

IN THE SUPERIOR COURT OF

\_\_\_\_\_ COUNTY, GEORGIA

DOMESTIC RELATIONS DIVISION

Civil Action File No. \_\_\_\_\_

_____,'	)	
	)	
Plaintiff	)	
	)	<u>DOMESTIC RELATIONS</u>
v.	)	<u>FINANCIAL AFFIDAVIT</u>
	)	
_____,'	)	
	)	
Defendant	)	

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 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 & payments to creditors \$ \_\_\_\_\_

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 THIS INCOME \$ \_\_\_\_\_

Rental Income (gross receipts minus ordinary and necessary expenses required to produce income) \$ \_\_\_\_\_

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. 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	Basis of the Claim
Cash	\$ _____	_____	_____	_____
Stocks, bonds	\$ _____	_____	_____	_____
CD/Money Market	\$ _____	_____	_____	_____
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	\$ _____	_____	_____	_____
Auto/Vehicles				
Vehicle 1	\$ _____	_____	_____	_____
debt owed	\$ _____	_____	_____	_____
Vehicle 2	\$ _____	_____	_____	_____
debt owed	\$ _____	_____	_____	_____
Life insurance (Net cash value)	\$ _____	_____	_____	_____
Furniture/ furnishings	\$ _____	_____	_____	_____
Jewelry	\$ _____	_____	_____	_____
Collectibles	\$ _____	_____	_____	_____
Other assets:				
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
<b>TOTAL ASSETS</b>	<b>\$ _____</b>	_____	_____	_____

5. A. AVERAGE MONTHLY EXPENSES

HOUSEHOLD

Mortgage/rent payments \$ \_\_\_\_\_  
 Property taxes \$ \_\_\_\_\_  
 Homeowner/Renter Ins \$ \_\_\_\_\_  
 Electricity \$ \_\_\_\_\_  
 Water \$ \_\_\_\_\_  
 Garbage & sewer \$ \_\_\_\_\_  
 Telephone (residential) \$ \_\_\_\_\_  
 Cellular Telephone \$ \_\_\_\_\_  
 Gas \$ \_\_\_\_\_  
 Repairs & Maintenance \$ \_\_\_\_\_  
 Lawn Care \$ \_\_\_\_\_  
 Pest Control \$ \_\_\_\_\_  
 Cable TV \$ \_\_\_\_\_  
 Grocery Items \$ \_\_\_\_\_  
 Misc. household items \$ \_\_\_\_\_  
 Meals outside home \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

AUTOMOBILE

Gasoline & oil \$ \_\_\_\_\_  
 Repairs \$ \_\_\_\_\_  
 Auto tags & license \$ \_\_\_\_\_  
 Insurance \$ \_\_\_\_\_

OTHER VEHICLES (boats, trailers, etc)

Gasoline & oil \$ \_\_\_\_\_  
 Repairs \$ \_\_\_\_\_  
 Tags & license \$ \_\_\_\_\_  
 Insurance \$ \_\_\_\_\_

OTHER INSURANCES

Health \$ \_\_\_\_\_  
 Children's portion \$ \_\_\_\_\_  
 Dental \$ \_\_\_\_\_  
 Children's portion \$ \_\_\_\_\_  
 Vision \$ \_\_\_\_\_  
 Children's portion \$ \_\_\_\_\_  
 Life \$ \_\_\_\_\_  
 Relationship of Beneficiary \_\_\_\_\_  
 Disability \$ \_\_\_\_\_  
 Other (specify) \_\_\_\_\_

CHILDREN'S EXPENSES

Child care \$ \_\_\_\_\_  
 (Total monthly cost)  
 School tuition \$ \_\_\_\_\_  
 Tutoring \$ \_\_\_\_\_  
 Private lessons \$ \_\_\_\_\_  
 (e.g. music, dance)  
 School Supplies/Exp \$ \_\_\_\_\_  
 Lunch Money \$ \_\_\_\_\_  
 Other Educational Expenses (list) \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 Allowance \$ \_\_\_\_\_  
 Clothing \$ \_\_\_\_\_  
 Diapers \$ \_\_\_\_\_  
 Medical, dental, Rx \$ \_\_\_\_\_  
 (Out of pocket/uncovered Exp)  
 Grooming, hygiene \$ \_\_\_\_\_  
 Gifts \$ \_\_\_\_\_  
 (from children to others)  
 Entertainment \$ \_\_\_\_\_  
 Activities \$ \_\_\_\_\_  
 (including extra-curricular, school, religious, etc.)  
 Summer Camps \$ \_\_\_\_\_

AFFIANT'S OTHER EXPENSES

Dry cleaning/laundry \$ \_\_\_\_\_  
 Clothing \$ \_\_\_\_\_  
 Medical/dental/RX (Out of pocket/uncovered exp)  
 Grooming/hygiene \$ \_\_\_\_\_  
 Affiant's Gifts (Special holidays) \$ \_\_\_\_\_  
 Entertainment \$ \_\_\_\_\_  
 Recreational Exp. (e.g. fitness) \$ \_\_\_\_\_  
 Vacations \$ \_\_\_\_\_  
 Travel Expenses for Visitation \$ \_\_\_\_\_  
 Publications \$ \_\_\_\_\_  
 Dues, Clubs \$ \_\_\_\_\_  
 Religious & Charities \$ \_\_\_\_\_

Pet Expenses \$ \_\_\_\_\_  
 Alimony paid to former Spouse \$ \_\_\_\_\_  
 Child Support paid for other children \$ \_\_\_\_\_  
 Date of Order \_\_\_\_\_  
 Other (attach sheet) \$ \_\_\_\_\_

TOTAL ABOVE EXPENSES \$ \_\_\_\_\_

B. PAYMENTS TO CREDITORS

To Whom:	Balance Due	Monthly Payments	Joint	Plaintiff	Defendant

Total Monthly Payments to Creditors \$ \_\_\_\_\_

C. TOTAL MONTHLY EXPENSES \$ \_\_\_\_\_

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

\_\_\_\_\_  
 \_\_\_\_\_, Affiant

SWORN TO AND SUBSCRIBED before me,  
 this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
 NOTARY PUBLIC  
 My commission expires: