

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	Date of Birth	Resides with
_____	_____	_____
_____	_____	_____
_____	_____	_____

Names and birth dates of affiant's other children:

Name	Date of Birth	<u>Resides with</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. SUMMARY OF AFFIANT'S INCOME AND NEEDS

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

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(c) Average monthly expenses (item 5A)	\$ _____
Monthly payments to creditors	+ _____
 Total monthly expenses and payments to creditors (item 5C)	 \$ _____

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) \$ _____

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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 <u>partial</u> account number):				
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
<u>Retirement Pensions, 401K, IRA, or</u>	\$ _____	_____	_____	_____

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Profit Sharing

Money owed you: \$ _____

Tax Refund
owed you:

\$ _____

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: \$ _____

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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	\$ _____
Water	\$ _____	AUTOMOBILE	
Garbage and Sewer	\$ _____	Gasoline and oil	\$ _____
Telephone:		Repairs	\$ _____
<u>residential line:</u>	\$ _____	Auto tags and license	\$ _____
<u>cellular telephone:</u>	\$ _____	Insurance	\$ _____
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

AFFIANT'S OTHER EXPENSES

Child care <u>(total monthly cost)</u>	\$ _____	Dry cleaning/laundry	\$ _____
School tuition	\$ _____	Clothing	\$ _____
Tutoring	\$ _____	Medical, dental, <u>prescription</u> <u>(out of pocket/uncovered expenses)</u>	\$ _____
Private lessons (e.g., music, dance)	\$ _____	Affiant's gifts (special holidays)	\$ _____
School supplies/expenses	\$ _____	Entertainment	\$ _____
Lunch Money	\$ _____	Recreational Expenses (e.g., fitness)	\$ _____

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Other Educational Expenses (list)		Vacations	\$ _____
_____	\$ _____	Travel Expenses for Visitation	\$ _____
_____	\$ _____	Publications	\$ _____
Allowance	\$ _____	Dues, clubs	\$ _____
Clothing	\$ _____	Religious and charities	\$ _____
Diapers	\$ _____	Pet expenses	\$ _____
Medical, dental, prescription (out of pocket/uncovered expenses)	\$ _____	Alimony paid to former spouse	\$ _____
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	\$ _____		
<u>Child(ren)'s portion:</u>		\$ _____	
Dental	\$ _____		
<u>Child(ren)'s portion:</u>		\$ _____	
Vision	\$ _____		
<u>Child(ren)'s portion:</u>		\$ _____	
Life	\$ _____		
<u>Relationship of Beneficiary:</u>		_____	
Disability	\$ _____		
Other(specify):	\$ _____		
TOTAL ABOVE EXPENSES	\$ _____		

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B. PAYMENTS TO CREDITORS

(please check one)

To Whom:	Balance Due	Monthly Payment	Joint	Plaintiff	Defendant

TOTAL MONTHLY PAYMENTS TO CREDITORS: \$ _____

C. TOTAL MONTHLY EXPENSES: \$ _____

This _____ day of _____, 20_____.

Notary Public

Affiant

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Financial Affidavit of _____