

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)	\$ _____	0.00
(b) Net monthly income (from item 3B)	\$ _____	0.00
(c) Average monthly expenses (item 5A)	\$ _____	0.00
Monthly payments to creditors	+	_____ 0.00
Total monthly expenses and payments to creditors (item 5C)	\$ _____	0.00

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)	\$ _____ 0.00

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:	\$	_____	0.00	_____	_____

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): \$ _____

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) \$ _____

TOTAL ABOVE EXPENSES \$ _____ 0.00

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: \$ 0.00

C. TOTAL MONTHLY EXPENSES: \$ 0.00

This _____ day of _____, 20_____.

Notary Public

Affiant

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