

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

**Petitioner:** \_\_\_\_\_

**VS.**

**Civil Action File No:** \_\_\_\_\_

**Respondent:** \_\_\_\_\_

**PETITION FOR DIVORCE**

I, \_\_\_\_\_, representing myself, state that:

1. **Subject Matter Jurisdiction:** I am the Petitioner in this action, and **(Check (a) or (b))**

- a) I have been a resident of the State of Georgia for more than six (6) months prior to filing this action.
- b) I am not a resident of the State of Georgia, but my spouse has been a resident of the State of Georgia and a resident of Douglas County for at least six (6) months prior to my filing of this action.

2. **Venue:** My spouse's name is \_\_\_\_\_. He/She is the Respondent in this action. **(Check (a), (b), (c), or (d))**

a) The Respondent is a resident of Douglas County and is subject to the jurisdiction of this Court. **(Check (1), (2), (3) or (4))**

1) The Respondent has consented to the Jurisdiction of this Court and has acknowledged service of process and jurisdiction of this Court. **(Check the box below if you and your spouse have a separation agreement that you want to have made a part of your divorce decree.)**

Attached to this Complaint for Divorce is a Separation Agreement which my spouse and I desire to be incorporated into our final judgment and decree for divorce.

2) The Respondent may be served at Respondent's residence address of \_\_\_\_\_.

3) The Respondent may be served at Respondent's work address of \_\_\_\_\_.

The Respondent works in \_\_\_\_\_ County and shall be served by second original.

4) The Respondent's whereabouts are unknown to me as shown by my Affidavit of Due Diligence attached hereto and incorporated by reference, marked Exhibit A. The Respondent shall be served by publication as is provided by law in the case of those who cannot be found within the State pursuant to O.C.G.A. § 9-11-4(f)(1). The clerk shall mail a copy of the Notice, Order for Service by Publication, Petition for Divorce to the last known address of Respondent which is \_\_\_\_\_

within 15 days of filing of the Order of Service by Publication.

b) The Respondent is a resident of \_\_\_\_\_ County, but Respondent and I lived together in Douglas County at the time we separated, Respondent has only moved from Douglas County within the past six months from the date of this filing, and I am a resident of Douglas County. The Respondent shall be served by second original at his/her home/work address of \_\_\_\_\_.

c) The Respondent is a resident of \_\_\_\_\_ County, and I live in Douglas County. The Respondent has consented to the jurisdiction of this Court and has acknowledged service of process and venue of this Court. **(Check the box below if you and your spouse have a separation agreement that you want to have made a part of your divorce decree.)**

Attached to this Complaint for Divorce is a Separation Agreement which my spouse and I desire to be incorporated into our final judgment and decree for divorce.

d) The Respondent is not a resident of the State of Georgia, but I am resident of Douglas County and **(Check (1), (2) or (3))**

1) The Respondent was formerly a resident of the State of Georgia and presently is a resident of the State of \_\_\_\_\_. Respondent may be served by second original pursuant to the Long Arm Statute, O.C.G.A. § 9-10-91(5). Respondent may be served at Respondent's residence address of \_\_\_\_\_

2) The Respondent's whereabouts are unknown to me as shown by my Affidavit of Due Diligence attached hereto and incorporated by reference, marked Exhibit A. The Respondent shall be served by publication as is provided by law in the case of those who cannot be found within the State pursuant to O.C.G.A. § 9-11-4(f)(1). The clerk shall mail a copy of the Notice, Order for Service by Publication, and Petition for Divorce to the last known address of Respondent which is \_\_\_\_\_

within 15 days of the filing of the Order for Service by Publication.

