____

and

Respondent: _____

Civil Action File No.: _____

PETITION FOR MODIFICATION OF CHILD SUPPORT

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

1

The Respondent is subject to the jurisdiction of this Court as follows (check only one):

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

OR

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

2

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

3

The Court awarded child support as follows:

- a) To the Petitioner in this matter in the sum of _____ dollars as permanent child support.
 b) To the Respondent in this matter in the sum of _____ dollars as permanent child support.

4

Since that date, there has been the following substantial change(s):

- a) There has been a substantial upward change in the income or financial status of the Respondent.
 b) There has been a substantial downward change in the income or financial status of the Petitioner which has decreased his/her ability to pay the child support award previously ordered.

- c) There has been a substantial change in the needs of the child(ren) as follows:

5

Specifically, at the time of the child support order, the following was true (check only one):

- The Respondent was earning _____ dollars per month, although as of _____, 20____, his/her gross earnings have increased to _____ dollars per month.
OR
 The Petitioner was earning _____ dollars per month, although as of _____, 20____, his/her gross earnings have decreased to _____ dollars per month.
OR
 The child(ren)'s needs have increased by an average of _____ dollars per month.

6

To date, no Petition to Modify has been filed (check only one):

- a) within the two years of the filing of this Petition.
OR
 b) since the original child support order.

WHEREFORE, Petitioner demands:

- a) That the order establishing child support or the final judgment and decree awarding periodic payments of child support be modified so as to:
 1) Increase the payments commensurate with the Respondent's changed financial status.
 2) Decrease the payments commensurate with the Petitioner's changed financial status.
b) That Respondent be served with a copy of this Petition, and with a Rule Nisi if a temporary hearing is requested; and
c) That the Petitioner have such additional relief as the Court may deem equitable and appropriate.

Signed this _____ day of _____.
[day] [month] [year]

Sworn to and affirmed before me, this

_____ day of _____.

NOTARY PUBLIC

My commission expires: _____
(Notary Seal)

(Sign your name here before Notary) Petitioner, *Pro se*

Petitioner's Name (print or type): _____

Petitioner's Address: _____

Petitioner's Telephone Number: _____

Petitioner's Email Address: _____

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

Petitioner: _____

and

Respondent: _____

Civil Action File No.: _____

RULE NISI

This action has been filed. Therefore, let the parties appear before the Honorable Judge _____ of the Superior Court of _____ County, Flint Judicial Circuit in Henry County Courthouse, One Courthouse Square, McDonough, Georgia on _____, 20____ at _____ o'clock ____m. to show cause why the relief sought should not be granted.

Issued on _____, 20____.

JUDGE
Superior Court of Henry County
Flint Judicial Circuit

Presented by:

Petitioner Respondent *Pro se*

Name (print or type): _____

Address: _____

Telephone Number: _____

Email Address: _____

**HENRY COUNTY SUPERIOR COURT
STATE OF GEORGIA**

_____))
Plaintiff,)) Civil Action
))
vs.)) Case Number _____
))
_____))
Defendant.))

CHILD SUPPORT ADDENDUM

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

[You must check one of the following boxes.]

- () The parties have agreed to the terms of this order and this information has been furnished by both parties to meet the requirements of OCGA §19-6-15. The parties agree on the terms of the order and affirm the accuracy of the information provided, as shown by their signatures at the end of this addendum.
- () This addendum includes findings of fact and conclusions of law and fact made by the Court, in compliance with OCGA §19-6-15.

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

1. Gross Income - The Father's gross monthly income (before taxes) is \$ _____; the Mother's gross monthly income is \$ _____ (before taxes).
2. Number of Children - The number of children for whom support is being provided under this order is _____.
3. Attachments - The *Child Support Worksheet* and *Schedule E* are attached and made a part of this addendum, along with any other applicable schedules.
4. Child Support Amount - The _____ shall pay to the _____, for the support of the minor children, the sum of _____ Dollars (\$ _____) per month, beginning on _____, 20__.

5. Duration of Child Support

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

- () (a) **Beyond Age 18 for High School** - The child support shall continue monthly thereafter until each child reaches the age of eighteen, dies, marries, or otherwise becomes emancipated; provided that if a child becomes eighteen years old while enrolled in and attending secondary school on a fulltime basis, then the child support shall continue for the child until the child has graduated from secondary school or reaches twenty years of age, whichever occurs first.
- () (b) **Stops at Age 18** - The child support shall continue monthly thereafter until each child reaches the age of eighteen, dies, marries, or otherwise becomes emancipated.
- () (c) **Until Further Order** - This is not a final order, so the child support shall continue until further order of this Court.
- () (d) **Until Specific Date** - The child support shall continue monthly thereafter until _____.

6. **Split Parenting** – A split parenting situation occurs when the parents have two or more children together, where at least one of the children spends more than 50% of the time with one parent, and at least one of the children spends more than 50% of the time with the other parent.
*[You must check & complete **only one** of the following paragraphs.]*

- () (a) **Not Split Parenting Case** - This case does not involve Split Parenting.
- () (b) **Split Parenting Case** – This is a Split Parenting Case. Separate *Child Support Worksheets* have been filed for the children living with the Mother and for the children living with the Father, and a *Child Support Addendum* has been entered on this action for each parent. At this time, Mother is obligated to pay the sum of \$_____per month to the Father, and the Father is obligated to pay the sum of \$_____per month to the Mother.

*[To complete (b), you must check & complete **only one** of the following sub paragraphs: (1), (2) or (3)]*

- () 1. **Net Payment** - For so long as these amounts remain in effect, the _____ shall pay only the difference between the two amounts (which is \$_____) to the _____, who shall not be required to Pay the child support obligation to the other parent.
- () 2. **Zero Payment** - The parents’ child support obligations are equal. For so long as the amounts remain equal, neither parent shall pay any child support payment to the other parent.
- () 3. **Full Payment From Each** – Each parent shall pay the full amount of his or her child support obligation to the other.

7. **Deviation from Presumptive Amount**
*[You must check & complete **only one** of the following paragraphs.]*

- () (a) **No Deviation** - It has been determined that none of the Deviations allowed under OCGA §19-6-15, applies in this case. The amount of support in Paragraph 4 above is the Presumptive Amount of Child Support shown on the attached *Child Support Worksheet*.
- () (b) **Parenting Time Deviation Only**– It has been determined that the “Parenting Time” Deviation allowed under O.C.G.A. ' 19-6-15 applies in this case, as shown by the attached Child Support Worksheet and Schedule E. The amount of support in Paragraph 4 above is the Final Child Support Amount shown on the attached Child Support Worksheet.
- () (c) **Deviation** - It has been determined that one or more of the Deviations allowed under OCGA §19-6-15 applies in this case, as shown by the attached *Schedule E*. The Presumptive Amount of Child Support that would have been required under OCGA §19-6-15 if the deviations had not been applied is \$_____per month, as shown on the attached *Child Support Worksheet*. The attached *Schedule E* explains the reasons for the deviation, how the application of the guidelines would be unjust or inappropriate considering the relative ability of each parent to provide support, and how the best interest of the children who are subject to this child support determination is served by deviation from the presumptive amount of child support.

8. Health, Dental & Vision Insurance for Children

*[You must check & complete all parts of **only one** of the following paragraphs, (a) or (b).]*

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

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

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

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

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

- () (b) **Insurance Not Available** - Insurance (other than Medicaid) is not available at this time to either party at a reasonable cost. If health insurance for the children later becomes available to

the parent who is required to pay child support for these children, then that parent must obtain the following types of insurance, unless it is then being provided by the other parent:

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

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

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

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

11. **Social Security Benefits**

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

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

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

(1) If the amount of benefits received is less than the amount of support ordered, the obligor shall pay the amount exceeding the Social Security benefit.

(2) If the amount of benefits received is equal to or more than the amount of support ordered, the obligor's responsibility is met and no further support shall be paid.

(3) Any Title II benefits received for the children's benefit shall be retained by the custodial parent or nonparent custodian for the children's benefit, and it shall not be used as a reason for decreasing the final child support order or reducing arrearages.

12. **Modification** *[You must check & complete only one of the following paragraphs.]*

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

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

- () (c) **Support Amount Modified** - The order modifies the amount of child support that was previously ordered for these children. The basis for the modification is:
 - () (1) Substantial change in the income and financial status of the Father;
 - () (2) Substantial change in the income and financial status of the Mother;
 - () (3) Substantial change in the needs of the Children;
 - () (4) The noncustodial parent failed to exercise visitation provided under the prior order;
 - () (5) The noncustodial parent has exercised more visitation than was provided in the prior order.

