

IN THE SUPERIOR COURT OF FULTON COUNTY
STATE OF GEORGIA
FAMILY DIVISION

_____,)
)
Petitioner)
)
and) Civil Action File No. _____
)
_____,)
)
Respondent)
)
)

DOMESTIC RELATIONS FINANCIAL AFFIDAVIT

You are required to make to the Court, under oath, a FULL DISCLOSURE of your income, net worth and financial condition on this form. Fill out each and every section of this form. If something does not apply to your situation, write, "N/A."

1. Your Name: _____
Spouse's Name: _____
Date of Marriage: _____
Date of Separation: _____
Names and birth dates of children of this marriage:

Names and birth dates of other children living with you:

2. EMPLOYMENT AND INCOME

Occupation: _____
Employed By: _____
Address: _____

D/O/B _____
Pay period: _____

If you are employed, but expecting soon to become unemployed or change jobs, describe the change you expect and why and how it will affect your income. If currently unemployed, describe your efforts to find employment, how soon you expect to be employed, and the pay you expect to receive:

EXCEPT IN PROCEEDINGS FOR ADOPTION, ENFORCEMENT, CONTEMPT, AND INJUNCTIONS FOR DOMESTIC OR REPEAT VIOLENCE, ALL OF THE FOLLOWING MUST BE ATTACHED TO THE COPY OF THIS FINANCIAL AFFIDAVIT SERVED ON THE OPPOSING PARTY. THE ATTACHMENTS SHALL NOT BE FILED WITH THE COURT: Your three (3) most recent pay stubs, your three (3) most recent Federal and State tax returns, and the most recent W-2 forms. If last year's Federal income tax return has not yet been filed, attach W-2s, 1099s, K-1s, and any other document to be attached to your tax return. If the attachments are not made to the copy served on the opposing party, an explanation is required.

3. SUMMARY OF YOUR INCOME AND NEEDS

- (a) Gross monthly income (from Item 4A) \$ _____
- (b) Total income taxes paid on above income
(Incl. Fed., State and FICA) \$ _____
- (c) Net monthly income (from Item 4C) \$ _____
- (d) Average monthly expenses (Item 5A) \$ _____
- Monthly payments to creditors (Item 5B) \$ _____
- Total monthly expenses and payments
to creditors (Item 5C) \$ _____
- (e) Amount of spousal/child support you need \$ _____
- (f) Amount of child support indicated by Child
Support Guidelines \$ _____

4. YOUR MONTHLY INCOME

A. Gross Income

(All income must be entered based on monthly average regardless of date of receipt.

Where applicable, income should be annualized.)

- Salary \$ _____
- Bonuses, commissions, allowances, overtime,
tips and similar payments (based on past 12-
month average or time of employment of less
than 1 year) \$ _____

Business income from sources such as self-employment, partnership, close corporations and/or independent contracts (gross receipts minus ordinary and necessary expenses required to produce income)	\$ _____
Disability/unemployment/worker's compensation	\$ _____
Pension, retirements or annuity payments	\$ _____
Social security benefits	\$ _____
Other public benefits	\$ _____
Spousal or child support from prior marriage	\$ _____
Interest and dividends	\$ _____
Rental income (gross receipts minus ordinary and necessary expenses required to produce income)	\$ _____
Reimbursed expenses and in kind payments to the extent that they reduce personal living expenses	\$ _____
Income from royalties, trusts or estates	\$ _____
Gains derived from dealing in property (not including non-recurring gains)	\$ _____
Other income of a recurring nature (specify source)	\$ _____
Gross Monthly Income	\$ _____

B. Benefits of Employment

List and describe all benefits of employment, defined as those paid directly by the employer on your behalf, e.g. automobile and/or auto allowance, insurance (auto, life, disability, etc.), deferred compensation, employer contribution to retirement or stock, club memberships and reimbursed expenses (to the extent they reduce personal living expenses). ATTACH SHEET, IF NECESSARY.

Total amount deducted from gross pay \$ _____

C. Net Income

Net monthly income from employment (deducting only state and federal taxes and FICA) \$ _____

5. **A. AVERAGE MONTHLY EXPENSES**

HOUSEHOLD

Mortgage or rent payments	\$ _____
Property taxes	\$ _____
Insurance	\$ _____
Condo, maintenance fees/homeowners association fees	\$ _____
Electricity	\$ _____
Water	\$ _____
Garbage & sewer	\$ _____
Telephone	\$ _____
Gas	\$ _____
Repairs & Maintenance	\$ _____
Lawn care	\$ _____
Pool care	\$ _____
Pest control	\$ _____
Cable television	\$ _____
Miscellaneous household and grocery items	\$ _____
Meals outside home	\$ _____
Pets: grooming	\$ _____
veterinarian	\$ _____
food	\$ _____
Drugstore items	\$ _____
Linens	\$ _____
Postage and Stationary	\$ _____
Burglar alarm	\$ _____
Service contracts on appliances	\$ _____
Domestic help	\$ _____
FICA	\$ _____
Cellular Telephone	\$ _____
Home computer expenses	\$ _____
Other (Attach sheet)	\$ _____

AUTOMOBILE

Gasoline and oil	\$ _____
Repairs	\$ _____
Auto tags and license	\$ _____
Insurance	\$ _____
Alternative transportation (bus, public transportation, etc.)	\$ _____
Tolls and parking	\$ _____

OTHER VEHICLES, BOATS, TRAILERS

Gasoline and oil	\$ _____
Repairs	\$ _____
Tags and license	\$ _____
Insurance	\$ _____
Other (Attach sheet)	\$ _____

OTHER EXPENSES

Dry cleaning and laundry	\$ _____
Grooming	\$ _____
Clothing	\$ _____
Medical/dental	\$ _____
Prescriptions	\$ _____
Gifts (special holidays)	\$ _____
Entertainment	\$ _____
Vacations	\$ _____
Retirement/401-K Contributions	\$ _____
Publications	\$ _____
School alumni dues	\$ _____
Union dues, clubs	\$ _____
Club Membership dues and expenses	\$ _____
Religious and charities	\$ _____
Professional expenses (other than this proceeding)	\$ _____
Bank charges/credit card fees	\$ _____
Miscellaneous (attach sheet)	\$ _____
Other (attach sheet)	\$ _____
Alimony paid to former spouse	\$ _____
Child support paid for other children	\$ _____

CHILDREN'S EXPENSES

Child care	\$ _____
School expenses	\$ _____
School uniforms	\$ _____
Private lessons/tutoring	\$ _____
Lunch money/allowance	\$ _____
Allowances	\$ _____
Clothing	\$ _____
Medical/dental	\$ _____
Psychiatric/psychological/counseling	\$ _____
Prescriptions	\$ _____
Grooming	\$ _____
Gifts	\$ _____
Entertainment	\$ _____

Toys	\$ _____
Books/Publications	\$ _____
Summer camps	\$ _____
Sports and extracurricular activities	\$ _____
Other (attach sheet)	\$ _____
INSURANCE	
Health	\$ _____
Life	\$ _____
Disability	\$ _____
Other (specify)	\$ _____
Total Above Expenses	\$ _____

B. PAYMENTS TO CREDITORS

<u>To Whom</u>	<u>Balance Due</u>	<u>Monthly Payments</u>	<u>Name(s) on Account</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Total:	\$ _____	\$ _____	

C. TOTAL MONTHLY EXPENSES AND PAYMENTS TO CREDITORS \$ _____

6. 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. Non-marital means you had this asset before the marriage or received it by personal gift or inheritance during the marriage. The total value of each asset must be listed in the "value" column. "Value" means what you feel the item of property would be worth if it were offered for sale.)

