

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	_____	_____	_____
(list each account)	_____	_____	_____
_____	_____	_____	_____
Other assets	_____	_____	_____
_____	_____	_____	_____
TOTAL ASSETS	\$ _____	_____	_____

5. A.. AVERAGE MONTHLY EXPENSES

HOUSEHOLD		OTHER INSURANCE	
Mortgage or rent payments	\$ _____	Health	\$ _____
Property taxes	_____	Life	_____
Insurance	_____	Disability	_____
Electricity	_____	Other (specify)	_____
Water	_____	AFFIANT'S OTHER EXPENSES	_____
Garbage & sewer	_____	Dry cleaning and laundry	_____
Telephone.	_____	Clothing	_____
Gas	_____	Medical/dental	_____
Repairs & maintenance	_____	Prescriptions	_____
Lawn care	_____	Affiant's gifts (special holidays)	_____
Pest control	_____	Entertainment	_____
Cable TV	_____	Vacations	_____
Miscellaneous household and grocery items	_____	Publications	_____
Meals outside home	_____	Dues, clubs	_____
Other	_____	Religious and charities	_____
AUTOMOBILE		Miscellaneous (attach sheet)	_____
Gasoline and oil	_____	Other (attach sheet)	_____
Repairs	_____	Alimony paid to former spouse	_____
Auto ,tags and license	_____	Child support paid to former spouse	_____
Insurance	_____	TOTAL ABOVE EXPENSES	\$ _____
CHILDREN'S EXPENSES			
Child care	_____		
School tuition	_____		
School supplies/expenses	_____		
Lunch money	_____		
Allowance	_____		
Clothing	_____		
Diapers	_____		
Medical, dental, prescription	_____		
Grooming/hygiene	_____		
Gifts	_____		
Entertainment	_____		
Activities	_____		

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