

IN THE SUPERIOR COURT OF _____ COUNTY
STATE OF GEORGIA

_____)	
)	CIVIL ACTION
Plaintiff,)	FILE NO. _____
)	
vs.)	
)	
_____)	DOMESTIC RELATIONS
)	
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 of this marriage:

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

Names and birth dates of children of prior marriage residing with Affiant:

Name	Date of Birth
_____	_____
_____	_____

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 (Item 5B) | \$ |
| Total monthly expenses and payments to creditors (Item 5C) | \$ |
| (d) Amount of spousal/child support needed by Affiant | \$ |
| (e) Amount of child support indicated by Child Support Guidelines | \$ |

3.A. AFFIANT’S GROSS MONTHLY 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 if less than 1 year) ATTACH SHEET ITEMIZING THIS INCOME.	\$
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) ATTACH SHEET ITEMIZING THIS INCOME.	\$
Disability/unemployment/worker’s compensation	\$
Pension, retirements or annuity payments	\$
Social security benefits	\$
Other public benefits (specify)	\$
Spousal or child support from prior marriage	\$
Interest and dividends	\$
Rental income (gross receipts minus ordinary and necessary expenses required to produce income) ATTACH SHEET ITEMIZING THIS INCOME	\$
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. List and describe all benefits of employment, 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.



C. Net monthly income from employment (deducting only state, 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. 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	Separate Asset of Husband	Separate Asset of Wife
Cash	\$	\$	\$
Stocks, bonds	\$	\$	\$
CD's/Money Market Accounts	\$	\$	\$
Real estate: home	\$	\$	\$
other	\$	\$	\$
Automobiles	\$	\$	\$
Money owed you	\$	\$	\$
Retirement/IRA	\$	\$	\$
Furniture/furnishings	\$	\$	\$
Jewelry	\$	\$	\$
Life insurance (cash value)	\$	\$	\$
Collectibles	\$	\$	\$
Bank Accounts	\$	\$	\$
Savings	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
Other assets	\$	\$	\$
	\$	\$	\$
BUSINESS	\$	\$	\$
	\$	\$	\$
TOTAL ASSETS	\$	\$	\$

5. A. AVERAGE MONTHLY EXPENSES

HOUSEHOLD		CHILDREN'S EXPENSES	
Mortgage or rent payments	\$	Child care	\$
Property taxes	\$	School tuition	\$
Insurance	\$	School supplies/expenses	\$
Electricity	\$	Lunch money	\$
Water	\$	Allowance	\$
Garbage & sewer	\$	Clothing	\$
Telephone	\$	Diapers	\$
Gas	\$	Medical, dental, prescription	\$
Repairs & maintenance	\$	Grooming/hygiene	\$
Lawn care	\$	Gifts	\$
Pest Control	\$	Entertainment	\$
Cable TV	\$	Activities	\$
Misc. household & grocery items	\$	OTHER INSURANCE	\$
Meals outside home	\$	Health	\$
Other	\$	Life	\$
AUTOMOBILE	\$	Disability	\$
Gasoline and oil	\$	Other (dental)	\$
Repairs	\$		
Auto tags and license	\$		
Insurance	\$		
Business Rent	\$		

AFFIANT'S OTHER EXPENSES

Dry cleaning and laundry	\$
Clothing	\$
Medical/dental	\$
Prescriptions	\$
Affiant's gifts (special holidays)	\$
Entertainment	\$
Vacations	\$
Publications	\$
Dues, clubs	\$
Religious and charities	\$
Miscellaneous (attach sheet)	\$
Other (attach sheet)	\$
Alimony paid to former spouse	\$
Child support paid to former	\$

TOTAL ABOVE EXPENSES \$

B. PAYMENTS TO CREDITORS

To Whom	Balance Due	Monthly Payments

Total Monthly Payments to Creditors \$		

C. TOTAL MONTHLY EXPENSES & PAYMENTS \$

Affiant _____

This ____ day of _____, 20 ____.

Notary Public