

INSTRUCTIONS FOR DOCUMENT PREPARATION SERVICES

1. Please fill out the attached Agreement and Worksheets and return them to us via email to DocPrep@barrettpartnersgroup.com or fax to (678) 825-3807. *Note: All our worksheets are PDF fillable documents.*
2. Schedule a phone consultation and make your payment through our website by clicking “Book Appointment” at GADocPrep.com.
Be sure to schedule your appointment for at least 1 full business day **after** you submit your Agreement and Worksheets to ensure that the attorney has had the opportunity to review your Worksheets prior to the consultation in order to make the best use of your time during the call.
3. An attorney will call you at your scheduled consultation time to discuss your needs and request additional information, if needed.

NOTE:

FOR DIVORCE WITH MINOR CHILDREN SUBMIT WITH THE DIVORCE WORKSHEET:

- Parenting Time/Visitation Schedule Worksheet; and
- Domestic Relations Financial Affidavit

BARRETT PARTNERS GROUP, LLC

2330 Scenic Highway
Snellville, Georgia 30078

Phone: 678-218-8219
Fax: 678-825-3807
Contact@barrettpartnersgroup.com
www.BarrettPartnersGroup.com

Date: _____

Agreement for Document Preparation Services

Submit this form to us via email at DocPrep@barrettpartnersgroup.com or fax to (678) 825-3807. Payment must be received before Barrett Partners Group, LLC will begin preparing your documents.

Full Legal Name: _____

Address: _____

Phone: _____ Email: _____

Select the document preparation service you would like to receive (select 1):

- Child Support**—\$199.99
- Custody/Visitation**—\$199.99
- Custody/Visitation and Child Support**—\$249.99
- Legitimation**—\$199.99
- Legitimation, Custody/Visitation, and/or Child Support**—\$289.99
- Divorce** (without minor children)—\$299.99
- Divorce** (with minor children)—\$349.99

_____ (Client Name) hereinafter “Client,” agrees to pay Barrett Partners Group, LLC (hereinafter “BPG”), for the preparation of the above selected documents. Payment of the aforementioned fee shall be due at the time this agreement is executed, unless otherwise agreed to in writing.

Description of Our Services

We understand that you have engaged us to prepare the above-referenced document(s) for you. Under the terms of this agreement, we are not agreeing to represent you in any legal proceedings nor are we agreeing to render legal advice. Any other existing or future matters in which we may represent you will be reflected by engagement agreements separate from this one. We understand that you do not expect us to provide advice regarding any other matters under the terms of this agreement. Completed draft

documents will be provided to Client via email within 3 to 5 business days after we receive your Agreement, Worksheet(s) and Payment. Client is entitled to one (1) scheduled thirty (30) minute phone consultation under this Agreement. Client must schedule the phone consultation through the BPG's website. It is the Client's responsibility to ensure that Client provides correct information to us; BPG is not liable for incorrect information that is provided to us on any worksheets submitted by Client.

Effective Date

The agreement for Guided Attorney Services reflects the terms under which we have and will provide services in connection with this agreement. **To signify your agreement to the terms herein, please sign (*electronic signature accepted*) this original engagement agreement. We must receive a signed counterpart of this agreement in order to begin or continue providing services in this matter.**

Other Important Terms

This writing sets forth the entire agreement between you and this firm regarding our preparation of the above referenced document. This agreement may be changed only in writing signed by all parties to this agreement. This agreement and its performance are governed by the laws of the State of Georgia. Any claim of breach arising out of or relating to this agreement shall be subject to and conditioned on written notice and a thirty (30) day cure period. In the event of a dispute between the parties to this Agreement, or any collection of fees, the parties consent to the jurisdiction of and venue in the courts of Gwinnett County, Georgia.

We appreciate the opportunity to be of service to you, we thank you for your confidence, and look forward to working with you on this very important matter.

Agreed and consented to:

Agreed and consented to:

Client

Barrett Partners Group, LLC
Authorized Representative

BARRETT PARTNERS GROUP, LLC

Date: _____

DIVORCE WORKSHEET

Is this an uncontested or contested divorce? _____

I. HUSBAND - GENERAL INFORMATION

Full Legal Name: _____

Address: _____

County: _____

DOB: _____ U.S. Citizen: YES NO

Telephone: _____ (work)

_____ (home)

_____ (cell)

_____ (fax)

E-mail: _____

Specify whether the husband is plaintiff or defendant: _____

Number of marriages prior to this marriage: _____ (e.g. None, 1, 2, 3, etc.)

