



**ORIGINAL SUMMONS**

**SUPERIOR COURT OF CLAYTON COUNTY**

**STATE OF GEORGIA**

\_\_\_\_\_  
Plaintiff

\_\_\_\_\_  
Address

\_\_\_\_\_

VS.

\_\_\_\_\_  
Defendant

\_\_\_\_\_  
Address

\_\_\_\_\_

CASE NUMBER \_\_\_\_\_

**SUMMONS**

\_\_\_\_\_ Term, 20 \_\_\_\_\_

**CALENDAR DATES**

TO THE ABOVE NAMED DEFENDANT(S):

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

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

Jacqueline D. Wills  
Clerk of Court  
Superior Court Division

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

**COPY OF SUMMONS**

**SUPERIOR COURT OF CLAYTON COUNTY**

**STATE OF GEORGIA**

\_\_\_\_\_  
Plaintiff

\_\_\_\_\_  
Address

\_\_\_\_\_

VS.

\_\_\_\_\_  
Defendant

\_\_\_\_\_  
Address

\_\_\_\_\_

CASE NUMBER \_\_\_\_\_

**SUMMONS**

\_\_\_\_\_ Term, 20 \_\_\_\_\_

**CALENDAR DATES**

TO THE ABOVE NAMED DEFENDANT(S):

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

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

Jacqueline D. Wills  
Clerk of Court  
Superior Court Division

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



reference.

- (f) The Respondent's whereabouts are unknown to me, but my child(ren) reside(s) in Clayton County. I am filing my *Affidavit of Diligent Search* with this *Petition*, and incorporate it here by reference.

3. **Service of Process:** The Respondent shall be served as provided under OCGA § 9-11-4, in the following manner: [*Check only one of the following, either (a), (b), or (c).*]

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- (b) The Respondent has acknowledged service of process. I am filing the *Acknowledgment of Service* (which has been signed by the Respondent) with this *Petition*.

- (c) The Respondent's whereabouts are unknown to me. I am filing my *Affidavit of Diligent Search* with this *Petition*. The Respondent shall be served by publication as provided under OCGA § 9-11-4(e)(1) 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. **Minor Child(ren):**

I am the father of \_\_\_\_\_ minor child(ren), listed below:

<u>Name of child</u>	<u>Sex</u>	<u>Year of Birth</u>	<u>Lives with (mother, father, other)</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

The minor child(ren) was/were born out of wedlock.

5. **Child(ren)'s Current Residence:**

The minor child(ren) currently live at \_\_\_\_\_ in \_\_\_\_\_ County, with the following adult: \_\_\_\_\_. The

child(ren) has/have lived at this address since approximately \_\_\_\_\_.

6. **Child(ren)'s Past Residences:**

During the past five years, the child(ren) has/have lived at the following addresses:

<u>Dates at Address</u>	<u>Address</u>
_____	_____
_____	_____
_____	_____
_____	_____

7. **Adults With Whom Child(ren) Has/Have Lived:**

During the past five years, the child(ren) has/have lived with the following adults:

<u>Name of Person</u>	<u>Person's Current Address</u>
_____	_____
_____	_____
_____	_____
_____	_____

8. **Other Court Cases About Child(ren):**

*[Check only one of the following, either (a) or (b).]*

- (a) I have never participated as a party or a witness or in any other capacity in any other litigation concerning the custody of or visitation with the minor child(ren) in this or any other state.
- (b) I have participated in other litigation concerning the custody of the minor child(ren) in Georgia or another state. The court, case number and date of any order concerning custody or visitation under the other litigation are as follows:

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

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

*[Check only one of the following, either (a) or (b).]*

- (a) I do not have any information of any proceeding that could affect this case, including proceedings for enforcement and proceedings relating to family violence, protective orders, termination of parental rights, and adoptions in this or any other state.
- (b) I have information about a proceeding that could affect this case, including proceedings for enforcement and proceedings relating to family violence, protective orders, termination of parental rights, or adoptions in this or another state. The

court, the case number and the nature of the proceeding are as follows:

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10. **Others Claiming Custody or Visitation:**

*[Check only one of these, either (a) or (b).]*

- (a) I do not know of any person who is not a party to this case, who has physical custody of the child(ren) or who claims to have custody or visitation rights with respect to the child(ren).
- (b) I know of someone who is not a party to this case, who has physical custody of the child(ren) or who claims to have custody or visitation rights with respect to the child(ren). The names and present addresses of the person(s) are:

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11. I want to legitimate my relationship with the child(ren).

12. I want to change the name of the child(ren) from:

_____	to	_____
_____	to	_____
_____	to	_____
_____	to	_____
_____	to	_____

13. I want to have my name entered as the father on the birth record of each child.

14. **Child Custody:**

*[Check and complete only one of these, either (a), (b), or (c).]*

I believe that the following custody arrangement is in the best interests of the children:

- (a) They should be in the full custody of \_\_\_\_\_.
- (b) The Plaintiff and Defendant should share joint legal custody, with primary physical custody to the \_\_\_\_\_.
- (c) Other: \_\_\_\_\_

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**15. Child Visitation:**

*[Check and complete only one of these, either (a) or (b).]*

I believe that the following visitation arrangement is in the best interests of the children:

- (d) The \_\_\_\_\_ should have reasonable visitation.
- (e) Visitation for the \_\_\_\_\_ should be limited in the following way, for the following reasons:

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**16. Child Support:**

*[Check only one of these, either (a), (b), (c) or (d).]*

- (a) The Respondent has income or is capable of earning sufficient money to support the minor child(ren).
  - (b) I have income or I am capable of earning sufficient money to support the minor child(re).
- (b) I am not asking the Court to address this issue in this case.
- (c) The issue of child support cannot be decided in this action because the Court does not have personal jurisdiction over the Respondent.

