

IN THE SUPERIOR COURT OF _____ COUNTY

STATE OF GEORGIA

Plaintiff)
)
)
v.)
)
Defendant.)
)

Civil Action

Case Number _____

DOMESTIC RELATIONS FINANCIAL AFFIDAVIT

(1) Your Name:		Your Age:
Spouse's Name:		Spouse's 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 your other children:		
Name	Date of Birth	Resides with

(2) SUMMARY OF YOUR INCOME AND NEEDS: (fill out this part after you complete pages 2-5)	
(A) Gross monthly income (from Item 3A below)	
(B) Net monthly income (from Item 3B below)	
(C) Average monthly expenses (from Item 5A below)	

Initials

Monthly payments to creditors (Item 5B below)	
Total monthly expenses & payments to Creditors (Item 5C below)	

(3) (A) YOUR GROSS MONTHLY INCOME: (Complete this section or attach Child Support Schedule A. All income must be entered based on monthly averages regardless of date of receipt. Where applicable, income should be annualized.)	
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	
Worker's 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 included means-tested public assistance, such as TANF or food stamps.)	
TOTAL Gross Monthly Income (also write in 2A on page one)	
(3) (B) Net Monthly Income from Employment (deducting only state and federal taxes and FICA) (also write in 2B on page one)	

Your Pay Period (i.e., monthly, weekly, etc.):	Number of Exemptions Claimed by You for Tax Purposes:
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(4) Assets			
<p>(List all assets here, including both non-marital and marital property. 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 that the basis: pre-marital, gift, inheritance, source of funds, etc. 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.)</p>			
Description	Value	Separate Asset of Husband	Separate Asset of Wife
Cash			
Stocks, Bonds			
CD's / Money Market Accounts			
Bank Accounts (list each account below):			
(1)			
(2)			
401(K)			
Other Retirement Accounts			
Money Owed to You (or Spouse)			
Tax Refund Owed to You			
Real Estate (list properties & mortgages):			
Marital Residence			
Approximate Value:			
Approximate Debt:			
Approximate Equity:			
Automobiles/Vehicles (list vehicles & amounts owed on each one):			
(1)			
Value less debt owed			
(2)			
Value less debt owed			
Life Insurance (net cash value)			
Furniture/Furnishings			

Initials

Jewelry			
Collectibles			
Other Assets (specify):			
TOTAL ASSETS			

5 (A) AVERAGE MONTHLY EXPENSES		
HOUSEHOLD EXPENSES		
Mortgage or rent payments		
Property taxes		
Insurance		
Condo, maintenance fees/homeowners association fees		
Electricity		
Water		
Garbage & sewer		
Telephone		
Gas		
Repairs & Maintenance		
Lawn care		
Pool care		
Pest control		
Cable television		
Miscellaneous household and grocery items		
Meals outside home		
Drugstore items		
Linens		
Postage and Stationary		
Burglar alarm		
Service contracts on appliances		
Domestic help		
Domestic help: FICA		
Other (Attach sheet)		

PETS	
Grooming	
Veterinarian	
Food	
AUTOMOBILE	
Gasoline and oil	
Repairs	
Auto tags and license	
Insurance	
Alternative transportation (bus, public transportation, etc.)	
Tolls and parking	
OTHER EXPENSES	
Dry cleaning and laundry	
Grooming	
Clothing	
Medical/dental	
Prescriptions	
Gifts (special holidays)	
Entertainment	
Vacations	
Retirement/401-K Contributions	
Publications	
School alumni dues	
Union dues, clubs	
Club Membership dues and expenses	
Religious and charities	
Professional expenses (other than this proceeding)	
Bank charges/credit card fees	
Miscellaneous (attach sheet)	
Other (attach sheet)	
Alimony paid to former spouse	
Child support for other children	

CHILDREN'S EXPENSES	
Child care	
School expenses	
School uniforms	
Private lessons/tutoring	
Lunch money/allowance	
Allowances	
Clothing	
Medical/dental	
Psychiatric/psychological/counseling	
Prescriptions	
Grooming	
Gifts	
Entertainment	
Toys	
Books/Publications	
Summer camps	
Sports and extracurricular activities	
Other (attach sheet)	
INSURANCE	
Health	
Dental	
Life	
Disability	
Other (specify)	
TOTAL MONTHLY EXPENSES	

(5) (B) Payments To Creditors			
To Whom	Name on Account	Balance Due	Monthly Payment
TOTAL PAYMENTS TO CREDITORS			

Initials

(5) C) TOTAL MONTHLY EXPENSES AND PAYMENTS TO CREDITORS	
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