II. WIFE - GENERAL INFORMATION

Full Legal Name: _____

Address: _____

County: _____

DOB: _____ U.S. Citizen: YES NO

Telephone: _____ (work)

_____ (home)

_____ (cell)

_____ (fax)

E-mail: _____

Specify whether the wife is plaintiff or defendant: _____

Number of marriages prior to this marriage : _____(e.g. None, 1, 2, 3, etc.)

Wife's Maiden Name _____.

Does the Wife want her maiden name restored after the divorce? YES NO

III. JURISDICTION

Date of this Marriage: _____
Month Day Year

Date of Separation: _____
Month Day Year

Length of time Husband has resided in state (years and months) _____

Length of time Husband has resided in county (years and months) _____

Length of time Wife has resided in state (years and months) _____

Length of time Wife has resided in county (years and months) _____

IV. CHILDREN - GENERAL INFORMATION (skip to Alimony on page 5 if no minor children)

How many children as issue do you have from this marriage? _____

Name: _____ DOB: _____ M F
(Legal Name including middle name)

Name: _____ DOB: _____ M F
(Legal Name including middle name)

Name: _____ DOB: _____ M F
(Legal Name including middle name)

Name: _____ DOB: _____ M F
(Legal Name including middle name)

Name: _____ DOB: _____ M F
(Legal Name including middle name)

CUSTODY

Have said Children resided with the plaintiff and defendant since birth? YES NO

Have any other proceedings other than this divorce ever been initiated concerning the custody of said children? YES NO

Does the Plaintiff know of any individual other than the parties to this action who have any claim of custody or

visitation rights concerning said Children? YES NO

At the present time, the minor children are living with: _____.

Legal custody of the children should be granted to: _____
(Mother, Father, Joint, etc.)

Physical custody of the children should be granted to: _____
(Mother, Father, Joint, etc.)

CHILD SUPPORT

The gross income of the father: \$ _____ per month.

The gross income of the mother: \$ _____ per month.

Monthly child support Husband will pay to the Wife? \$ _____ (only insert amount if this is an uncontested divorce)

Monthly child support Wife will pay to the Husband? \$ _____ (only insert amount if this is an uncontested divorce)

In this case child support is being determined for _____ child(ren).

(Number, 1,2,3, etc.)

CHILD SUPPORT GUIDELINES

Child support in Georgia is calculated using both parent's income. If this is an uncontested divorce please list the amount of child support the parties have agreed to above. If this is a contested divorce, please only list the gross income of the mother and the gross income of the father. The required Child Support Calculator will be used to calculate child support regardless of if the case is contested or uncontested, but deviations may be allowed in uncontested matters if any of the below circumstances apply. If you have a unique child support situation and/or request, you will be able to speak with the attorney about it during your scheduled phone call.

Child support cannot be less than the minimum amount required by the State of Georgia, unless special circumstances exist. Check below any special circumstances that would warrant deviation from the Georgia child support guidelines:

- 1. Health insurance costs.
- 2. A child(ren)'s extraordinary medical costs or needs in addition to accident and sickness insurance, provided that all such costs or needs shall be considered if no insurance is available.
- 3. Educational costs.
- 4. Day-care costs.
- 5. Shared physical custody arrangements, including extended visitation.
- 6. A party's other support obligations to another household.
- 7. Income that should be imputed to a party because of suppression of income.
- 8. In-kind income for the self-employed, such as reimbursed meals or a company car.
- 9. Other support a party is providing or will be providing, such as payment of a mortgage.