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

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

14. Income Deduction Order

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

- () (a) An *Income Deduction Order* shall be entered by the Court, under OCGA § 19-6-32, for payment of the child support and alimony (if any) provided. The *Income Deduction Order* shall take effect:
 - [To finish (a), you must check either (1) or (2). Do not check both.]*
 - () (1) immediately upon entry by the Court.
 - () (2) upon accrual of a delinquency equal to one month’s support. The *Income Deduction Order* may be enforced by serving a “Notice of Delinquency,” as provided in OCGA §19-6-32 (f).
- () (b) The parties agree that an *Income Deduction Order* is not immediately necessary.
- () (c) The Court finds that there is good cause not to require income deduction, having determined that income deduction will not serve the children’s best interests and that there has been sufficient proof of timely payment of any previously ordered support.

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

Father’s Signature

Mother’s Signature

Sworn to and subscribe before me this
_____ day of _____, _____.

Sworn to and subscribe before me this
_____ day of _____, _____.

NOTARY PUBLIC

NOTARY PUBLIC

My Commission Expires:

My Commission Expires:

ORDER

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

This Order entered on _____, 20_____.

JUDGE
HENRY COUNTY SUPERIOR COURT

IN THE SUPERIOR COURT OF HENRY COUNTY
STATE OF GEORGIA

Petitioner: _____

Vs.

Respondent: _____

Civil Action File

No.: _____

DOMESTIC RELATIONS FINANCIAL AFFIDAVIT

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

(3) (a) YOUR GROSS MONTHLY INCOME: (Complete this section or attach Child Support Schedule A). (All income must be entered based on monthly average regardless of date of receipt. Where applicable, income should be annualized.)	
Salary or Wages – ATTACH COPIES OF 2 MOST RECENT WAGE STATEMENTS	\$
Commissions, Fees & Tips	\$
Income from self-employment, partnership, close corporations and independent contracts (gross receipts minus ordinary and necessary expenses required to produce income) ATTACH SHEET ITEMIZING YOUR CALCULATIONS	\$
Rental income (gross receipts minus ordinary and necessary expenses required to produce income) ATTACH SHEET ITEMIZING YOUR CLACULATIONS	\$
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 Compensations Benefits	\$
Unemployment Benefits	\$
Judgments from Personal Injury or Other Civil Cases	\$
Gifts (cash or other gifts that can be converted to cash)	\$
Prizes & Lottery Winnings	\$
Alimony and maintenance from persons not in this case	\$
Assets which are used for support of family	\$
Fringe Benefits (if significantly reduce living expenses)	\$
Any Other Income (Do not include means-tested public assistance, such as TANF or food stamps.)	\$
TOTAL Gross Monthly Income (also write in 2A on page one)	\$
(3) (b) Net Monthly Income From Employment (deducting only state and federal taxes and FICA) (also write in 2B on page one of this form)	\$
Your Pay Period (i.e. monthly, weekly, etc.):	Number of Exemption Claimed by You for Tax Purposes:

(4) ASSETS

(List all assets here, including both non-marital and marital property. If you claim or agree that all or part of an asset is non-marital, indicate the non-marital portion under the appropriate spouse's column and state the amount and the basis: pre-marital, gift, inheritance, source of funds, etc. The total value of each asset must be listed in the "value" column. "Value" means what you feel the item of property would be worth if it were offered for sale.)

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

Collectibles	\$	\$	\$	
Other Assets (specify):	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
TOTAL ASSETS	\$	\$	\$	

(5) (a) AVERAGE MONTHLY EXPENSES FOR YOU AND YOUR HOUSEHOLD

HOUSEHOLD EXPENSES

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

AUTOMOTIVE

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

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

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

CHILDREN'S EXPENSES

Child Care (total monthly cost)	\$	Allowance	\$
School Tuition	\$	Child(ren)'s Clothing	\$
Tutoring	\$	Diapers	\$
Private lessons (e.g. music, dance)	\$	Medical, Dental, Prescriptions (out-of-pocket uncovered expenses)	\$
School Supplies/Expenses	\$	Grooming/Hygiene	\$
Lunch Money	\$	Gifts from child(ren) to others	\$
Other Educational Expenses (list type & amount)		Entertainment	\$

