

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

	§	
Petitioner,	§	
	§	
v.	§	CIVIL ACTION
	§	FILE NO.: _____
	§	
Respondent.	§	

CHILD SUPPORT ADDENDUM

[Instructions: All parts of this addendum must be completed. This addendum may be completed by the parties or by the Court. If completed by the Court, it must be attached to all final orders and judgments determining the amount of child support.]

[Check the option that applies, (a) or (b).]

- ☐ (a) *[If completed by the parties.]* The parties agree to the terms of this addendum and this information has been furnished by both parties. The parties affirm the accuracy of the information provided, as shown by their signatures at the end of this addendum.
- ☐ (b) *[If completed by the Court.]* This addendum includes findings of fact and conclusions of law and fact made by the Court.

This addendum applies to the following minor child(ren):

Name	Sex	Year of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____

1.

Application of the Child Support Guidelines. This action involves a child support determination and the statutory requirements of O.C.G.A. § 19-6-15 have been applied in reaching the amount of child support provided in this addendum.

2.

Gross Income. The Mother's gross monthly income (before taxes) is \$_____; the Father's gross monthly income is \$_____ (before taxes).

3.

Number of Children. The number of children for whom support is provided is _____.

4.

Attachments. The *Child Support Worksheet* and applicable schedules are attached to and made a part of this addendum.

Mother's initials _____

Father's initials _____

5.

Parenting Time Amounts. The approximate number of days of parenting time per year according to the parenting time schedule is _____ days for the Mother and _____ days for the Father.

6.

Presumptive Amount. The Presumptive Amount of Child Support [from Line 9 of the *Child Support Worksheet*] is \$_____ for the Mother and \$_____ for the Father.

7.

Deviation from Presumptive Amount. [Check and complete only one of the following options, (a) or (b).]

- ☐ (a) No Deviation - It has been determined no Deviations under O.C.G.A. § 19-6-15 apply in this case. The amount of support in Paragraph 8 of this addendum is the Presumptive Amount of Child Support from the *Child Support Worksheet*.
- ☐ (b) Deviation - It has been determined 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 attached Schedule E explains the reasons for the deviation(s), 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.

Final Child Support Award. [From Line 13 of the *Child Support Worksheet*]

The [Mother / Father] _____ is obligated to pay to the [Mother / Father] _____, for the support of the minor child(ren) named in this Addendum, the sum of _____ Dollars (\$_____) per month. The support amount shall be paid in payments of \$_____ per [week / two weeks / month] _____, with the first payment due on [date] _____, 20____.

9.

Duration of Child Support. [Check and complete only one of the following options, (a), (b) or (c).]

- ☐ (a) Beyond Age 18 for High School - The child support shall continue thereafter as designated above (weekly, biweekly, etc.) until each child named in this Addendum 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) Stops at Age 18 - The child support shall continue thereafter as designated above (weekly, biweekly, etc.) until each child named in this Addendum reaches the age of eighteen, dies, marries, or otherwise becomes emancipated.
- ☐ (c) Until Specific Date – The child support shall continue thereafter as designated above (weekly, biweekly, etc.) until _____.
- ☐ (d) [For the Court's use with temporary orders only; If you are a party in this action, do not check this box] Until Further Order - This is not a final determination of child support, so the support shall continue until further order of the Court.

Mother's initials _____

Father's initials _____

10.

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.

[Check and complete **only one** of the following paragraphs.]

- ☐ (a) Not a Split Parenting Case - This action does not involve Split Parenting.
- ☐ (b) Split Parenting Case - This action involves Split Parenting. Separate *Child Support Worksheets* have been filed for the child(ren) living with Mother and for the child(ren) living with Father, and a *Child Support Addendum* has been entered in this action for each parent. At this time, the Mother is obligated to pay the sum of \$_____ per [week / two weeks / month] _____ to the Father, and the Father is obligated to pay the sum of \$_____ per [week / two weeks / 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 both of these obligation amounts remain in effect, the [Mother / Father] _____ shall pay only the difference between the two amounts (which is \$_____) to the [Mother / Father] _____, who shall not be required to pay the child support obligation to the other parent during this time.
- ☐ (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 Parent - Each parent shall pay the full amount of his or her child support obligation to the other parent.