- 10. A party's own extraordinary needs, such as medical expenses.
- 11. Extreme economic circumstances including but not limited to:
 - a. Unusually high debt structure; or
 - b. Unusually high income of either party or both parties, which shall be construed as individual gross income of over \$75,000.00 per annum.
- 12. Historical spending in the family for children which varies significantly from the percentage table.
- 13. Considerations of the economic cost of living factors of the community of each party
- 14. In-kind contribution of either parent.
- 15. The income of the custodial parent.
- 16. The cost of accident or sickness insurance coverage for dependent children included in the order.
- 17. Extraordinary travel expenses to exercise visitation or shared physical custody.
- 18. Any other factor, as described below:

HEALTH INSURANCE

_____ (Husband/Wife) will retain children as dependents on health insurance available through his/her employment; OR

_____ (Husband/Wife) will continue to maintain medical insurance on the children.

TAX RETURNS

_____ will be able to claim the children as dependents and exemptions (Husband/Wife) on his/her tax returns.

LIFE INSURANCE

Life insurance maintained for benefit of children:

by Wife _____ \$ _____

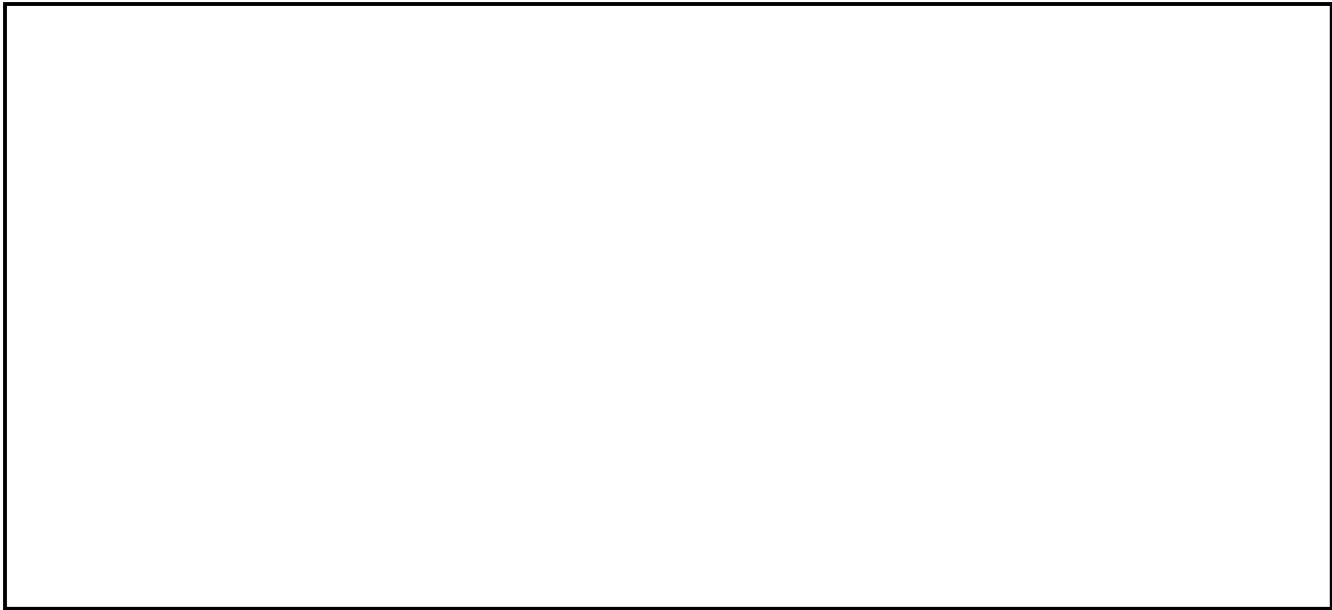
Company Amount

by Husband _____ \$ _____

Company Amount

VISITATION

Please fill out the attached Parenting Time/Visitation Schedule Worksheet. You may use the space below to provide any additional special concerns and/or considerations that are not referenced and/or address in the Parenting Time/Visitation Worksheet.



ALIMONY

Neither party will pay alimony. _____ OR

_____ will pay alimony for specific time period:

(Husband/Wife) \$ _____ Amount Time period

V. DIVISION OF MARITAL PROPERTY/MARITAL DEBT

MARITAL RESIDENCE:

Value of home: \$ _____

Balance owed on home: \$ _____

Address:

Street (including Apartment #)

_____, _____, _____, _____
City State Zip County

SALE OF RESIDENCE

Marital home will be sold: YES NO

_____ will live in marital home until sold.

(Husband/Wife)

Net proceeds of sale of marital residence will be paid as follows:

In equal shares to Husband and Wife: YES NO

If net proceeds are not divided equally, please specify division of property:

Mortgage and Expenses. (check one)

_____ Both parties will pay 1/2 of mortgage and expenses until property is sold;

OR

_____ will pay mortgage and expenses until property is sold.

(Husband/Wife)

Repairs. (check one)

_____ Both parties will pay 1/2 of repairs until property is sold;

OR

_____ will pay repairs until property is sold.

(Husband/Wife)

RESIDENCE (IF NOT SOLD)

_____ will live in the marital home.

(Husband/Wife)

List agreed upon terms for husband/wife to keep the marital home, including re-financing, etc:

REAL AND PERSONAL PROPERTY (other than marital home)

List all real and personal property that each party will receive including household goods, furniture, clothing, dishes, china, silver, crystal, jewelry, collectibles, books, art work, electronics, tools, guns and other items of value):

Husband: (Continue on separate sheet if needed)

Wife: (Continue on separate sheet if needed)

AUTOMOBILES

Husband:

Make _____ Model _____ Year _____

Titled in name of _____

Make _____ Model _____ Year _____

Titled in name of _____

Wife:

Make _____ Model _____ Year _____

Titled in name of _____

Make _____ Model _____ Year _____

Titled in name of _____

DEBTS

Please list all joint debts, balance owed and who will assume debt:

Debt	Balance	Responsible Party
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

Please list any other debts and the responsible party to repay the debt. Include credit cards not listed above.

Debt	Balance	Responsible Party
Husband:		
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

Debt	Balance	Responsible Party
------	---------	-------------------

Wife:

_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

RETIREMENT ACCOUNTS

Will husband and wife keep his/her own retirement benefits? YES NO

If a retirement account is to be divided between the parties, attach a recent statement.

BANK ACCOUNTS

List all checking, savings and brokerage accounts and specify how they will be divided:

Account/Number	Amount	Distribution
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

Name: _____

Parenting Time/Visitation Schedules

A. Parenting Time/Visitation

During the term of this parenting plan the non-custodial parent shall have at a minimum the following rights of parenting time/ visitation (choose an item):

- ___ The weekend of the first and third Friday of each month.
- ___ The weekend of the first, third, and fifth Friday of each month.
- ___ The weekend of the second and fourth Friday of each month.
- ___ Every other weekend starting on _____.
- ___ Each _____ starting at _____ a.m./p.m. and ending _____ a.m./p.m.
- ___ Other: _____

___ and weekday parenting time/ visitation on (choose an item):

- ___ None
- ___ Every Wednesday Evening
- ___ Every other Wednesday during the week prior to a non-visitation weekend.
- ___ Every _____ and _____ evening.
- ___ Other: _____

For purposes of this parenting plan, a weekend will start at _____ a.m./p.m. on [Thursday / Friday / Saturday / Other: _____] and end at _____ a.m./p.m. on [Sunday / Monday / Other: _____].

Weekday visitation will begin at _____ a.m./p.m. and will end [__p.m. / when the child(ren) return(s) to school or day care the next morning / Other:_____].

B. Major Holidays and Vacation Periods

Thanksgiving

The day to day schedule shall apply unless other arrangements are set forth:

_____ beginning _____.

Winter Vacation

The _____ (choose mother or father) shall have the child(ren) for the first period from the day and time school is dismissed until December _____ at _____ a.m./p.m. in () odd numbered years () even numbered years () every year. The other parent will have the child(ren) for the second period from the day and time indicated

above until 6:00 p.m. on the evening before school resumes. Unless otherwise indicated, the parties shall alternate the first and second periods each year.

Other agreement of the parents:

_____.

Summer Vacation

Define summer vacation period:

The day to day schedule shall apply unless other arrangements are set forth:

_____ beginning _____.

Spring Vacation (if applicable)

Define: _____

The day to day schedule shall apply unless other arrangements are set forth:

_____ beginning _____.

Fall Vacation (if applicable)

Define: _____

The day to day schedule shall apply unless other arrangements are set forth:

_____ beginning _____.

C. Other Holiday Schedule (if applicable)

Indicate if child(ren) will be with the parent in ODD or EVEN numbered years or indicate EVERY year:

	MOTHER	FATHER
Martin Luther King Day	_____	_____
Presidents' Day	_____	_____
Mother's Day	_____	_____

