

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

PETITIONER (Father)

RESPONDENT (Mother)

CHILD

CASE #: _____

FILE #: _____

PETITION FOR LEGITIMATION

(ONE CHILD)

COME NOW, _____,
Petitioner in the above-styled action, pursuant to O.C.G.A. § 19-7-22 & O.C.G.A. § 15-11-28, and files
this Petition for Legitimation based upon the following facts:

1. The child is the subject of a pending dependency to O.C.G.A. § 19-7-22 matter in DeKalb County Juvenile Court.
2. The child is a resident of DeKalb County, Georgia or the mother is a resident of DeKalb County, Georgia or the legal custodian of the child resides in DeKalb County, Georgia or the mother is a resident of DeKalb County, Georgia.
3. Petitioner is the natural and biological father of the child with the following listed date and location of birth:

| <u>Name</u> | <u>DOB</u> | <u>Location of Birth</u> |
|-------------|------------|--------------------------|
| _____ | _____ | _____ |

4. The biological mother of the child is _____. The Mother/respondent has been served with a copy of this Petition by mail at her address of: _____ OR the mother/respondent has executed an Acknowledgment of Service, Waiver of Objections and Consent to this Legitimation.
5. Father/Petitioner desires to legitimate the aforementioned child and that the child be declared the legitimate child of the Petitioner. Petitioner desires that the child be capable of inheriting from him in the same manner as if born in lawful wedlock and that the Petitioner have the same rights and obligations to the child in the same manner as if the child has been born in lawful wedlock.
6. Father/Petitioner alleges this petition for Legitimation is in the best interest of the child because _____

-
-
-
- ___ The legitimation by the Father will promote the familial relationship and connection;
 - ___ The legitimation by the Father will promote paternal family resources for the child;
 - ___ The Father will pay child support;
 - ___ The Father will provide insurance coverage for the child;
 - ___ The Father will visit and be a placement resource for the child;
 - ___ The child will have inheritance rights from the father.

7. Father/Petitioner requests that the names of the child be changed as follows:

From

To

_____ to reflect the legitimation by the Father/Petitioner.

WHEREFORE, the Father/Petitioner requests the following relief:

- (A) That the minor child be declared the legitimate child of Father/Petitioner, capable of inheriting from Father/Petitioner in the same manner as if born in wedlock;
- (B) That the name of the child be changed:

From

To

_____ and that the birth certificate and all other documents maintained by the Bureau of Vital Statistics and the Department of Human Resources be changed to reflect the Father/Petitioner as natural and legitimate Father of the child;

- (C) That the Father/Petitioner have such other and further relief as the Court deems appropriate under the circumstances.

this _____ day of _____, 20 ____.

Sworn to and subscribed before me
this ____ day of _____, 20____.

Father/Petitioner

Address

Notary Public

Telephone

**IN THE JUVENILE COURT OF DEKALB COUNTY
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PETITIONER (Father)

RESPONDENT (Mother)

CHILD

CASE #: _____

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CONSENT TO LEGITIMATION

Personally appeared before the undersigned an officer of the State of Georgia, duly commissioned to administer oaths, the mother/respondent therein, who after sworn, states as follows:

1. I have received a copy of the Petitioner for Legitimation in the above-styled case.
2. I am sui juris and of sound mind.
3. I have read the aforesaid Petition, I have understood it and I freely and fully consent to the Court granting to the Father/Petitioner the relief he seeks in his Petition for Legitimation.
4. I have NO objections to the Petition for Legitimation being granted.
5. Affiant says nothing further.

Mother/Respondent

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

ACKNOWLEDGMENT & WAIVER OF SERVICE

The undersigned Respondent in the above-styled Petition for Legitimation of Minor Child, hereby acknowledges personal service of said Petition, all additional service is hereby waived except service of pleadings asserting new or additional claims for relief.

Sworn to and subscribed before me
this ____ day of _____, 20 __.

Mother/Respondent

Petitioner's/Father name _____

LEGITIMATION

File # _____

**IN THE JUVENILE COURT OF DEKALB COUNTY
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PETITIONER (Father)

RESPONDENT (Mother)

CHILD

CASE #: _____

FILE #: _____

ORDER FOR LEGITIMATION

Pursuant to O.C.G.A. §19-7-22 & 15-11-28, the above-styled matter came before this Court and after consideration of the evidence presented and the pleadings,
IT IS HEREBY ORDERED,

1. The following child:

Name

DOB

Location of Child

shall be declared the legitimate child of the father/petitioner,
_____.

2. Legitimation by the father/petitioner is in the best interest of the child because _____

- ___ The legitimation by the Father will promote the familial relationship and connection;
- ___ The legitimation by the Father will promote paternal family resources for the child;
- ___ The Father will pay child support;
- ___ The Father will provide insurance coverage for the child;
- ___ The Father will visit and be a placement resource for the child;
- ___ The child will have inheritance rights from the father.

3. That the child's name shall be changed upon request of the father/petitioner as follows:

From

To

Petitioner's/Father name _____

LEGITIMATION

File # _____

to reflect the legitimation by the father/petitioner.

4. That the Bureau of Vital Statistics of the Georgia Department of Human Resources and all other agencies are hereby Ordered to change their records to show the child's legitimation by the father/petitioner and the name change of the child.
5. That the child is capable of inheriting from the father/petitioner in the same manner as if born in wedlock.
6. That the father/petitioner has all the obligations and rights to the child as their natural and legitimate father.
7. That the father/petitioner shall be obligated to pay child support in the following amount and manner unless modified by the Office the Child Support Services: _____

8. The father/petitioner is hereby directed to report to the DeKalb County Office of Child Support Services located at 2910 Miller Road, Suite 100, Decatur GA 30035-4037, Phone: 770-593-6945, to begin the child support process.
9. The father/petitioner is hereby directed to report the DeKalb Office of Child Support Services by _____ and failure to report to the Office of Child Support Services may result in the father/petitioner being held in Contempt.

SO ORDERED this _____ day of _____, 20 _____.