

IN THE SUPERIOR COURT OF \_\_\_\_\_ COUNTY  
STATE OF GEORGIA

\_\_\_\_\_) )  
Plaintiff, )  
) Civil Action No. \_\_\_\_\_  
vs. )  
)  
\_\_\_\_\_) )  
Defendant. )

**AGREEMENT FOR MODIFICATION OF CHILD SUPPORT**

This is an Agreement for Modification of Child Support by and between  
\_\_\_\_\_, hereinafter referred to as the "Mother", and  
\_\_\_\_\_, hereinafter referred to as the "Father";

WHEREAS, the child(ren) born to the parties is/are:

Name	Year of Birth
_____	_____
_____	_____
_____	_____

WHEREAS, the parties desire to settle between themselves all questions related to the modification of child support;

WHEREAS, the parties have completed and submitted a Child Support Worksheet and desire that the same, including Schedules "A" through "E", be incorporated herein by reference. The parties' further state they have completed and submitted the Child Support Worksheet Addendum and desire that the same be incorporated herein by reference;

NOW, THEREFORE, in consideration of the mutual covenants hereinafter contained, the parties agree as follows:

**1.**

**CHILD SUPPORT**

The [check only one of the following]  Father  Mother shall pay to the [check only one of the following]  Father  Mother, as support of the minor child(ren), the sum of \$\_\_\_\_\_ per [check only one of the following]  week  bi-weekly  month, starting on \_\_\_\_\_, 20\_\_\_\_, and continuing per [check only one of the following]  week  bi-weekly  month thereafter. The child support obligation shall be reduced as follows as each child becomes emancipated:

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

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2.

**CHILD SUPPORT DURING EXTENDED PERIODS OF VISITATION**

In the event the child(ren) visit(s) with the non-custodial parent for one month or longer, the custodial parent shall pay to the non-custodial parent the usual amount of child support, which is \$ \_\_\_\_\_ per [check only one of the following]  week  bi-weekly  month.

3.

**CHILD SUPPORT METHOD OF PAYMENT**

[Check only one of the following (a), (b), or (c)]

a) All payments of child support shall be paid directly to the [check only one of the following]  Father  Mother at the following address: \_\_\_\_\_

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\_\_\_\_\_. No Income Deduction Order will be entered into at this time. However, when ever, in violation of the terms of this Agreement, there shall have been a failure to make the support payments due hereunder so that the amount unpaid is equal to or greater than the amount payable for one (1) month, the payments required to be made may be collected by the process of continuing garnishment for support.

In the event the [check only one of the following]  Father  Mother fails to pay any child support obligation in this Agreement in a timely fashion on any three (3) occasions in any twelve (12) month period, the parties agree that an Income Deduction Order shall then be entered.

b) All payments of child support shall be paid by the non-custodial parent's employer pursuant to an Income Deduction Order.

c) All payments of child support shall be paid to Georgia Child Support Enforcement pursuant to an Income Deduction Order.

4.

**HEALTH INSURANCE**

[Check only (a) or (b), (c) and (d) are optional]

(a) The [check only one of the following]  Father  Mother shall maintain a policy of medical, dental, and hospitalization insurance for the benefit of the minor child(ren) for so long as the child support obligation set forth herein exists.

(b) Health Insurance is not available at a reasonable cost to either party.

(c) Costs not covered under the insurance policy shall be split between the parties as follows: the Father shall pay for \_\_\_\_\_% of uninsured medical expenses and the Mother shall pay \_\_\_\_\_% of uninsured medical expenses.

(d) The [check only one of the following] Father  Mother shall provide the [check only one of the following]  Father  Mother with an insurance identification card or such other acceptable proof of insurance coverage and shall cooperate with the [check only one of the following]  Father  Mother in submitting claims under the policy.

**5.**

**VOLUNTARINESS OF AGREEMENT**

The parties acknowledge that they have entered into this Agreement freely and voluntarily and that it is not the result of any duress or undue influence.

**6.**

**AGREEMENT AS ENTIRE UNDERSTANDING**

This Agreement constitutes the entire understanding of the parties. There are no representations, warranties, covenants, or undertaking other than those expressly set forth herein.

IN WITNESS WHEREOF, the parties have signed their names, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Sworn to and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public  
My Commission Expires:\_\_\_\_\_

\_\_\_\_\_  
**MOTHER**

Sworn to and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public  
My Commission Expires:\_\_\_\_\_

\_\_\_\_\_  
**FATHER**

CASE NUMBER: \_\_\_\_\_, County \_\_\_\_\_

CIVIL ACTION CASE \_\_\_\_\_ v. \_\_\_\_\_