

IN THE SUPERIOR COURT OF FULTON COUNTY, GEORGIA
 136 PRYOR STREET, ROOM C-103, ATLANTA, GEORGIA 30303
SUMMONS

)	Case
)	No.: _____
)	
Plaintiff,)	
)	
vs.)	
)	
)	
)	
Defendant)	
)	
)	
)	

TO THE ABOVE NAMED DEFENDANT(S):

You are hereby summoned and required to file electronically with the Clerk of said Court at <https://efilega.tylerhost.net/ofswab> (unless you are exempt from filing electronically) and serve upon 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; unless proof of service of this complaint is not filed within five (5) business days of such service. Then time to answer shall not commence until such proof of service has been filed. **IF YOU FAIL TO DO SO, JUDGMENT BY DEFAULT WILL BE TAKEN AGAINST YOU FOR THE RELIEF DEMANDED IN THE COMPLAINT.**

This _____ day of _____, 20 _____

Honorable Cathelene "Tina" Robinson
 Clerk of Superior Court
 By _____
 Deputy Clerk

To defendant upon whom this petition is served:
 This copy of complaint and summons was served upon you _____, 20 _____

Deputy Sherriff

Instructions: Attach addendum sheet for additional parties if needed, make notation on this sheet if addendum is used

SUPERIOR COURT OF FULTON COUNTY
STATE OF GEORGIA
FAMILY DIVISION

_____,
Petitioner, Civil Action
v. Case Number _____
_____,
Respondent.

PETITION FOR LEGITIMATION AND CUSTODY/VISITATION

My name is _____ and I am representing myself in this Petition for Legitimation and Custody/Visitation. In support of my case, I state as follows:

1. The Respondent is _____.
[Check only one of the following, either (a), (b), or (c).]

___(a) the mother of my child(ren)

___(b) the legal guardian of my child(ren)

___(c) the legal custodian of my child(ren).

2. **Jurisdiction and Venue:**
[Check those that apply]

___(a) The Respondent is a resident of Fulton County, Georgia.

___(b) The Respondent is a resident of _____ County, Georgia, and I live in Fulton County. The Respondent has acknowledged service of process and consented to the jurisdiction and venue of this Court.

___(c) The Respondent resides in the State of _____, but I am a resident of Fulton County and my child(ren) reside(s) in Georgia.

___(d) The Respondent resides in the State of _____, but my child(ren) reside(s) in Fulton County.

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

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

___(g) The Respondent Mother is deceased, but my child(ren) or I reside(s) in Fulton County.

3. **Service of Process:** The Respondent shall be served as provided under OCGA § 9-11-4, in the following manner:

[Check those that apply]

___(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:

___(d) The Respondent Mother is deceased.

4. **Minor Child(ren):**

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

<u>Name of child</u>	<u>Gender</u>	<u>Year of Birth</u>	<u>Lives with</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: _____
_____.

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: _____
_____.

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 seek to have my name entered as the father on the birth record of each child.

14. **Child Custody and Visitation:**

(a) I should be awarded the following:

[Check all that apply]

- Sole legal custody [OR] Joint legal custody
- Sole physical custody [OR] Joint physical custody
- Reasonable visitation as follows:

(b) I believe that the custody and visitation arrangement set forth in the attached Permanent Parenting Plan is in the best interests of the child(ren).

15. **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(ren).

__(c) I am not asking the Court to address this issue in this case.

__(d) 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 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).

(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.

17. **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.

18. **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 of the child(ren) be changed to _____;

_____;

_____.

___(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 Paragraph 14;

___(e) That child support, health insurance, medical expenses and life insurance for the support of the child(ren) be ordered according to Paragraphs 15, 16, 17 and 18;

___(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 any and all other relief that the Court finds appropriate.

Dated: _____

Petitioner, Pro se *[Signature]*

Name: _____

Address: _____

Phone: _____

Email: _____

SUPERIOR COURT OF FULTON COUNTY
STATE OF GEORGIA
FAMILY DIVISION

_____,
Petitioner,
v. _____,
Respondent.

Civil Action
Case Number

VERIFICATION

I, _____, personally appeared before the undersigned notary public and, being duly sworn, state that the facts stated in the foregoing Petition are true and correct.

This ___ day of _____, _____(year)

Signature
Name: _____
Address _____
Telephone: _____
Email: _____

Sworn to before me this
___ day of _____, 20__.

Notary Public