

IN THE SUPERIOR COURT OF _____ COUNTY, GEORGIA

_____, PLAINTIFF
VS
_____, DEFENDANT

CIVIL ACTION NO.

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	\$ _____

3A. 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 (<i>specify</i>)	_____	
	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 nonrecurring gains)	_____	
	Other income of a recurring nature (<i>specify source</i>)	_____	

	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 nonmarital, indicate the nonmarital 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		
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	_____	
Description	Value	

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 _____, _____ (year).