

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

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

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

vs

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

**PETITION FOR CITATION OF CONTEMPT**

NOW COMES \_\_\_\_\_ (your full name), Petitioner in the above-styled action, and files this Petition for Citation of Contempt and shows the Court as follows:

1. An Order was entered in the Superior Court of \_\_\_\_\_ County, Georgia as follows:  
The case name as it appeared in the prior action: \_\_\_\_\_  
Civil Action File Number (use the letter and number from that case): \_\_\_\_\_  
The date the Order was filed in the Court: \_\_\_\_\_  
A copy of that Order is attached.
  
2.  Respondent is subject to the jurisdiction of this Court (where Respondent lives in Georgia or can be personally served in Georgia) and may be personally served with a copy of this Petition and Rule Nisi at \_\_\_\_\_.
  
- Respondent is not a resident of DeKalb County. Respondent lives in \_\_\_\_\_ County, Georgia and shall be served with a copy of this Petition and Rule Nisi by second original.
  
- Respondent is subject to the jurisdiction of this Court pursuant to the Georgia Domestic Relations Long Arm Statute (where Respondent is a non-resident of Georgia and you are seeking a contempt action against the opposing party for failure to pay child support/alimony, to obtain health/life insurance coverage, to pay medical expenses, to turn over property, or to pay other expenses) and may be personally served with a copy of this Petition and Rule Nisi at \_\_\_\_\_ by second original.
  
3. In the prior Order, Respondent was ordered: (check all that apply)  
 to pay to Petitioner the amount of \$ \_\_\_\_\_ per \_\_\_\_\_ per child in child support, and owes \$ \_\_\_\_\_ to Petitioner as of the date of the filing of this Petition  
 to allow Petitioner to visit with the minor child(Ren) but has refused to do so  
 to give to Petitioner the following possessions but has refused to do so: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
 to pay for and have medical insurance for the minor child(ren)  
 to pay me back for medical bills in the amount of \$ \_\_\_\_\_  
 other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

