

In the Superior Court of _____ County, Georgia

_____, Plaintiff)
vs. _____)
_____, Defendant)

Civil Action No. _____

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 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 \$ _____

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: \$ _____

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 | \$ _____ | | |
| Garbage and Sewer | \$ _____ | | |
| Telephone: | | | |
| residential line: | \$ _____ | | |
| cellular telephone: | \$ _____ | | |

AUTOMOBILE

| | |
|-----------------------|----------|
| Gasoline and oil | \$ _____ |
| Repairs | \$ _____ |
| Auto tags and license | \$ _____ |
| Insurance | \$ _____ |

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

| | | | |
|--------------------------|----------|------------------|----------|
| Gas | \$ _____ | 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