

In the Superior Court of _____ County, Georgia

| | | |
|-------------------|---|------------------------|
| _____ |) | |
| _____, Petitioner |) | |
| |) | |
| vs. |) | Civil Action No. _____ |
| |) | |
| _____ |) | |
| _____, Respondent |) | |
| |) | |

DOMESTIC RELATIONS FINANCIAL AFFIDAVIT

1. AFFIANT'S NAME (your 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 3B) \$ _____

(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. **To convert a weekly amount to a monthly amount, multiply the weekly amount by 4.35. In calculating monthly income based on a 40 hour work week, multiply the hourly salary by 174.))**

| | |
|---|-----------------|
| 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 (total) | \$ _____ |

B. AFFIANT'S NET MONTHLY INCOME from employment
(deducting only state and federal taxes and FICA) \$ _____

Affiant's pay period (i.e., weekly, bi-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, but DO NOT list account numbers): | | | | |
| _____ | \$ _____ | _____ | _____ | _____ |
| _____ | \$ _____ | _____ | _____ | _____ |
| _____ | \$ _____ | _____ | _____ | _____ |
| 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: | \$ | _____ | _____ | _____ | _____ |

If you need to explain anything further, you can write comments here:

5. A. AVERAGE MONTHLY EXPENSES (To convert a weekly amount to a monthly amount, multiply the weekly amount by 4.35.)

HOUSEHOLD

| | | | | | |
|----------------------------|----|-------|--------------------------------------|----|-------|
| Mortgage or rent payments | \$ | _____ | Cable TV | \$ | _____ |
| Property taxes | \$ | _____ | Misc. household and grocery Items | \$ | _____ |
| Homeowner/Renter Insurance | \$ | _____ | Meals outside the home | \$ | _____ |
| Electricity | \$ | _____ | Other | \$ | _____ |
| Water | \$ | _____ | AUTOMOBILE | | |
| Garbage and Sewer | \$ | _____ | Gasoline and oil (or taxi fare) | \$ | _____ |
| Telephone: | | | Repairs | \$ | _____ |
| residential line: | \$ | _____ | Auto tags and license | \$ | _____ |
| cellular telephone: | \$ | _____ | Insurance | \$ | _____ |
| Gas | \$ | _____ | OTHER VEHICLES | | |
| | | | (boats, trailers, RVs, etc.) | | |
| Repairs and maintenance: | \$ | _____ | Gasoline and oil | \$ | _____ |
| Lawn Care | \$ | _____ | Repairs | \$ | _____ |
| Pest Control | \$ | _____ | 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 \$ _____

OTHER INSURANCE

Health \$ _____

Child(ren)'s portion:

Dental \$ _____

Child(ren)'s portion:

Vision \$ _____

Child(ren)'s portion:

Life \$ _____

Relationship of Beneficiary:

Disability \$ _____

Other(specify): \$ _____

TOTAL ABOVE EXPENSES

\$ _____

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) \$ _____

B. PAYMENTS TO CREDITORS

(Check "✓" who is to pay this debt)

| 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

If you need to explain anything further, you can write comments here: