

IN THE SUPERIOR COURT OF  
STATE OF GEORGIA

COUNTY

\_\_\_\_\_  
Plaintiff

vs.

\_\_\_\_\_  
Defendant

)  
)  
)  
)  
)  
)

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

**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	_____	<b>AUTOMOBILES</b>	
Garbage and Sewer	_____	Gasoline and oil	_____
Telephone:		Repairs	_____
<u>residential line:</u>	_____	Auto tags and license	_____
<u>cellular telephone:</u>	_____	Insurance	_____
Internet Service	_____	<b>OTHER VEHICLES</b>	
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: