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NEWTON COUNTY



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W. KENDALL WYNNE, JR.
DISTRICT ATTORNEY
ALCOVY JUDICIAL CIRCUIT
NEWTON COUNTY JUDICIAL CENTER
1132 Usher Street, Room 313
Covington, Georgia 30014

NEWTON COUNTY DISTRICT ATTORNEY=S OFFICE ABANDONMENT FORM

STATE OF GEORGIA v. _____

WARRANT NO. _____

Custodial Parent=s (or Legal Guardian=s) Name: _____

Custodial Parent=s (or Legal Guardian=s) Date of Birth: _____

Custodial Parent=s (or Legal Guardian=s) Social Security Number: _____

Please sign and place the date under the appropriate statement:

A. I have received and read the letter from the Newton County District Attorney=s Office. I have never utilized the services of Child Support Enforcement in an effort to recover child support from this defendant. I will seek the assistance of Child Support Enforcement in recovering child support from this defendant. I understand that the criminal charges against this defendant will be dismissed.

(Signature of Custodial Parent/Legal Guardian)

(Date)

B. I have received and read the letter from the Newton County District Attorney=s Office. I have previously utilized the services of Child Support Enforcement in an effort to recover child support from this defendant. However, after reading the letter, I have chosen to waive criminal prosecution of this defendant and continue to use the services offered by Child Support Enforcement.

(Signature of Custodial Parent/Legal Guardian)

(Date)

- C. I have received and read the letter from the Newton County District Attorney's Office. I have previously attempted to utilize the services of Child Support Enforcement in an effort to recover child support from this defendant. However, Child Support Enforcement has not been able to serve the defendant with paperwork. I am asking that criminal charges against this defendant be pursued by the Newton County District Attorney's Office. I will assist the Newton County District Attorney's Office in its prosecution of this defendant, and will keep the office updated with any change of address or change in important information. I understand that if the defendant agrees to voluntarily sign up with Child Support Enforcement, the Newton county District Attorney's Office will dismiss the criminal charges and will allow Child Support Enforcement to enforce the defendant's child support obligations.

(Signature of Custodial Parent/Legal Guardian)

Date

- D. I have received and read the letter from the Newton County District Attorney's Office. I have previously utilized the services of Child Support Enforcement in an effort to recover child support from this defendant. I am asking that the criminal charges against this defendant be pursued by the Newton County District Attorney's Office. I will assist the Newton County District Attorney's Office in its prosecution of this defendant, and will keep the office updated with any change of address or change in important information.

(Signature of Custodial Parent/Legal Guardian)

(Date)

Complete the following information ONLY if you signed/selected statement C or D.

I. Information on abandoned child/children

	Child=s Name	Child=s DOB	Child=s SSN
1			
2			
3			
4			
5			

II Information on Child Support Enforcement Case:

A. When did you first seek the assistance of Child Support Enforcement in obtaining child support from this defendant?

A. In what county is your Child Support Enforcement case being serviced? _____

A. What is the name and contact information for your Child Support Enforcement case agent?

A. When was the last child support payment received from the defendant for the abandoned child/children?

III The Newton County District Attorney=s Office needs the following documents for the prosecution of this case:

Copy of a birth certificate for each child abandoned by this defendant

Copy of the court order which requires this defendant to pay child support

Copy of the defendant=s payment history from Child Support Enforcement