Memorial Day	_____	_____
Father's Day	_____	_____
July Fourth	_____	_____
Labor Day	_____	_____
Halloween	_____	_____
Child(ren)'s Birthday(s)	_____	_____
Mother's Birthday	_____	_____
Father's Birthday	_____	_____
Religious Holidays:	_____	_____

Other: _____		
	_____	_____
	_____	_____
	_____	_____
Other: _____	_____	_____
Other: _____	_____	_____
	_____	_____

D. Other extended periods of time during school, etc. (refer to the school schedule)

E. Start and end dates for holiday visitation

For the purposes of this parenting plan, the holiday will start and end as follows (choose one):

- Holidays that fall on Friday will include the following Saturday and Sunday
- Holidays that fall on Monday will include the preceding Saturday and Sunday
- Other: _____

F. Coordination of Parenting Schedules

Check if applicable:

The holiday parenting time/visitation schedule takes precedence over the regular parenting time/visitation schedule.

When the child(ren) is/are with a parent for an extended parenting time/visitation period (such as summer), the other parent shall be entitled to visit with the child(ren) during the extended period, as follows:

G. Transportation Arrangements

For visitation, the place of meeting for the exchange of the child(ren) shall be:

The _____ will be responsible for transportation of the child at the beginning of visitation.

The _____ will be responsible for transportation of the child at the conclusion of visitation.

Transportation costs, if any, will be allocated as follows:

Other provisions: _____

H. Contacting the child

When the child or children are in the physical custody of one parent, the other parent will have the right to contact the child or children as follows:

___ Telephone

Other: _____

___ Limitations on contact:

I. Supervision of Parenting Time (if applicable)

___ Check here if Applicable

Supervised parenting time shall apply during the day-to-day schedule as follows:

Place: _____

Person/Organization supervising: _____

Responsibility for cost:

mother father both equally

J. Communication Provisions

Please check:

Each parent shall promptly notify the other parent of a change of address, phone number or cell phone number. A parent changing residence must give at least 30 days notice of the change and provide the full address of the new residence.

Due to prior acts of family violence, the address of the child(ren) and victim of family violence shall be kept confidential. The protected parent shall promptly notify the other parent, through a third party, of any change in contact information necessary to conduct visitation.

IN THE SUPERIOR COURT OF _____ COUNTY
STATE OF GEORGIA

)	
Plaintiff)	
)	Civil Action
v.)	Case Number _____
)	
Defendant.)	
)	

DOMESTIC RELATIONS FINANCIAL AFFIDAVIT

(1) Your Name:		Your Age:
Spouse's Name:		Spouse's Age:
Date of Marriage:	Date of Separation:	
Names and birth dates of children for whom support is to be determined in this action:		
Name	Date of Birth	Resides with
Names and birth dates of your other children:		
Name	Date of Birth	Resides with

(2) SUMMARY OF YOUR INCOME AND NEEDS: (fill out this part after you complete pages 2-5)	
(A) Gross monthly income (from Item 3A below)	
(B) Net monthly income (from Item 3B below)	
(C) Average monthly expenses (from Item 5A below)	

Initials

Monthly payments to creditors (Item 5B below)	
Total monthly expenses & payments to Creditors (Item 5C below)	

(3) (A) YOUR GROSS MONTHLY INCOME: (Complete this section or attach Child Support Schedule A. All income must be entered based on monthly averages regardless of date of receipt. Where applicable, income should be annualized.)	
Salary or Wages - ATTACH COPIES OF 2 MOST RECENT WAGE STATEMENTS	
Commissions, Fees & Tips	
Income from self-employment, partnership, close corporations and independent contracts (gross receipts minus ordinary and necessary expenses required to produce income) ATTACH SHEET ITEMIZING YOUR CALCULATIONS	
Rental income (gross receipts minus ordinary and necessary expenses required to produce income) ATTACH SHEET ITEMIZING YOUR CALCULATIONS	
Bonuses	
Overtime Payments	
Severance Pay	
Recurring Income from Pensions or Retirement Plans	
Interest and Dividends	
Trust income	
Income from Annuities	
Capital Gains	
Social Security Disability or Retirement Benefits	
Worker's Compensation Benefits	
Unemployment Benefits	
Judgments from Personal Injury or Other Civil Cases	
Gifts (cash or other gifts that can be converted to cash)	
Prizes & Lottery Winnings	
Alimony and maintenance from persons not in this case	
Assets which are used for support of family	
Fringe Benefits (if significantly reduce living expenses)	
Any Other Income (Do not included means-tested public assistance, such as TANF or food stamps.)	
TOTAL Gross Monthly Income (also write in 2A on page one)	
(3) (B) Net Monthly Income from Employment (deducting only state and federal taxes and FICA) (also write in 2B on page one)	

