<u>UNIFORM SUPERIOR COURT RULE 24.2</u> DOMESTIC RELATIONS FINANCIAL AFFIDAVIT

Except as noted below, 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. In cases involving child support, the worksheet and schedules required by O.C.G.A. § 19-6-15 and only as promulgated by the Georgia Child Support Commission, shall be completed insofar as possible and filed with the clerk and shall be served upon the opposing party. Online submission of the worksheet and schedules shall not suffice as filing with the Clerk of Court.

In other emergency actions, the affidavit, worksheet and schedules may be filed and served on or before the date of hearing or at such other time as the Court orders, and shall not be required at the time of filing of the action.

In cases filed with complete separation agreements or consent orders resolving all issues but the issue of divorce, the parties are not required to file financial affidavits, unless otherwise ordered by the Court. In cases involved child support the parties must attach to the proposed final judgment a completed worksheet and Schedule E, whether Schedule E applies or not. In addition, the separation agreement must include the parties' gross and adjusted incomes. The remaining applicable schedules shall be filed with the Clerk at the time of filing the uncontested action. The Office of Child Support Services is exempt from filing financial affidavits.

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 file with the Clerk and serve upon the other party the affidavit specifying his or her financial circumstances in the form set forth herein and the worksheet and schedules, completed insofar as possible:

- (a) at least five days prior to any temporary hearing;
- (b) at least five days prior to any court ordered mediation; or
- (c) thirty days after service of the complaint, whichever first occurs.

Any amendments to the affidavits or schedules shall be served upon the opposing party at least 10 days prior to final hearing or trial and shall be filed with the Clerk of Court at or before 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 pursuant to this rule. Each account shall be specified by financial institution and a partial account number. No party shall be required to include full account numbers.

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 CONTINUED ON THE NEXT PAGE]

IN THE SUPERIOR COURT OF _____ COUNTY STATE OF GEORGIA

t1t10	oner,		
		Civil Actio	n
spo	ndent.	,	
	DOMESTIC RE	CLATIONS FINANCIAL A	AFFIDAVIT
	AFFIANT'S NAME:		Age
	Snougo's Name		Age
	Spouse's Name		0
		Date of Separ	
	Date of Marriage:		ation:
	Date of Marriage:	Date of Separ	ation:
	Date of Marriage:	Date of Separ-	ation:
	Date of Marriage: Names and birth dates of ch Name	Date of Separ hildren for whom support is to be Date of Birth	ation: e determined in this action Resides with

2. SUMMARY OF AFFIANT'S INCOME AND NE

3.

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)	\$
a)	AFFIANT'S GROSS MONTHLY INCOME (complete this Support Schedule A) (All income must be entered based on monthly average rega	
	Salary or Wages ATTACH COPIES OF 2 MOST RECENT WAGE STATE	\$ MENTS
	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	\$			
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:	\$			

Description	Value	Separate Asset of the Husband	Separate Asset of the Wife	Basis of the Claim
Automobiles/Vehicles				
Vehicle 2:	\$			
Debt owed:	\$			
Life Insurance (net cash value):	\$			
Furniture/furnishings:	\$			
Jewelry:	\$			
Collectibles:	\$			
Other Assets:	\$			
	\$			
	\$			
	\$			
Total Assets:	\$			
5. a) AVERAGE	MONTHLY EX	PENSES		

HOUSEHOLD

Mortgage or rent payments	\$ Cable TV	\$
Property taxes	\$ Misc. household and grocery items	\$
Homeowner/Renter Insurance	\$ Meals outside the home	\$
Electricity	\$ Other	\$

HOUSEHOLD (Con't) Water \$ AUTOMOBILE Gasoline \$ \$____ Garbage and Sewer Repairs \$_____ Telephone: residential line: \$ Auto tags and license \$ \$ \$ cellular telephone: Insurance Gas \$ **OTHER VEHICLES** (boats, trailers, RVs, etc.) Repairs and maintenance: Gasoline and oil \$_____ \$_____ Lawn Care \$_____ \$_____ Repairs Pest Control \$_____ \$_____ Tags and license \$____ Insurance **CHILDREN'S EXPENSES** AFFIANT'S OTHER EXPENSE Child care (total monthly cost) \$ Dry cleaning/laundry \$ School tuition \$ Clothing \$ \$_____ Tutoring Medical, dental, prescription \$ Private lessons (e.g., music, dance) \$ Gifts (special holidays) \$ School supplies/expenses \$_____ Entertainment \$_____ \$_____ **Recreational Expenses** \$_____ Lunch Money (e.g. Fitness) Other Educational Expenses (list) Vacations \$_____ \$ Vacation Travel Expenses \$ \$ \$ Publications

CHILDREN'S EXPENSES (Con't)

AFFIANT'S OTHER EXPENSE (Con't)

Allowance	\$	Dues, clubs	\$
Clothing	\$	Religious and charities	\$
Diapers	\$	Pet expenses	\$
Medical, dental, prescription (out of pocket/uncovered)	\$	Alimony 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, etc.)	\$		
Summer Camp	\$		
OTHER INSURANCE Health Child(ren)'s portion: Dental Child(ren)'s portion: Vision	\$ \$	\$ \$	
Child(ren)'s portion Life Relationship of Beneficiary	\$	\$	
Disability	\$		
Other (specify):	\$		
TOTAL	ABOVE EXPE	INSES \$	

To Whom:	Balance Due	Monthly Payment	Joint	Plaintiff	Defendant

b) **PAYMENTS TO CREDITORS**

TOTAL MONTHLY PAYMENTS TO CREDITORS: \$_____

c) TOTAL MONTHLY EXPENSES

\$_____

This ______ day of ______, 20____.

Notary Public

Affiant