

IN THE SUPERIOR COURT OF
STATE OF GEORGIA

COUNTY

Plaintiff

vs.

Defendant

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CIVIL ACTION NO. _____

DOMESTIC RELATIONS FINANCIAL AFFIDAVIT

1 AFFIANT'S NAME: _____ Age _____
Spouse's or Other Parent'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	Date of Birth	Resides with:

Names and birth dates of Affiant's **other children**, (exclude step children):

Names	Date of Birth	Resides with:	Date of Initial Support Order	Support Paid by Affiant

2 SUMMARY OF AFFIANT'S INCOME AND NEEDS:

- (a) Gross monthly income (Item 3A) _____
- (b) Net monthly income (Item 3B) _____
- (c) Average monthly expenses (Item 5A) _____
- (d) Monthly payments to creditors (Item 5B) _____
- (e) Total monthly expenses/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.)

Salary or Wages _____
ATTACH COPIES OF 2 MOST RECENT WAGE STATEMENTS

Commissions, Fees, Tips _____

Income from self-employment, partnership, close corporations,
and independent contractors (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 reduces 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, Social Security
 and Medicare withholdings)

Gross Monthly Income _____
 State Income Taxes _____
 Federal Income Taxes _____
 FICA Social Security Tax _____
 FICA Medicare Tax _____

Net Monthly Income: _____

Affiant's pay period (i.e. weekly, bi-weekly, monthly, bi-monthly): _____

Number of tax exemptions claimed on IRS Form W-4 or tax return: _____

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 (PM), gift (G), inheritance (INH), source of funds (SoF), etc.)

Description	Value	Separate Asset of the Husband	Separate Asset of the Wife	<u>Basis of the Claim</u>
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:				
Home:	_____	_____	_____	_____
debt owed:	_____	_____	_____	_____
other:	_____	_____	_____	_____
debt owed:	_____	_____	_____	_____
Automobiles/Vehicles:				
Vehicle 1:	_____	_____	_____	_____
debt owed:	_____	_____	_____	_____
Vehicle 2:	_____	_____	_____	_____
debt owed:	_____	_____	_____	_____

Life Insurance (<u>net</u> cash value):				
Furniture/furnishings:				
Jewelry:				
Collectibles:				
Other Assets (List):				
Total Assets:				

5 A. AVERAGE MONTHLY EXPENSES:

HOUSEHOLD

Mortgage or rent payments	_____	Cable TV	_____
Property taxes	_____	Misc. household and grocery items	_____
Homeowner/Renter Insurance	_____	Meals outside the home	_____
Electricity	_____	Other household expenses:	_____
Water	_____	AUTOMOBILES	
Garbage and Sewer	_____	Gasoline and oil	_____
Telephone:		Repairs	_____
<u>residential line:</u>	_____	Auto tags and license	_____
<u>cellular telephone:</u>	_____	Insurance	_____
Internet Service	_____	OTHER VEHICLES	
Gas	_____	(boats, trailers, RVs, etc.)	
Repairs and maintenance	_____	Gasoline and oil	_____
Lawn Care	_____	Repairs	_____
Pest Control	_____	Tags and license	_____
		Insurance	_____

CHILDREN'S EXPENSES

Regular child care _____

Special Care (non-school periods) _____

Tutoring _____

Private lessons (e.g., music, dance) _____

School tuition _____

School Supplies/expenses _____

Lunch Money _____

Other Educational Expenses (list):

Allowance _____

Clothing _____

Baby Formula _____

Diapers _____

Medical, dental, prescription
(only out of pocket/uncovered
expenses) _____

Grooming, hygiene _____

Gifts (from children to others) _____

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, golf, bowling) _____

Vacations _____

Travel Expenses for Visitation _____

Publications _____

Organizations dues, clubs, etc. _____

Religious and charities _____

Pet expenses _____

Alimony paid to a former spouse _____

Personal Educational Expenses _____

Other Expense (attach sheet) _____

Other: _____

Other: _____

Other: _____

Entertainment _____

Activities (e.g. extra-curricular, sports,
religious, cultural, etc.) _____

Summer Camps _____

Child support paid for another child _____

Date of initial order: _____

Name of child _____

OTHER INSURANCE

Health Insurance Premiums _____
 Child(ren)'s portion: _____

Dental Insurance Premiums _____
 Child(ren)'s portion: _____

Vision Insurance Premiums _____
 Child(ren)'s portion: _____

Life Insurance Premiums _____

Relationship of Beneficiary: _____

Child support paid for another child _____

Date of initial order: _____

Name of child _____

Child support paid for another child _____

Date of initial order: _____

Name of child _____

Disability _____

Retirement Contribution: _____

TOTAL ABOVE EXPENSES _____

B PAYMENTS TO CREDITORS:

(Place an "X" in the column for whom is to pay this debt.)

To Whom:	Balance Due	Monthly Payment	Joint	Plaintiff	Defendant

TOTAL MONTHLY PAYMENTS TO CREDITORS: _____

C TOTAL MONTHLY EXPENSES AND PAYMENTS TO CREDITORS: _____

Other/ Comment/ Explanation: