

IN THE SUPERIOR COURT OF _____ COUNTY
STATE OF GEORGIA

_____ PLAINTIFF		CIVIL ACTION FILE NUMBER:
VS.		
_____ DEFENDANT		

DOMESTIC RELATIONS FINANCIAL AFFIDAVIT OF _____

1. AFFIANT'S NAME: _____ Age _____
Affiant's Employer: _____ Phone # _____
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:

<u>Name</u>	<u>Date of Birth</u>	<u>Resides With</u>

Names and birth dates of affiant's other children:

<u>Name</u>	<u>Date of Birth</u>	<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 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 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	Basis of the Claim
Cash	\$ _____	_____	_____	_____
Stocks, bonds	\$ _____	_____	_____	_____
CD's/Money Market Accounts	\$ _____	_____	_____	_____
Bank Accounts (list 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: \$ _____
Vehicle 3: \$ _____
debt owed: \$ _____

Life Insurance
(net cash value): \$ _____

Furniture/furnishings: \$ _____

Jewelry: \$ _____

Collectibles: \$ _____

Other Assets: Tools \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Total Assets: \$ _____

5. A. AVERAGE MONTHLY EXPENSES

HOUSEHOLD

Mortgage or rent payments	\$ _____	Security Alarm	\$ _____
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	\$ _____
residential line: Includes	\$ _____	Auto tags and license	\$ _____
cable & Interent		Insurance	\$ _____
cellular telephone:	\$ _____		
Gas	\$ _____	OTHER VEHICLES	

(boats, trailers, RVs, etc.)

Repairs and maintenance:	\$ _____	Gasoline and oil	\$ _____
Lawn Care	\$ _____	Repairs	\$ _____
Pest Control	\$ _____	Tags and license	\$ _____
		Insurance	\$ _____

CHILDREN'S EXPENSES

AFFIANT'S OTHER EXPENSES

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

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

TOTAL MONTHLY PAYMENTS TO CREDITORS: \$ _____

C. TOTAL MONTHLY EXPENSES: \$ _____

This _____ day of _____, 20_____.

Notary Public

Affiant