11.

Social Security Benefits. [Check and complete only one of the following options, (a) or (b).]

- ☐ (a) Not Received - The children do not receive Title II Social Security benefits on the account of the parent ordered to pay child support.
- ☐ (b) Received - The children receive Title II Social Security benefits on 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. [Check and complete **only one** of the following options.]

- ☐ (a) Not a Modification Action - This action is an initial determination of child support, not a modification action.
- ☐ (b) Support Not Modified - This action is a modification action, but the amount of support previously ordered for the child(ren) has not been modified. The date of the initial support order concerning the child(ren) is: _____.

Mother's initials _____

Father's initials _____

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

The date of the initial support order concerning the child(ren) is: _____.

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.

Health, Dental & Vision Insurance for the Child(ren). [You must check and complete (a) or (b).]

- ☐ (a) Insurance Available - The following insurance for the child(ren) involved in this action is available at a reasonable cost to the [Mother / Father] _____ through [examples: employer, PeachCare] _____. ☐ Health (medical, mental health and hospitalization); ☐ Dental; and/or ☐ Vision.

The [Mother / Father] _____ shall maintain the 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; provided 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 is not available (other than Medicaid) to either party at a reasonable cost.
- ☐ [Optional] If the following insurance coverage later becomes available to either party: ☐ Health (medical, mental health and hospitalization); ☐ Dental; and/or ☐ Vision, then he/she shall obtain that coverage and the cost of maintaining the insurance (the child(ren)'s share) shall be split as follows between the parties _____. When insurance has been obtained by either party, Paragraphs 14(a)(1) and (2) shall apply.

Mother's initials _____

Father's initials _____

15.

Uninsured Health Care Expenses for the Children.

The [Mother / Father] _____ shall pay _____ % and the [Mother / Father] _____ shall pay _____ % of uninsured medical expenses (including, but not limited to, co-payments, deductibles, and other costs reasonably necessary for orthodontia, dental treatment, asthma treatment, physical therapy, vision care, and any acute or chronic medical or health problem or mental health illness, including counseling or other medical or mental health expenses not covered by insurance) incurred for the child(ren).

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.

16.

Child Support Arrearage (Past Amount Due). [Optional – check and complete this box only if there is an existing order of support in effect and past due support shall be addressed.]

- ☐ As of _____, 20____, the [Mother / Father] _____ is behind in court ordered child support payments in the amount of _____ Dollars (\$_____). In addition to any child support award, the [Mother / Father] _____ shall pay to [Mother / Father] _____ this past due amount of support:

[Check either option, (i) or (ii). Do not check both options.]

- ☐ (i) As follows: _____
- ☐ (ii) Pursuant to an Income Deduction Order that shall be entered by the Court.

17.

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

- ☐ (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, alimony (if any), and arrearage payments (if any), provided. The Income Deduction Order shall take effect:
- [To finish (a), you must check either (i) or (ii). Do not check both.]
- ☐ (i) Immediately upon entry by the Court.
- ☐ (ii) 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(h).
- ☐ (b) An Income Deduction Order shall not be entered in this case for the following reason(s):
- [To finish (b), check any options below that apply.]
- ☐ (i) Support payments are already being deducted pursuant to an existing support order.
- ☐ (ii) It is not immediately necessary.
- ☐ (iii) [If completed by the Court] The Court finds 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.

Mother's initials _____

Father's initials _____

[If this addendum has been prepared or consented to by the parties, both parties must sign on the spaces provided below.]

Mother's Signature

Father's Signature

Date: _____

Date: _____

[The below portion need only be signed if this addendum has been prepared by the Court.]

The Court having reviewed this addendum, it is hereby made the Order of the Court.

This Order entered on _____, 20____.

JUDGE

_____ COUNTY SUPERIOR COURT