

IN THE SUPERIOR COURT OF _____ COUNTY
STATE OF GEORGIA

)	
)	
Plaintiff,)	CIVIL ACTION FILE
)	
v.)	NO.
)	
)	
Defendant.)	

DOMESTIC RELATIONS FINANCIAL AFFIDAVIT

1. Your Name:
 Spouse's Name:
 Age: Spouse's 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 your other children:

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

2. SUMMARY OF AFFIANT'S INCOME AND NEEDS:

(A) Gross monthly income (Item 3A)	\$
(B) Net monthly income (Item 3B)	\$
(C) Average monthly expenses (Item 5A)	\$
Monthly payments to creditors (Item 5B)	\$
Total monthly expenses and payments to creditors (Item 5C)	\$

3.A. YOUR GROSS MONTHLY INCOME

(All income must be entered based on monthly average regardless of date of receipt. Where applicable, income should be annualized.)

Salary or Wages (attach copies of most recent wage statements	\$
Bonuses, commissions, allowances, overtime, tips and similar payments (based on past 12-month average or time of employment if less than 1 year) ATTACH SHEET ITEMIZING THIS INCOME.	\$
Business income from sources such as self-employment, partnership, close corporations and/or independent contracts (gross receipts minus ordinary and necessary expenses required to produce income) ATTACH SHEET ITEMIZING THIS INCOME.	\$
Disability/unemployment/worker's compensation	\$
Pension, retirements or annuity payments	\$
Social security benefits	\$
Other public benefits (specify)	\$
Spousal or child support from prior marriage	\$
Interest and dividends	\$
Rental income (gross receipts minus ordinary and necessary expenses required to produce income) ATTACH SHEET ITEMIZING THIS INCOME.	\$
Income from royalties, trusts or estates	\$
Gains derived from dealing in property (not including non-recurring gains)	\$
Other income of a recurring nature (specify source)	\$
GROSS MONTHLY INCOME (also write in 2A on page one)	\$

3.B.

Net monthly income from employment (deducting only state and federal taxes and FICA) (also write in 2B on page one)	\$
Affiant's pay period (i.e., weekly, monthly, etc.)	
Number of exemptions claimed by You for Tax Purposes	

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. The total value of each asset must be listed in the "value" column. "Value" means what you feel the item of property would be worth if it were offered for sale.)

Description	Value	Separate Asset Of Husband	Separate Asset Of Wife
Cash	\$	\$	\$
Stocks, bonds, CD's/Money	\$	\$	\$
Market Accounts.	\$	\$	\$
Real estate: home/ other	\$	\$	\$
Automobiles	\$	\$	\$
Money owed you	\$	\$	\$
Retirement/IRA	\$	\$	\$
Furniture, furnishings, jewelry	\$	\$	\$
Life insurance (cash value)	\$	\$	\$
Collectibles	\$	\$	\$
Bank accounts (list each account)	\$	\$	\$
checking account	\$	\$	\$
savings account	\$	\$	\$
Other assets	\$	\$	\$
TOTAL ASSETS	\$	\$	\$

5.A. AVERAGE MONTHLY EXPENSES

HOUSEHOLD	
Mortgage or rent payments (Lot & Mort.)	\$
Property taxes (lot permit)	\$
Insurance	\$
Electricity	\$
Water	\$
Garbage and sewer	\$
Telephone	\$

Gas	\$
Repairs & maintenance	\$
Lawn care	\$
Pest control	\$
Cable TV	\$
Miscellaneous household and grocery items	\$
Meals outside home	\$
Other	\$
AUTOMOBILE	
Car Payment	\$
Gasoline and Oil	\$
Car note or lease	\$
Auto tags and license	\$
Insurance	\$
CHILDREN'S EXPENSES	
Child care	\$
School tuition	\$
School supplies/expenses	\$
Lunch money	\$
Allowance	\$
Clothing	\$
Diapers	\$
Medical, dental, prescription	\$
Grooming/hygiene	\$
Gifts	\$
Entertainment	\$
Activities	\$
OTHER INSURANCE	
Health	\$
Life	\$

Disability	\$
Other (specify)	\$
AFFIANT'S OTHER EXPENSES	
Dry cleaning and laundry	\$
Clothing	\$
Medical/dental	\$
Affiant's gifts (special holidays)	\$
Entertainment	\$
Vacations	\$
Publications	\$
Dues, clubs, other (attach sheet)	\$
Religious and charities	\$
Cosmetics, Toiletries, Hair/Nail Care	\$
Miscellaneous (attach sheet)	\$
Alimony paid to former spouse	\$
Child support paid to former spouse	\$
TOTAL ABOVE EXPENSES (also write on first line of 2C on page one)	\$

5.B. PAYMENTS TO CREDITORS

To Whom	Balance Due	Monthly Payments	Joint	Husband	Wife
	\$	\$			
	\$	\$			
	\$	\$			
	\$	\$			
	\$	\$			
	\$	\$			
	\$	\$			
	\$	\$			
	\$	\$			

Total Monthly Payments to Creditors \$ _____
 (Also write this total on line 2 of 2C on page one)

5.C. TOTAL MONTHLY EXPENSES \$ _____
 (Total Expenses from final line on page 5 + Total Monthly Payments to Creditors above)(Also write this total on line 3 of 2C on page one)

____ Plaintiff ____ Defendant
 Name: _____
 Address: _____
 Daytime Phone (____) _____

Sworn to and subscribed before me
 this ____ day of _____, 20____.

 Notary Public

My commission expires: _____