

In the Superior Court of \_\_\_\_\_ County, 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
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_____	_____	_____
_____	_____	_____
_____	_____	_____

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) \_\_\_\_\_

(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** \$ \_\_\_\_\_

(prior section B deleted)

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):				
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
<u>Retirement Pensions, 401K, IRA, or Profit Sharing</u>	\$ _____	_____	_____	_____
Money owed you:	\$ _____	_____	_____	_____
<u>Tax Refund</u> owed you:	\$ _____	_____	_____	_____
Real Estate:				
home:	\$ _____	_____	_____	_____
<u>debt owed:</u>	\$ _____			
other:	\$ _____	_____	_____	_____
<u>debt owed:</u>	\$ _____			
Automobiles/Vehicles:				
<u>Vehicle 1:</u>	\$ _____	_____	_____	_____

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

\$ \_\_\_\_\_

Water

\$ \_\_\_\_\_

**AUTOMOBILE**  
Gasoline and oil

\$ \_\_\_\_\_

Garbage and Sewer

\$ \_\_\_\_\_

Repairs

\$ \_\_\_\_\_

Telephone:

residential line:

\$ \_\_\_\_\_

Auto tags and license

\$ \_\_\_\_\_

cellular telephone:

\$ \_\_\_\_\_

Insurance

\$ \_\_\_\_\_

Gas

\$ \_\_\_\_\_

**OTHER VEHICLES**  
**(boats, trailers, RVs, etc.)**  
Gasoline and oil

\$ \_\_\_\_\_

Repairs and maintenance:

\$ \_\_\_\_\_

Repairs

\$ \_\_\_\_\_

Lawn Care

\$ \_\_\_\_\_

Tags and license

\$ \_\_\_\_\_

Pest Control

\$ \_\_\_\_\_

Insurance

\$ \_\_\_\_\_



**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) \$ \_\_\_\_\_

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 (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 \$ \_\_\_\_\_

Child support paid for other  
children \$ \_\_\_\_\_Date of initial order: \_\_\_\_\_

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

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