	\$	Activities (including extra-curricular, school, religious, cultural, etc.)	\$		
	\$	Summer Camps	\$		
OTHER INSURANCE					
Health Insurance	\$	Life Insurance	\$		
Child(ren)'s portion:	\$	Relationship of Beneficiary:			
Dental Insurance	\$	Disability Insurance	\$		
Child(ren)'s portion:	\$	Other Insurance (specify)	\$		
Vision Insurance	\$		\$		
Child(ren)'s portion:	\$		\$		
YOUR OTHER EXPENSES					
Dry Cleaning & Laundry	\$	Publications	\$		
Clothing	\$	Dues, Clubs	\$		
Medical/Dental/Prescription (out-of-pocket uncovered expenses)	\$	Religious & Charities	\$		
Your gifts (special holidays)	\$	Pet expenses	\$		
Entertainment	\$	Alimony Paid to Former Spouse			
Recreational Expenses (e.g. fitness)	\$	Child Support Paid for other child(ren)	\$		
Vacations	\$	Date of initial CS order:			
Travel Expenses for Visitation	\$	Other (attach sheet to list)	\$		
TOTAL ABOVE MONTHLY EXPENSES <i>(also write on first line of 2C on page one)</i>			\$		
5 (b) YOUR PAYMENTS & DEBTS TO CREDITORS					
To Whom:	Balance Due	Monthly Payments	(Please check one)		
			Joint	Husband	Wife
	\$	\$			
	\$	\$			
	\$	\$			
	\$	\$			
	\$	\$			
	\$	\$			
Total Monthly Payments to Creditors <i>(also write this total on line 3 of 2C on page one)</i>			\$		

(5) (c) TOTAL MONTHLY EXPENSES (<i>Total Expenses from final line on page 5 + Total Monthly Payments to Creditors above</i>) (<i>also write this total on line 3 or 2C on page one</i>)	\$
--	----

_____ Date

_____ (Sign your name before Notary)

Petitioner Respondent, *Pro se*

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

Printed Name: _____

Address: _____

_____ Notary Public

Telephone Number: _____

My commission expires: _____ (Notary Seal)

Email Address: _____

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

Petitioner: _____

and

Respondent: _____

Civil Action File No.: _____

CERTIFICATE OF SERVICE

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

to the opposing party by first class mail/ certified mail and return receipt was requested.

The documents were addressed as follows:

Signed this _____ day of _____
 [day] [month] [year].

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

NOTARY PUBLIC

My commission expires: _____
(Notary Seal)

(Sign your name here before Notary) Petitioner, *Pro se*

Petitioner's Name (print or type): _____

Petitioner's Address: _____

Petitioner's Telephone Number: _____

Petitioner's Email Address: _____

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

Petitioner: _____

and

Respondent: _____

Civil Action File No.: _____

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

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

1.

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

2.

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

3.

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

4.

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

5.

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

6.

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

Signed this _____ day of _____, 20 ____.

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

Respondent's Name (Print or Type): _____

Respondent's Address: _____

Respondent's Telephone Number: _____

Respondent's Email Address: _____

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

NOTARY PUBLIC

My Commission Expires: _____

(Notary Seal)

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

Petitioner: _____

and

Respondent: _____

Civil Action File No.: _____

CERTIFICATE OF SERVICE

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

ANSWER TO PETITIONER'S PETITION FOR MODIFICATION OF CHILD SUPPORT

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

The documents were addressed as follows:

Signed this _____ day of _____, 20_____.

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

Respondent's Name (Print or Type): _____

Respondent's Address: _____

Respondent's Telephone Number: _____

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

NOTARY PUBLIC

My Commission Expires: _____

(Notary Seal)

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

Petitioner: _____

and

Respondent: _____

Civil Action File No.: _____

FINAL ORDER FOR CHILD SUPPORT MODIFICATION

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

I.

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

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

II.

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

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

III.

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

- 1) **Gross Income** – The Father’s gross monthly income (before taxes) is _____ dollars; the Mother’s gross monthly income is _____ dollars (before taxes).

- 2) **Number of Children** – The number of children for whom support is being provided in this case is _____.

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

- 4) **Child Support Amount** – The _____ shall pay to the _____, for the support of the minor child(ren) in the sum of _____ dollars (\$ _____) per month, beginning on _____, 20_____.

5) **Duration of Child Support**

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

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

- b) Stop at Age 18 – The child support shall continue monthly thereafter until each child reaches the age of eighteen, dies, marries, or otherwise becomes emancipated.

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

- d) Until Specific Date – The child support shall continue monthly thereafter until _____.

