

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

_____, Plaintiff)
vs.) Civil Action No. _____
_____, Defendant)
_____)

DOMESTIC RELATIONS FINANCIAL AFFIDAVIT

1. AFFIANT'S NAME: _____ Age _____

Spouse's Name: _____ Age _____

Date of Marriage: _____ Date of Separation _____

Names and birth dates of children for whom support is to be determined in this action:

Name	Year of Birth	Resides with
_____	_____	_____
_____	_____	_____
_____	_____	_____

Names and birth dates of affiant's other children:

Name	Year of Birth	Resides with
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. SUMMARY OF AFFIANT'S INCOME AND NEEDS

(a) Gross monthly income (from item 3A) \$ _____

(b) Net monthly income (from item 3B) \$ _____

(c) Average monthly expenses (item 5A) \$ _____

Monthly payments to creditors + _____

Total monthly expenses and payments
to creditors (item 5C) \$ _____

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3. A. AFFIANT'S GROSS MONTHLY INCOME (complete this section or attach Child Support Schedule A)
(All income must be entered based on monthly average regardless of date of receipt.)

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 \$ _____

Workers' 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 include means-tested Public assistance, such as TANF or food stamps)

\$ _____

GROSS MONTHLY INCOME

\$ _____

B. Affiant's Net Monthly Income from employment (deducting only state and federal taxes and FICA)

\$ _____

Affiant's pay period (i.e., weekly, monthly, etc.) _____

Number of exemptions claimed _____

4. ASSETS

(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 and the basis: pre-marital, gift, inheritance, source of funds, etc..)

Description	Value	Separate Asset of the Husband	Separate Asset of the Wife	<u>Basis of the Claim</u>
Cash	\$ _____	_____	_____	_____
Stocks, bonds	\$ _____	_____	_____	_____
CD's/Money Market Accounts	\$ _____	_____	_____	_____
Bank Accounts (list each account): ONLY LIST LAST FOUR DIGITS OF ACCOUNT	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
<u>Retirement Pensions, 401K, IRA, or</u>	\$ _____	_____	_____	_____
<u>Profit Sharing</u>				
Money owed you:	\$ _____	_____	_____	_____
<u>Tax Refund owed you:</u>	\$ _____	_____	_____	_____

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Real Estate:

home: \$ _____

debt owed: \$ _____

other: \$ _____

debt owed: \$ _____

Automobiles/Vehicles:

Vehicle 1: \$ _____

debt owed: \$ _____

Vehicle 2: \$ _____

debt owed: \$ _____

Life Insurance
(net cash value):

\$ _____

Furniture/furnishings:

\$ _____

Jewelry:

\$ _____

Collectibles:

\$ _____

Other Assets:

\$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Total Assets: \$ _____

5. A. AVERAGE MONTHLY EXPENSES

HOUSEHOLD

Mortgage or rent payments \$ _____ Cable TV \$ _____

Property taxes \$ _____ Misc. household and grocery
Items \$ _____

Homeowner/Renter Insurance \$ _____ Meals outside the home \$ _____

Electricity \$ _____ Other \$ _____

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Water	\$ _____	AUTOMOBILE	
		Gasoline and oil	\$ _____
Garbage and Sewer	\$ _____	Repairs	\$ _____
Telephone:		Auto tags and license	\$ _____
<u>residential line:</u>	\$ _____	Insurance	\$ _____
<u>cellular telephone:</u>	\$ _____		
Gas	\$ _____	<u>OTHER VEHICLES</u>	
		<u>(boats, trailers, RVs, etc.)</u>	
		<u>Gasoline and oil</u>	\$ _____
Repairs and maintenance:	\$ _____	<u>Repairs</u>	\$ _____
Lawn Care	\$ _____	<u>Tags and license</u>	\$ _____
Pest Control	\$ _____	<u>Insurance</u>	\$ _____

CHILDREN'S EXPENSES

Child care (total monthly cost) \$ _____

School tuition \$ _____

Tutoring \$ _____

Private lessons (e.g., music, dance) \$ _____

School supplies/expenses \$ _____

Lunch Money \$ _____

Other Educational Expenses (list)

_____ \$ _____

_____ \$ _____

Allowance \$ _____

Clothing \$ _____

Diapers \$ _____

Medical, dental, prescription
(out of pocket/uncovered expenses) \$ _____

AFFIANT'S OTHER EXPENSES

Dry cleaning/laundry \$ _____

Clothing \$ _____

Medical, dental, prescription
(out of pocket/uncovered expenses) \$ _____

Affiant's gifts (special holidays) \$ _____

Entertainment \$ _____

Recreational Expenses (e.g.,
fitness) \$ _____

Vacations \$ _____

Travel Expenses for Visitation \$ _____

Publications \$ _____

Dues, clubs \$ _____

Religious and charities \$ _____

Pet expenses \$ _____

Alimony paid to former spouse \$ _____

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Grooming, hygiene \$ _____ Child support paid for other children \$ _____

Gifts from children to others \$ _____ Date of initial order: _____

Entertainment \$ _____ Other (attach sheet) \$ _____

Activities (including extra-curricular, school, religious, cultural, etc.) \$ _____

Summer Camps \$ _____

OTHER INSURANCE

Health \$ _____
Child(ren)'s portion: \$ _____

Dental \$ _____
Child(ren)'s portion: \$ _____

Vision \$ _____
Child(ren)'s portion: \$ _____

Life \$ _____

Relationship of Beneficiary: _____

Disability \$ _____

Other(specify): \$ _____

TOTAL ABOVE EXPENSES \$ _____

B. PAYMENTS TO CREDITORS

(please check one)

To Whom:	Balance Due	Monthly Payment	Joint	Plaintiff	Defendant

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TOTAL MONTHLY PAYMENTS TO CREDITORS: \$ _____

C. TOTAL MONTHLY EXPENSES: \$ _____

Personally appeared before me, an officer authorized to administer oaths, the undersigned affiant, who upon being sworn, swears that he/she is legally competent to make this affidavit, that the affidavit is based upon personal knowledge, and that the contents of the affidavit are true.

Affiant

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

Notary Public
My commission expires:
