

IN THE SUPERIOR COURT OF \_\_\_\_\_ COUNTY

STATE OF GEORGIA

_____ ,	)	
	)	
<b>Plaintiff,</b>	)	
	)	<b>CIVIL ACTION FILE NO.</b>
<b>vs.</b>	)	
	)	_____
_____ ,	)	
	)	
<b>Defendant.</b>	)	

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	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)	\$	_____	-

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	\$ _____
<b>ATTACH COPIES OF 2 MOST RECENT WAGE STATEMENTS</b>	
Commissions, Fees, Tips	\$ _____
Income from self-employment, partnership, close corporations, and independent contracts (gross receipts, minus ordinary and necessary expenses required to produce income)	
<b>ATTACH SHEET ITEMIZING YOUR CALCULATIONS</b>	\$ _____
Rental Income (gross receipts, minus ordinary and necessary expenses required to produce income)	
<b>ATTACH SHEET ITEMIZING YOUR CALCULATIONS</b>	\$ _____
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)	\$ _____
 <b>GROSS MONTHLY INCOME</b>	 \$ _____ -

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 Husband	Separate Asset of Wife	Basis of the Claim
Cash	_____	_____	_____	_____
Stocks, bonds	_____	_____	_____	_____
CD's/Money Market Accounts	_____	_____	_____	_____
Bank Accounts (list of each account):	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Retirement Pensions,	_____	_____	_____	_____
401K, IRA, or	_____	_____	_____	_____
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:**           \$   -   \$                                   -   \$                                   -

**5. A. AVERAGE MONTHLY EXPENSES**

**HOUSEHOLD**

Mortgage or rent payments \_\_\_\_\_

Property Taxes \_\_\_\_\_

Homeowner/Renter Insurance \_\_\_\_\_

Electricity \_\_\_\_\_

Water \_\_\_\_\_

Garbage and Sewer \_\_\_\_\_

Telephone:  
Residential Line \_\_\_\_\_

Cellular telephone \_\_\_\_\_

Gas \_\_\_\_\_

Repairs and maintenance \_\_\_\_\_

Lawn Care \_\_\_\_\_

Pest Control \_\_\_\_\_

Cable TV \_\_\_\_\_

Misc. household and grocery items \_\_\_\_\_

Meals outside home \_\_\_\_\_

Other \_\_\_\_\_

**AUTOMOBILE**

Gasoline and oil \_\_\_\_\_

Repairs \_\_\_\_\_

Auto tags and license \_\_\_\_\_

Insurance \_\_\_\_\_

**OTHER VEHICLES  
(boats, trailers, RVs, etc.)**

Gasoline and oil \_\_\_\_\_

Repairs \_\_\_\_\_

Tags and license \_\_\_\_\_

Insurance \_\_\_\_\_

**CHILDREN'S EXPENSES**

Children's 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) \_\_\_\_\_

Grooming, hygiene \_\_\_\_\_

Gifts from children to others \_\_\_\_\_

Entertainment \_\_\_\_\_

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): \_\_\_\_\_

**AFFIANT'S OTHER EXPENSES**

Dry cleaning/laundry \_\_\_\_\_

Clothing \_\_\_\_\_

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

Affiant's gifts (spec. holiday) \_\_\_\_\_

Entertainment \_\_\_\_\_

Recreational Expenses  
(e.g., fitness) \_\_\_\_\_

Vacations \_\_\_\_\_

Travel Expenses for Visitation \_\_\_\_\_

Publications \_\_\_\_\_

Dues, clubs \_\_\_\_\_

Religious and charities \_\_\_\_\_

Pet expenses \_\_\_\_\_

Alimony pd to former spouse \_\_\_\_\_

Child Support paid for  
other children \_\_\_\_\_

Date of initial order:  
\_\_\_\_\_

Other (attach sheet) \_\_\_\_\_

**TOTAL ABOVE EXPENSES \$ \_\_\_\_\_ -**

**B. PAYMENTS TO CREDITORS**

(please specify)

To Whom:	Balance Due	Monthly Payment	Joint	Plaintiff/Defendant

TOTAL MONTHLY PAYMENTS TO CREDITORS: \$ \_\_\_\_\_ -

**C. TOTAL MONTHLY EXPENSES:**

\$ \_\_\_\_\_ -

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
AFFIANT

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

\_\_\_\_\_

My commission expires: \_\_\_\_\_