3) The Respondent has consented to the Jurisdiction of this Court and has acknowledged service of process and jurisdiction of this Court. **(Check the box below if you and your spouse have a separation agreement that you want to have made a part of your divorce decree.)**

Attached to this Complaint for Divorce is a Separation Agreement which my spouse and I desire to be incorporated into our final judgment and decree for divorce.

e) I am a resident of Douglas County and the Respondent's whereabouts are unknown to me as shown by my Affidavit of Due Diligence attached hereto and incorporated by reference marked Exhibit A. The Respondent shall be served by publication as is provided by law in the case of those who cannot be found within the State pursuant to O.C.G.A. § 9-11-4(f)(1). The clerk shall mail a copy of the Notice, Order for Service by Publication, and Petition for Divorce to the last known address of Respondent which is \_\_\_\_\_

**3. Date of Marriage: (Check (a) or (b))**

- a) The Respondent and I were lawfully married on \_\_\_\_\_.
- b) The Respondent and I are common law married having entered into a common law marriage before January 1, 1997 as of \_\_\_\_\_.

**4. Date of Separation:** Respondent and I separated on \_\_\_\_\_ and have remained in a bona fide state of separation since that date.

**5. Children: (Check (a) or (b))**

- a) There are no minor children of this marriage.
- b) Respondent and I are the parents of \_\_\_\_\_ minor children:

Name of child	Sex(m/f)	Date of Birth	Resides with mother/father/other

**6. Custody/Visitation: (If there are minor children check (a), (b) or ©)**

- a) I am entitled to the temporary and permanent sole legal and physical custody of these children.
- b) I am entitled to joint legal and physical custody of these children.
- c) I am entitled to reasonable visitation with these children.

**7. Children's Place of Residence (If there are minor children, please complete)**

The minor children of the parties currently reside at \_\_\_\_\_ with \_\_\_\_\_ . During the past five years, the minor children have lived at the addresses below with the following persons:

Name	Address Resided with

**8. Other Custody Actions: (If there are minor children, check (a) or (b))**

a) I have not participated as a party, or witness, or in any capacity in any other litigation concerning the custody of the minor children in this or any other state. I do not know of any custody proceeding concerning the minor children which may be pending in a Court in this or any other state.

b) The minor children have been involved in the following custody actions.

County/State/Court	Type of custody action	Date Filed	Status

**9. Other Persons with Claims to Children: (If there are minor children, check (a) or (b))**

a) I know of no other person, not a party to this proceeding, who has physical custody of the children or claims to have custody or visitation rights with respect to the minor children.

b) The following persons who are not a party to this proceeding have custody or visitation rights with the minor children:

Name	Claim

**10. Child Support/Alimony: (Complete if there are minor children and/or you are seeking alimony)**

a) I am employed by \_\_\_\_\_ earning \_\_\_\_\_ per month. The Respondent is an able bodied person capable of earning sufficient money to support (the minor children/ the minor children and me/ me). Respondent is employed by \_\_\_\_\_ earning \_\_\_\_\_ per month and I am in need of financial assistance from the Respondent for the support of: **(Check one:)**

the minor children     the minor children and me     me.

b) The issues of child support and alimony cannot be decided in this action because Georgia does not have personal jurisdiction over my spouse.

**11. Health Insurance for Minor Children: (Complete if there are minor children. (Check (a), (b) or (c) )**

a) Respondent should be ordered to maintain a policy for dental, medical, and hospitalization insurance for the minor children. Respondent should also be responsible for any other expenses for the children's medical or dental treatment, if such expenses are not covered by insurance policies.

b) Respondent and I should share the costs of dental, medical, and hospitalization insurance for the minor children.

c) The issue of health insurance for the children cannot be decided in this action because Georgia does not have jurisdiction over my spouse.

12. **Life Insurance for the Minor Children: (Check if there are minor children, and you want your spouse to have life insurance for the minor children. Check (a) or (b))**

a) Respondent should be ordered to maintain life insurance for the benefit of the minor children.

b) The issue of obtaining life insurance cannot be decided in this action because Georgia does not have personal jurisdiction over my spouse.

13. **Alimony:** I am/am not seeking alimony because

The issue of alimony cannot be decided in this action because Georgia does not have personal jurisdiction over my spouse

14. **Marital Property: (Check (a), (b), or (c))**

a) Respondent and I have no marital property.

b) Respondent and I have already divided our marital property to our mutual satisfaction.

c) Respondent and I have the following marital property that I have checked, and I am seeking an equitable division of this property:

- house located at \_\_\_\_\_
- pension (mine-\_\_\_\_\_, spouse's-\_\_\_\_\_)
- motor vehicles (model/year )
- furniture (list or attach list )
- bank accounts and investments (list or attach list )
- other (list or attach list )

d) The issue of the division of marital property cannot be decided in this action because Georgia does not have personal jurisdiction over my spouse.

