

**In the Superior Court of \_\_\_\_\_ County  
State of Georgia**

\_\_\_\_\_, Plaintiff )  
 )  
 vs. ) Civil Action No. \_\_\_\_\_  
 )  
 \_\_\_\_\_, Defendant )  
 )

**AMENDED DOMESTIC RELATIONS FINANCIAL AFFIDAVIT**

1. AFFIANT'S 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
N/A		

**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	
Total monthly expenses and 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 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 product 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)	
<b>GROSS MONTHLY INCOME</b>	

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.).

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):				
_____				
_____				
_____				
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:				
_____				
_____				
_____				
<b>Total Assets:</b>				

5. A. AVERAGE MONTHLY EXPENSES

**HOUSEHOLD**

Mortgage or rent payments		Gas	
Property taxes		Repairs and maintenance:	
Homeowner/Renter Insurance		Lawn Care	
Electricity		Pest Control	
Water		Cable TV	
Garbage and Sewer		Misc. Household & grocery items	
Telephone:		Meals outside the home	
Residential line:		Other	
Cellular phone:			

**AUTOMOBILE**

**OTHER VEHICLES (boats, trailers, RVs, etc.)**

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Gasoline and oil		Gasoline and oil	
Repairs		Repairs	
Auto tags and license		Tags and license	
Insurance		Insurance	

**CHILDREN'S EXPENSES**

Child care (total monthly cost)		Allowance	
School tuition		Clothing	
Tutoring		Diapers Pull ups	
Private lessons (e.g., music, dance)		Medical, dental, prescription (out of pocket/uncovered expenses)	
School supplies/expenses		Grooming, hygiene	
Lunch money		Gifts from children to others	
Other Educational Expenses:		Entertainment	
(List) _____		Activities (including extra-curricular, school, religious, cultural, etc.)	
_____		Summer Camps	

**OTHER INSURANCE**

Health		Children's portion:	
Dental		Children's portion:	
Vision		Children's portion:	
Life		Relationship to Beneficiary:	
Disability			
Other(specify):			

**AFFIANT'S OTHER EXPENSES**

Dry cleaning/laundry		Publications	
Clothing		Dues, clubs/ PAGE	
Medical, dental, prescription		Religious and charities	

(out of pocket/uncovered expenses)			
Affiant's gifts (special holidays)		Pet expenses	
Entertainment		Alimony paid to former spouse	
Recreational Expenses (e.g., fitness)		Child support paid for other children	
Vacations		Date of initial order:	
Travel Expenses for Visitation		Other (attach sheet)	
<b>TOTAL ABOVE EXPENSES</b>			

**B. PAYMENTS TO CREDITORS**

(please check one)

To Whom:	Balance Due	Monthly Payment	Joint	Plaintiff	Defendant

<b>TOTAL MONTHLY PAYMENTS TO CREDITORS:</b>	
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<b>C. TOTAL MONTHLY EXPENSES:</b>	
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This \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Affiant