	DESCRIPTION	VALUE	HUSBAND'S Non-marital	WIFE'S Non-marital
RETIREMENT:				
401-K	_____	_____	_____	_____
Pension	_____	_____	_____	_____
IRA	_____	_____	_____	_____
Other	_____	_____	_____	_____

LIQUID ACCOUNTS:

Stocks	_____	_____	_____	_____
Bonds	_____	_____	_____	_____
CDs	_____	_____	_____	_____
Savings	_____	_____	_____	_____
Money Market	_____	_____	_____	_____
Other liquid accounts (Describe)	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

REAL ESTATE:

Real estate: home

Value	_____	_____	_____
Equity	_____	_____	_____

Other real estate:

1) Value	_____	_____	_____
Equity	_____	_____	_____

2) Value	_____	_____	_____
Equity	_____	_____	_____

3) Value	_____	_____	_____
Equity	_____	_____	_____

	DESCRIPTION	VALUE	HUSBAND'S Non-Marital	WIFE'S Non-Marital
	Money owed to you	_____	_____	_____
	Tax refund due	_____	_____	_____
	Accounts receivable	_____	_____	_____
	Unsecured Notes	_____	_____	_____
	(Attach separate page detailing each receivable and note)			
	Life insurance (cash surrender value)	_____	_____	_____
	Furniture/furnishings	_____	_____	_____
	Jewelry	_____	_____	_____
	Collectibles	_____	_____	_____
	Other	_____	_____	_____

AUTOMOBILES:

	Type	Value	Name(s) on account
1)	_____	_____	_____
2)	_____	_____	_____

3) _____

BANK ACCOUNTS:

	<u>Name of Bank</u>	<u>Account Number</u>	<u>Average Balance</u>	<u>Name on the Account</u>
Savings	_____	_____	_____	_____
Checking	_____	_____	_____	_____
Custodial	_____	_____	_____	_____
Other	_____	_____	_____	_____

OTHER ASSETS:

(Describe and provide both current fair market value and any amount which you contend to be a party's non-marital interest)

Note: Partnerships and other business interests - see required attached form labeled "Partnership and Business Interests"

PARTNERSHIPS AND BUSINESS INTERESTS

Enumerate each partnership and business interest separately and complete in full the information required. For partnerships and interests undergoing evaluation or where the evaluation is in dispute or not available within forty-five (45) days from the date of filing of this action, on a separate sheet provide the following for each such partnership or asset: 1) Description of interest, 2) percent ownership, 3) past year's gross revenues and 4) a good faith estimate for range of valuation. Also, for each such partnership or interest attach copies of corporate returns for the last three years and the most recent quarterly profit and loss statement. For partnerships, in lieu of corporate returns, provide last three years K-1 and Schedule C forms.

DESCRIPTION	PERCENTAGE OF OWNERSHIP INTEREST	PURCHASE PRICE AND DATE OF PURCHASE	DEBTS AND ENCUMBRANCES OWED	PRESENT FAIR MARKET VALUE	MARITAL INTEREST OF PRESENT FAIR MARKET VALUE

I AM AWARE THAT ANY MATERIALLY FALSE STATEMENT KNOWINGLY MADE WITH THE INTENT TO DEFRAUD OR MISLEAD SHALL SUBJECT ME TO THE PENALTY FOR PERJURY AND MAY BE CONSIDERED A FRAUD UPON THE COURT. I DECLARE THAT THE ABOVE INFORMATION IS TRUE AND THAT THE INFORMATION CONTAINED IN THIS FORM CONSTITUTES A COMPLETE AND FULL DISCLOSURE OF MY FINANCIAL CONDITION.

Printed name _____

Address _____

Telephone (area code and number)

Facsimile (area code and number)

STATE OF GEORGIA
COUNTY OF _____

Sworn to and subscribed before me
on this ____ day of _____, 200__.

NOTARY PUBLIC

IN THE SUPERIOR COURT OF FULTON COUNTY
STATE OF GEORGIA
FAMILY DIVISION

_____,)
)
 Petitioner)
)
 and) Civil Action File No. _____
)
)
 _____,)
)
 Respondent)
)
)

CERTIFICATE OF SERVICE

I CERTIFY THAT THE FINANCIAL AFFIDAVIT WAS:
(check one only) _____ mailed, _____ facsimiled and mailed, or _____ hand
delivered to the person(s) listed below on the _____ day of _____,
200____.

Party or their attorney if represented:

Name _____

Address _____

Telephone No. _____

Facsimile No. _____

DATED: _____

Signature of party or attorney, if party is

represented by counsel

Printed name _____

Address _____

Telephone (area code and number)

Facsimile (area code and number)