**17. Health Insurance for Child(ren):**

*[Check only one of these, either (a), (b), (c) or (d).]*

- (a) The Respondent should be ordered to maintain a policy for medical, dental and hospitalization insurance for the minor child(ren).
- (b) I already provide health insurance for the child(ren), and the Respondent should be required to reimburse me for a fair share of the cost each month.
- (c) I am not asking the Court to address this issue in this case.
- (d) The issue of health insurance cannot be decided in this action because the



Court does not have personal jurisdiction over the Respondent.

18. **Other Medical Expenses for Child(ren):**

*[Check only one of these: (a), (b), (c) or (d).]*

- (a) The Respondent should be responsible for all expenses incurred for the child(ren)'s medical, dental and hospital care, that are not covered by insurance.
- (b) The Respondent and I should share the cost of expenses incurred for the child(ren)'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 for the child(ren) cannot be decided in this action because the Court does not have personal jurisdiction over the Respondent.

19. **Life Insurance to Support Child(ren):**

*[Check only one of these, either (a), (b) or (c).]*

- (a) The child(ren) depend(s) on the Respondent for support, and therefore the Respondent should maintain a policy of insurance on the Respondent's life, with a face amount of \$\_\_\_\_\_, for the benefit of the minor child(ren). The Respondent should maintain the policy for so long as at least one of the children is a minor or is otherwise entitled to child support.
- (b) I am not asking the Court to address this issue in this case.
- (c) The issue of life insurance for the child(ren) cannot be decided in this action because the Court does not have personal jurisdiction over the Respondent.

FOR THESE REASONS, I REQUEST THE FOLLOWING RELIEF:

*[Check all that apply.]*

- (a) That the Court enter a Order legitimating my relationship with the child(ren) so that the child(ren) and I will be capable of inheriting from each other in the same manner as if the child(ren) had been born in wedlock;
- (b) That the name(s) of the child(ren) be changed as described in Paragraph 12.

- (c) That the Department of Vital Statistics be ordered and directed to amend the birth records of each child and reissue a birth certificate showing me as the father and changing each child's name as requested above;
- (d) That the custody and visitation for the child(ren) be ordered according to Paragraphs 14-15;
- (e) That child support, health insurance, medical expenses and life insurance for the support of the child(ren) be ordered according to Paragraphs 16, 17, 18 and 19;
- (f) That Respondent be served with notice of this Petition as provided by law;
- (g) That a Rule Nisi be scheduled by the Court, to decide on the relief I have requested;
- (h) That the Court order the parties to participate in mediation, to try to resolve this matter;
- (i) That the Court order any and all other relief that the Court finds appropriate; and
- (j) That the Court incorporate Respondent's signed Consent to Legitimation into its Final Order.

Dated: \_\_\_\_\_

\_\_\_\_\_  
 Petitioner, Pro se [Signature]

Name: \_\_\_\_\_

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

\_\_\_\_\_  
 Phone: \_\_\_\_\_

IN THE SUPERIOR COURT OF CLAYTON COUNTY  
STATE OF GEORGIA

\_\_\_\_\_,  
Petitioner,  
vs.  
\_\_\_\_\_,  
Respondent.

Civil Action

Case Number: \_\_\_\_\_

**VERIFICATION**

My name is \_\_\_\_\_. I hereby swear or affirm, before a notary public, that I have read \_\_\_\_\_ [*insert name of document*] that I am filing with this Verification, and the facts stated in it are true.

\_\_\_\_\_  
 Petitioner/  Respondent, *pro se* [*signature*]

Subscribed and sworn before me

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

\_\_\_\_\_  
Notary Public

IN THE SUPERIOR COURT OF CLAYTON COUNTY  
STATE OF GEORGIA

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

VS

\_\_\_\_\_,  
Defendant

**NOTICE OF STIPULATION  
TO ACTIVE LIST**

Case No. \_\_\_\_\_

**Jury** \_\_\_\_\_ **or Non-jury** \_\_\_\_\_

**Court reporter requested: yes** \_\_\_\_\_ **no** \_\_\_\_\_

**Interpreter needed? yes** \_\_\_\_\_ **no** \_\_\_\_\_

**Language:** \_\_\_\_\_

TO THE JUDGE OF THE ABOVE-ENTITLED COURT:

You will please take notice that the undersigned attorney for the \_\_\_\_\_  
herewith certifies:

1. That all demurrers and other preliminary matters have been disposed of.
2. That he/she has interviewed all known witnesses he/she might call upon in the trial of the case.
3. That such drawings, documents, physical evidence and other exhibits as he/she may choose to offer are prepared and ready, or will be ready by trial date.
4. That such examinations and use of the rules of discovery as counsel feels necessary for the trial of this cause has been completed, and that the case is at issue.
5. That counsel has approached counsel for the opposition and made reasonable offer of settlement, but that the same was refused,

OR,

No offer of settlement was made because not applicable.

6. Counsel is ready for trial and requests that this case be placed on the Active List.
7. Objection to stipulation to the Active List must be made within 10 days.
8. That if this stipulation is being made to the non-jury active list, the party making this stipulation hereby waives trial by jury and the opposing party also waives trial by jury if no objection is made to the stipulation within 10 days.
9. I hereby certify that I have served the opposing party with a copy of this notice by mailing same to the following address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
Attorney for:

Address: