

IN THE SUPERIOR COURT OF _____ COUNTY
STATE OF GEORGIA

_____ ,

Petitioner,

v.

_____ ,

Respondent.

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CIVIL ACTION

FILE NO.: _____

DOMESTIC RELATIONS FINANCIAL AFFIDAVIT

1.	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:	
	Names and Birth Dates of Affiant's other children and where they reside:	

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) Plus Monthly Payments to Creditors 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 (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 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	
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 and state the amount and the basis: pre-marital, gift inheritance, source of funds, etc.)
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DESCRIPTION	VALUE	SEPARATE ASSET OF HUSBAND	SEPARATE ASSET OF WIFE	BASIS OF THE CLAIM
Cash				
Stocks, bonds				
CD's/Money Market Accounts				
Bank Accounts (list each account):				
Retirement Pensions, 401K, IRA or Profit Sharing				
Money owed you				
Tax Refund owed				

you:				
Real Estate				
Automobiles/ Vehicles				
Vehicle 1:				
Debt owed:				
Vehicle 2:				
Debt owed:				
Life Insurance (net cash value)				
Furnishings				
Jewelry				
Collectibles				
Other Assets				
Total Assets				

5.A. AVERAGE MONTHLY EXPENSES

HOUSEHOLD

Mortgage or rent payments	
Property Taxes	
Homeowners Association Fees	
Electricity/Water/Gas/Garbage	
Telephone Residential Cellular Telephone	
Repairs and Maintenance	
Lawn Care	

Cable TV/Satellite	
Pest Control	
Domestic Services	
Miscellaneous Household and Grocery Items	
Meals outside the home	
Internet	

AUTOMOBILE	
Gasoline and Oil	
Repairs	
Auto Tags and License	
Insurance	

AFFIANT'S OTHER EXPENSES	
Grooming	
Clothing	
Medical/Dental/Prescriptions	
Entertainment	
Religious and Charities	
Vacations	
Travel Expenses for Visitation	
Publications	
Dues, clubs	
Pet expenses	
Alimony paid to former spouse	
Child support paid for child(ren) Date of Order	
Other (Attach Sheet)	

CHILDREN'S EXPENSES	
Child Care (total monthly cost)	
School Tuition	
Tutoring	
Private lessons	
School Supplies/Expenses	
Lunch Money	
Other educational expenses List:	
Allowance	
Clothing/Toys/Entertainment	
Medical, dental, prescription (out of pocket/uncovered expenses)	
Grooming/hygiene	
Gifts from children to Others	
Summer Camp	

OTHER INSURANCE	
Health Child(ren)'s Portion: Abram	
Dental Child(ren)'s Portion	
Vision Child(ren)'s Portion	
Life Relationship of Beneficiary	
Disability	
Other	
TOTAL ABOVE EXPENSES	

B. PAYMENTS TO CREDITORS					
<u>To Whom</u>	<u>Balance Due</u>	<u>Monthly Payments</u>	<u>Joint</u>	<u>Plaintiff</u>	<u>Defendant</u>

C. TOTAL MONTHLY EXPENSES AND PAYMENTS TO CREDITORS	
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 Check if Partnership and Business Interests form is attached.