

IN THE SUPERIOR COURT OF \_\_\_\_\_ COUNTY, GEORGIA

\_\_\_\_\_, PLAINTIFF

VS

CIVIL ACTION NO. \_\_\_\_\_

\_\_\_\_\_, DEFENDANT

DOMESTIC RELATIONS FINANCIAL AFFIDAVIT

1. AFFIANT'S NAME \_\_\_\_\_ Age \_\_\_\_\_

Affiant's Social Security No. \_\_\_\_\_

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 children of prior marriage residing with Affiant:

| 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 (Item 5A) \$ \_\_\_\_\_
- Monthly payments to creditors (Item 5B) + \_\_\_\_\_
- Total monthly expenses and payments to creditors (Item 5C) \$ \_\_\_\_\_
- (d) Amount of spousal/child support needed by Affiant \$ \_\_\_\_\_
- (e) Amount of child support indicated by Child Support Guidelines \$ \_\_\_\_\_

3. A. AFFIANT'S GROSS MONTHLY INCOME

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

- Salary \$ \_\_\_\_\_
- 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/workers' compensation \_\_\_\_\_
- Pension, retirement 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** \$ \_\_\_\_\_

B. List and describe all benefits of employment, e.g., automobile and/or auto allowance, insurance (auto, life, disability, etc.), deferred compensation, employer contribution to retirement or stock, club memberships and reimbursed expenses (to the extent they reduce personal living expenses) ATTACH SHEET, IF NECESSARY.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

C. 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. 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<br>(list each account) | _____           | _____                     | _____                  |
| Other assets                         | _____           | _____                     | _____                  |
| _____                                | _____           | _____                     | _____                  |
| _____                                | _____           | _____                     | _____                  |
| <b>TOTAL ASSETS</b>                  | <b>\$ _____</b> | _____                     | _____                  |

5. A.. AVERAGE MONTHLY EXPENSES

HOUSEHOLD  
 Mortgage or rent payments \$ \_\_\_\_\_  
 Property taxes \_\_\_\_\_  
 Insurance \_\_\_\_\_  
 Electricity \_\_\_\_\_  
 Water \_\_\_\_\_  
 Garbage & sewer \_\_\_\_\_  
 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 \_\_\_\_\_  
 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 \_\_\_\_\_  
 Prescriptions \_\_\_\_\_  
 Affiant's gifts (special holidays) \_\_\_\_\_  
 Entertainment \_\_\_\_\_  
 Vacations \_\_\_\_\_  
 Publications \_\_\_\_\_  
 Dues, clubs \_\_\_\_\_  
 Religious and charities \_\_\_\_\_  
 Miscellaneous (attach sheet) \_\_\_\_\_  
 Other (attach sheet) \_\_\_\_\_  
 Alimony paid to former spouse \_\_\_\_\_  
 Child support paid to former spouse \_\_\_\_\_  
 TOTAL ABOVE EXPENSES \$ \_\_\_\_\_

B. PAYMENTS TO CREDITORS

| To Whom | Balance Due | Monthly Payments |
|---------|-------------|------------------|
| _____   | _____       | \$ _____         |
| _____   | _____       | _____            |
| _____   | _____       | _____            |
| _____   | _____       | _____            |
| _____   | _____       | _____            |
| _____   | _____       | _____            |
| _____   | _____       | _____            |
| _____   | _____       | _____            |

Total Monthly Payments to Creditors \$ \_\_\_\_\_  
 C. TOTAL MONTHLY EXPENSES \$ \_\_\_\_\_

This \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
 Notary Public

\_\_\_\_\_  
 Affiant