Initials

Your Pay Period (i.e., monthly, weekly, etc.):	Number of Exemptions Claimed by You for Tax Purposes:
--	---

(4) Assets			
(List all assets here, including both non-marital and marital property. If you claim or agree that all or part of an asset is non-marital, indicate the non-marital portion under the appropriate spouse's column and state the amount that the basis: pre-marital, gift, inheritance, source of funds, etc. The total value of each asset must be listed in the "value" column. "Value" means what you feel the item of property would be worth if it were offered for sale.)			
Description	Value	Separate Asset of Husband	Separate Asset of Wife
Cash			
Stocks, Bonds			
CD's / Money Market Accounts			
Bank Accounts (list each account below):			
(1)			
(2)			
401(K)			
Other Retirement Accounts			
Money Owed to You (or Spouse)			
Tax Refund Owed to You			
Real Estate (list properties & mortgages):			
Marital Residence			
Approximate Value:			
Approximate Debt:			
Approximate Equity:			
Automobiles/Vehicles (list vehicles & amounts owed on each one):			
(1)			
Value less debt owed			
(2)			
Value less debt owed			
Life Insurance (net cash value)			
Furniture/Furnishings			

Initials

Jewelry			
Collectibles			
Other Assets (specify):			
TOTAL ASSETS			

5 (A) AVERAGE MONTHLY EXPENSES		
HOUSEHOLD EXPENSES		
Mortgage or rent payments		
Property taxes		
Insurance		
Condo, maintenance fees/homeowners association fees		
Electricity		
Water		
Garbage & sewer		
Telephone		
Gas		
Repairs & Maintenance		
Lawn care		
Pool care		
Pest control		
Cable television		
Miscellaneous household and grocery items		
Meals outside home		
Drugstore items		
Linens		
Postage and Stationary		
Burglar alarm		
Service contracts on appliances		
Domestic help		
Domestic help: FICA		
Other (Attach sheet)		

Initials

PETS	
Grooming	
Veterinarian	
Food	
AUTOMOBILE	
Gasoline and oil	
Repairs	
Auto tags and license	
Insurance	
Alternative transportation (bus, public transportation, etc.)	
Tolls and parking	
OTHER EXPENSES	
Dry cleaning and laundry	
Grooming	
Clothing	
Medical/dental	
Prescriptions	
Gifts (special holidays)	
Entertainment	
Vacations	
Retirement/401-K Contributions	
Publications	
School alumni dues	
Union dues, clubs	
Club Membership dues and expenses	
Religious and charities	
Professional expenses (other than this proceeding)	
Bank charges/credit card fees	
Miscellaneous (attach sheet)	
Other (attach sheet)	
Alimony paid to former spouse	
Child support for other children	

Initials

CHILDREN'S EXPENSES	
Child care	
School expenses	
School uniforms	
Private lessons/tutoring	
Lunch money/allowance	
Allowances	
Clothing	
Medical/dental	
Psychiatric/psychological/counseling	
Prescriptions	
Grooming	
Gifts	
Entertainment	
Toys	
Books/Publications	
Summer camps	
Sports and extracurricular activities	
Other (attach sheet)	
INSURANCE	
Health	
Dental	
Life	
Disability	
Other (specify)	
TOTAL MONTHLY EXPENSES	

(5) (B) Payments To Creditors			
To Whom	Name on Account	Balance Due	Monthly Payment
TOTAL PAYMENTS TO CREDITORS			

Initials

(5) C) TOTAL MONTHLY EXPENSES AND PAYMENTS TO CREDITORS	
--	--

This ____ day of _____, 20__.

Affiant

Notary Public

My Commission Expires: _____

Initials