15. **Joint Debts: Check (a) or (b):**

a) Respondent and I have no outstanding joint debts

b) Respondent and I have the following outstanding joint debts and he/she should be (solely liable for payment of these debts/ jointly liable for payment of these debts/responsible for payment of the debts that I checked.)

Creditor Balance

c) The issue of the division of joint debts cannot be decided in this action because Georgia does not have personal jurisdiction over my spouse.

16. **Restore Former Name:** My former name is \_\_\_\_\_ and I request that it be restored to me.

17. **Grounds for Divorce.** My grounds for an absolute divorce are: (**Check the grounds that you can prove at trial:**)

- a) The marriage is **irretrievably broken**. My Spouse and I can no longer live together. There is no hope of that the two of us will get back together.
  
- b) **Cruel treatment**. My spouse committed the following acts of cruel treatment to me such that I am afraid that he/she will hurt me in the future:  

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- c) **Adultery**. My spouse has had sexual intercourse outside of the marriage.
  
- d) **Desertion**. On or about \_\_\_\_\_, my spouse, without just cause or reason, intentionally abandoned and deserted me for a period of at least one year as follows:  

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- e) **Intermarriage**. My spouse and I are related as follows:  

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- f) **Mental incapacity**. I did not have the mental capacity to enter into a marriage when we married because  

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- g) **Impotency**. My spouse was impotent at the time of our marriage, and I was not aware of this.
  
- h) **Force, menace, duress, fraud in obtaining the marriage**. I entered into this marriage against my will as a result of  

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- i) **Pregnancy** of the wife at the time of the marriage unknown to the husband. I did not know that my spouse was pregnant by another man when we got married
  
- j) **Conviction** of party for an offense involving **moral turpitude**. On or about \_\_\_\_\_ my spouse was sentenced to serve at least two years in the penitentiary for the following:  

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- k) **Habitual intoxication**. My spouse is repeatedly intoxicated.
  
- l) **Incurable mental illness**. My spouse has been adjudged mentally ill by a court of competent jurisdiction. My spouse has been confined in an institution for the mentally ill for a period of at least two years immediately preceding this action. My spouse's mental illness has been determined to be incurable by competent examiners, and I have attached a certified statement that it is this person's opinion that my spouse is hopelessly and incurably mentally ill.
  
- m) **Habitual Drug Addiction**: My spouse is addicted to drugs as follows:  

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FOR THESE REASONS, I request **(check all that apply)**

- a) That a Rule Nisi be issued directing the Respondent to show cause why my prayers should not be granted;
- b) Temporary and Permanent Custody of the minor children;
- c) Joint custody of the minor children;
- d) Visitation with the minor children;
- e) Child Support;
- f) Medical, Dental and Hospitalization insurance for the children;
- g) Life Insurance for the benefit of the minor children;
- h) Alimony;
- i) An award of the marital property listed in paragraph (14c);
- j) Respondent to pay the joint debts listed in paragraph (15b);
- k) That all issues of child support, health insurance for the minor children, life insurance for the minor children, alimony, division of property and debts be held in abeyance until such time as this court has personal jurisdiction over my spouse;
- l) A change back to my former name
- m) A restraining order to restrain and enjoin the Respondent from harassing, molesting or threatening me in any way whatsoever;
- n) A total divorce, a vinculo matrimonii, from Respondent;
- o) Respondent be served with a copy of my Complaint for Divorce;
- p) That the Separation Agreement attached to this petition be made the Order of this Court; and
- q) Any other appropriate relief.

This the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.  
[date] [month] [year]

Respectfully submitted,

\_\_\_\_\_  
(Sign your name here) PRO SE

Petitioner's name (*print or type*): \_\_\_\_\_

Petitioner's address: \_\_\_\_\_

Petitioner's telephone number: ( ) \_\_\_\_\_