6) Deviation from Presumptive Amount

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

- a) No Deviation – It has been determined that none of the Deviations allowed under O.C.G.A. § 19-6-15 applies in this case, as shown by the attached *Schedule E*. The Amount of support in Paragraph 4 above is the Presumptive Amount of Child Support shown on the attached *Child Support Worksheet*.
- b) Deviation – It has been determined that one or more of the Deviations allowed under O.C.G.A. § 19-6-15 applies in this case, as shown by the attached *Schedule E*. The Presumptive Amount of Child Support that would have been required under O.C.G.A. § 19-6-15 if the deviations had not been applied is _____ dollars per month, as shown on the attached *Child Support Worksheet*. The attached *Schedule E* explains the reasons for the deviation, how the application of the guidelines would be unjust or inappropriate considering the relative ability of each parent to provide support, and how the best interest of the child(ren) who are subject to this child support determination is served by deviation from the presumptive amount of child support.

7) Health Dental and Vision Insurance for Children

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

- a) Insurance Available – The following insurance for the child(ren) involved in this action is available at a reasonable cost to the _____ through the parent’s employer or the PeachCare program:
 - Health (medical, mental health, and hospitalization) Dental VisionSo long as it remains available to that parent, the _____ shall maintain the types of insurance checked above for the benefit of the minor child(ren), until each child reaches the age of eighteen, dies, marries, or otherwise becomes emancipated, except that if a child becomes eighteen years old while enrolled in and attending secondary school on a full-time basis, then the insurance shall be continued for the child until the child has graduated from secondary school or reaches twenty years of age, whichever occurs first.
 1. The parent who maintains the insurance shall provide the other parents with an insurance identification card or such other acceptable proof of insurance coverage and shall cooperate with the other parent in submitting claims under the policy.
 2. All money received by one of the parties for claims processed under the insurance policy shall be paid within five (5) days after the party receives the money to the other party (if that other party paid the applicable health care service provider) or to the applicable health care provider (if the provider has not been paid by one of the other parties).
- b) Insurance Not Available – Insurance (other than Medicaid) is not available at this time to either party at a reasonable cost. If health insurance for the child(ren) later becomes available to the parent who is required to pay child support for these child(ren), then that parent must obtain the following types of insurance, unless it is then being provided by the other parent:
 - Health (medical, mental health, and hospitalization) Dental Vision

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

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

9) **Life Insurance**

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

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

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

11) **Social Security Benefits**

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

- a) **Not Received** – The child(ren) do not receive Title II Social Security benefits under the account of the parent ordered to pay child support. The benefits received by the child(ren) shall be counted as child support payments, and shall be applied against the final child support order to be paid by that parent.
- b) **Received** – The child(ren) receive Title II Social Security benefits under the account of the parent ordered to pay child support. The benefits received by the child(ren) shall be counted as child support payments, and shall be applied against the final child support order to be paid by that parent.
- 1) If the amount of benefits received is less than the amount of support ordered, the obligor shall pay the amount exceeding the Social Security benefit.
 - 2) If the amount of benefits received is equal to or more than the amount of support ordered, the obligor's responsibility is met and no further support shall be paid.
 - 3) Any Title II benefits received for the child(ren)'s benefit shall be retained by the custodial parent

or nonparent custodian for the child(ren)'s benefit, and it shall not be used as a reason for decreasing the final child support order or reducing arrearages.

12) Modification

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

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

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

14) Income Deduction Order

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

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

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

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

The *Income Deduction Order* may be enforced by serving a "Notice of Delinquency," as provided in O.C.G.A. § 19-6-32(f).

- b) The parties agree that an *Income Deduction Order* is not immediately necessary.
- c) The Court finds that there is good cause not to require income deduction, having determined that income deduction will not serve the child(ren)'s best interests and that there has been sufficient proof of timely payment of any previously ordered support.

This Order entered on _____ day of _____, 20_____.

JUDGE, Superior Court
Flint Judicial Circuit

IN THE SUPERIOR COURT OF HENRY COUNTY
STATE OF GEORGIA

Petitioner: _____
and
Respondent: _____

Civil Action File No.: _____

MOTION FOR JUDGMENT ON THE PLEADINGS

Comes now _____, Petitioner in the above-styled action, and files this Motion for Judgment on the Pleadings in the above-styled case as follows:

1. The Petition in the above-styled case was filed on _____.
2. The Respondent was served as required by law.
3. A Settlement Agreement was entered into between the parties and filed on _____.

WHEREFORE, there being no contested issues of law or fact, Petitioner moves this Court for a Judgment on the Pleadings in the above-styled case.

Signed this _____ day of _____, 20____.

(sign your name here) Petitioner, *Pro Se*

Petitioner's Name (Print or Type): _____

Petitioner's Address: _____

Petitioner's Telephone Number: _____

Petitioner's Email Address: _____