

**IN THE SUPERIOR COURT OF _____
STATE OF GEORGIA**

_____ ,)	
)	
Plaintiff,)	Civil Action
)	File Number: _____
v.)	
)	
_____ ,)	
)	
Defendant.)	

DOMESTIC RELATIONS FINANCIAL AFFIDAVIT

1.

Affiant's Name	
Affiant's Age	
Spouse's Name	
Spouse's Age	

Names and birth dates of children for whom support is to be determined in this action:

NAME OF CHILD	DATE OF BIRTH	RESIDES WITH

Names and birth dates of affiant's other children:

NAME OF CHILD	DATE OF BIRTH	RESIDES WITH

2. SUMMARY OF AFFIANT'S INCOME AND NEEDS

(a) Gross Monthly Income (from item 3A)	\$
(b) Net Monthly Income (from item 3B)	\$
(c) Average Monthly Expenses (item 5A)	\$
Monthly Payments to Creditors (item 5B)	+\$ _____
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				
_____	\$			
_____	\$			
_____	\$			
_____	\$			
TOTAL ASSETS	\$			

5.A. AVERAGE MONTHLY EXPENSES

HOUSEHOLD

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

AUTOMOBILES

Gasoline and oil	\$
Repairs	\$
Auto tags and license	\$
Insurance	\$

OTHER VEHICLES (boats, trailers, RV's, etc.)

Gasoline and oil	\$
Repairs	\$
Tags and license	\$
Insurance	\$

CHILDREN'S EXPENSES

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

Summer Camps	\$
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OTHER INSURANCE

Health Child(ren)'s portion	\$ \$
Dental Child(ren)'s portion	\$ \$
Vision Child(ren)'s portion	\$ \$
Life Relationship of beneficiary	\$ _____
Disability	\$
Other (specify)	\$

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)	\$
Vacations	\$
Travel Expenses for Visitation	\$
Publications	\$
Dues, clubs	\$
Religious and charities	\$
Pet expenses	\$
Alimony paid to former spouse	\$
Child support paid for other children Date of initial Order:	\$ _____
Other (attach sheet)	\$
TOTAL ABOVE EXPENSES	\$

B. PAYMENTS TO CREDITORS

(Please check one)

To Whom:	Balance Due	Monthly Payment	Joint	Plaintiff	Defendant

TOTAL MONTHLY PAYMENTS TO CREDITORS: \$ _____

C. TOTAL MONTHLY EXPENSES \$ _____

This ____ day of _____, 2010.

NOTARY PUBLIC

AFFIANT