

**PROPOSED AMENDMENTS TO THE
UNIFORM RULES OF SUPERIOR COURT
AS APPROVED BY THE COUNCIL OF SUPERIOR COURT JUDGES
July 26, 2006**

24.2. Financial data required; scheduling and notice of temporary hearing.

At the time of filing any action for temporary or permanent child support, alimony, equitable division of property, modification of child support or alimony or attorneys fees, the filing party shall file with the Clerk of Court the affidavit specifying his or her financial circumstances in the form set forth herein and, in cases involving child support, the schedules required by O.C.G.A. § 19-6-15 (effective January 1, 2007, as thereafter amended or revised), and shall serve the same upon the opposing party.

In protective order actions filed under OCGA § 19-13-1, et. seq. and in other emergency actions, the affidavit and schedules may be filed and served on or before the date of the hearing or at such other time as the court orders, and shall not be required at the time of filing of the action.

Notice of the date of any temporary hearing shall be served upon the adverse party at least 15 days before the date of the hearing, unless otherwise ordered by the court.

The opposing party shall serve the affidavit specifying his or her financial circumstances in the form set forth herein and the schedules, where applicable, and shall file with the Clerk of Court and exchange this information with the opposing party:

- (a) at least five days prior to any temporary hearing;
- (b) at least five days prior to any court ordered mediation; or
- (c) with his or her answer or thirty days after service of the complaint, whichever first occurs, if no application for a temporary award is made and the parties do not participate in mediation prior to trial.

Any amendments to the affidavits or schedules shall be exchanged at least 10 days prior to hearing or trial.

Each party shall submit the proposed worksheet required by O.C.G.A. § 19-6-15 (effective January 1, 2007 and as amended or revised thereafter) at the time of hearing or trial.

On the request of either party, and upon good cause shown to the court, the affidavits, worksheets, schedules, and any other financial information may be sealed, upon order of the court.

No social security numbers or account numbers shall be included in any document filed with the Court.

Failure of any party to furnish the above financial information, in the discretion of the court, may subject the offending party to the penalties of contempt and may result in continuance of the hearing until such time as the required financial information is furnished or such other sanctions or remedies deemed appropriate in the court's discretion.

The affidavit shall be under oath and in substantially the following form:

[FORM FOLLOWS]

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
------	---------------	--------------

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) _____

(subsections (d) & (e) deleted)

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 owed you:</u>	\$ _____	_____	_____	_____
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	\$ _____
<u>Homeowner/Renter</u> 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>	
		Gasoline and oil	\$ _____
Repairs and maintenance:	\$ _____	Repairs	\$ _____
Lawn Care	\$ _____	Tags and license	\$ _____
Pest Control	\$ _____	Insurance	\$ _____

CHILDREN'S EXPENSESChild 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