

IN THE SUPERIOR COURT OF COUNTY
STATE OF GEORGIA

Plaintiff, * CIVIL ACTION FILE NO.:
v. *
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 of this marriage:

Name	Date of Birth	Resides With
_____	_____	_____
_____	_____	_____
_____	_____	_____

Names and birth dates of affiant's other children:

Name	Date of Birth
_____	_____
_____	_____
_____	_____

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 (from Item 5A) \$ _____

Monthly payments to creditors + \$ _____

Total monthly expenses and payments to creditors \$ _____

3. A. AFFIANT'S GROSS MONTHLY INCOME

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 claims _____

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HAS BEEN INTENTIONALLY LEFT BLANK)

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 acct.)				
Checking	\$			
Savings	\$			
	\$			
Retirement, Pensions, 401K, IRA or Profit Sharing				
Money owed to you	\$			
Tax Refund owed you	\$			
Real Estate:				
Home	\$			
Debt owed:	\$			
Other	\$			
Debt owed:	\$			
Automobiles:				
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 \$ _____

Property taxes \$ _____

Homeowner/Renter Insurance \$ _____

Electricity \$ _____

Water \$ _____

Garbage & sewer \$ _____

Telephone:

 Residential Line \$ _____

 Cellular Telephone \$ _____

Gas \$ _____

Repairs & maintenance \$ _____

Lawn care \$ _____

Pest control \$ _____

Cable TV \$ _____

Miscellaneous household and grocery items \$ _____

Meals outside home \$ _____

Other \$ _____

AUTOMOBILE

Gasoline and oil \$ _____

Repairs \$ _____

Auto tags and license \$ _____

Insurance \$ _____

OTHER VEHICLES

(boats, trailers, RV's, etc.)

Gasoline and oil \$ _____

Repairs \$ _____

Tags and License \$ _____

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 \$ _____

INSURANCE

Health	\$ _____
Children's Portion	\$ _____
Dental	\$ _____
Children's Portion	\$ _____
Vision	\$ _____
Children's Portion	\$ _____
Life	\$ _____
Relationship of Beneficiary	_____ N/A _____
Disability	\$ _____
Other (specify)	\$ _____

AFFIANT'S OTHER EXPENSES

Dry cleaning and 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 _____ N/A _____

Other \$ _____

TOTAL ABOVE EXPENSES \$ _____

PAYMENTS TO CREDITORS

(CHECK ONE)

To Whom:	Balance Due:	Monthly Payment	Joint	Plaintiff	Defendant

Total Monthly Payments to Creditors \$ _____

C. TOTAL MONTHLY EXPENSES \$ _____