

## **DOMESTIC RELATIONS FINANCIAL AFFIDAVIT INSTRUCTIONS**

**EFFECTIVE JANUARY 1, 2007**

The law in Georgia concerning calculation of child support has changed. All parties, including those acting without attorneys (pro se litigants) are must file a financial affidavit as required by Uniform Superior Court Rule 24.2 (see below). **This must be filed at the time that the divorce complaint is filed.**

Instructions and worksheets to calculate child support, **which are required to be filed in any divorce involving children** online at <http://www.georgiacourts.org/csc/>  
Documents which support the proposed calculation must also be filed.

**Your case will not be set for a hearing or sent to the judge until both parties have submitted the required affidavit, worksheets and documents.**

### **UNIFORM SUPERIOR COURT RULE 24.2**

**Financial data required; scheduling and notice of temporary hearing.**

At the time of filing any action for temporary or permanent child support, alimony, equitable division of property, modification of child support or alimony or attorneys fees, the filing party shall file with the Clerk of Court the affidavit specifying his or her financial circumstances in the form set forth herein and, in cases involving child support, the schedules required by O.C.G.A. § 19-6-15 (effective January 1, 2007, as thereafter amended or revised), and shall serve the same upon the opposing party.

In protective order actions filed under OCGA § 19-13-1, et. seq. and in other emergency actions, the affidavit and schedules may be filed and served on or before the date of the hearing or at such other time as the court orders, and shall not be required at the time of filing of the action.

Notice of the date of any temporary hearing shall be served upon the adverse party at least 15 days before the date of the hearing, unless otherwise ordered by the court.

The opposing party shall serve the affidavit specifying his or her financial circumstances in the form set forth herein and the schedules, where applicable, and shall file with the Clerk of Court and exchange this information with the opposing party:

- (a) at least five days prior to any temporary hearing;
  - (b) at least five days prior to any court ordered mediation; or
  - (c) with his or her answer or thirty days after service of the complaint,
- whichever first occurs, if no application for a temporary award is made

and the parties do not participate in mediation prior to trial.

Any amendments to the affidavits or schedules shall be exchanged at least 10 days prior to hearing or trial.

Each party shall submit the proposed worksheet required by O.C.G.A. § 19-6-15 (effective January 1, 2007 and as amended or revised thereafter) at the time of hearing or trial.

On the request of either party, and upon good cause shown to the court, the affidavits, worksheets, schedules, and any other financial information may be sealed, upon order of the court.

No social security numbers or account numbers shall be included in any document filed with the Court.

Failure of any party to furnish the above financial information, in the discretion of the court, may subject the offending party to the penalties of contempt and may result in continuance of the hearing until such time as the required financial information is furnished or such other sanctions or remedies deemed appropriate in the court's discretion.

The affidavit shall be under oath and in substantially the following form:

**[FORM FOLLOWS]**

**In the Superior Court of Douglas County, Georgia**

\_\_\_\_\_, Plaintiff

vs

Civil Action No. \_\_\_\_\_

\_\_\_\_\_, Defendant

**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
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_____	_____	_____
_____	_____	_____
_____	_____	_____

Names and birth dates of affiant's other children:

Name	Date of Birth	Resides with
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_____	_____	_____
_____	_____	_____
_____	_____	_____

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 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**

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

<b>HOUSEHOLD</b> Mortgage or rent payments	\$	Cable TV	\$
Property taxes	\$	Misc. household and grocery Items	\$
Homeowner/Renter Insurance	\$	Meals outside the home	\$
Electricity	\$	Other	\$
Water	\$	<b>AUTOMOBILE</b> Gasoline and oil	\$
Garbage and Sewer	\$	Repairs	\$
Telephone: residential line	\$	Auto tags and license	\$
cellular telephone	\$	Insurance	\$
Gas	\$	<b>OTHER VEHICLES(boats, trailers, RVs, etc.)</b> Gasoline and oil	\$
Repairs and maintenance	\$	Repairs	\$
Lawn Care	\$	Tag ad License	\$
Pest Control	\$	Insurance	\$

<b>CHILDREN'S EXPENSES</b>		<b>AFFIANT'S OTHER EXPENSES</b>	
Child care (total monthly cost)	\$	Dry cleaning/laundry	\$
School tuition	\$	Clothing	\$
Tutoring	\$	Medical, dental, prescription (out of pocket/uncovered expenses)	\$
Private lessons (e.g., music, dance)	\$	Affiant's gifts (special holidays)	\$
School supplies/expenses	\$	Entertainment	\$
Lunch Money	\$	Recreational Expenses (e.g., fitness)	\$
Other Educational Expenses (list)		Vacations	\$
	\$	Travel Expenses for Visitation	\$
	\$	Publications	\$
Allowance	\$	Dues, clubs	\$
Clothing	\$	Religious and charities	\$
Diapers	\$	Pet expenses	\$
Medical, dental, prescription (out of pocket / uncovered expenses)	\$	Alimony paid to former spouse	\$
Grooming, hygiene	\$	Child support paid for other children	\$
Gifts from children to others	\$	Date of initial order	\$
Entertainment	\$	Other (attach sheet)	\$
Activities (including extra-curricular, school, religious, cultural, etc.)	\$	Summer Camps	\$
<b>OTHER INSURANCE</b>			
Health	\$		\$
Child(ren)'s portion:	\$		\$

Dental	\$		\$
Child(ren)'s portion:	\$		\$
Vision	\$		\$
Child(ren)'s portion:	\$		\$
Life Relationship of Beneficiary:	\$		\$
Disability	\$		\$
Other(specify	\$		\$
<b>TOTAL ABOVE EXPENSES</b>			\$

<b>B. PAYMENTS TO CREDITORS</b>			(please check one)		
To Whom:	Balance Due	Monthly Payment	Joint	Plaintiff	Defendant

TOTAL MONTHLY PAYMENTS TO CREDITORS: \$ \_\_\_\_\_

**C. TOTAL MONTHLY EXPENSES:** \$ \_\_\_\_\_

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_

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

\_\_\_\_\_  
Affiant



