

IN THE SUPERIOR COURT OF \_\_\_\_\_ COUNTY, GEORGIA

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

VS.

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

:  
:  
:  
:  
:  
:  
:

CIVIL ACTION NO.

\_\_\_\_\_

**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 dates of birth of affiant's other children:

\_\_\_\_\_

2. SUMMARY OF PARTIES' INCOME AND NEEDS

A) Spouse is employed by \_\_\_\_\_

Gross monthly income \_\_\_\_\_ Net monthly income \_\_\_\_\_

B) Affiant is employed by \_\_\_\_\_

(a) Gross monthly income (from item 3A) \$ \_\_\_\_\_

(b) Net monthly income (from item 3B) \$ \_\_\_\_\_

(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 of Wages (Attach copies of 2 most recent wage statements)	\$ _____
Commissions, Fees, Tips	\$ _____
Income from self-employment, partnership, close corporations, & independent contractors (gross receipts (-) ordinary & necessary expenses required to produce income)(Attach sheet itemizing calculations)	\$ _____
Rental Income (gross receipts minus ordinary & 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 (Don't include child's)	\$ _____
Workers' Compensation Benefits	\$ _____
Unemployment Benefits	\$ _____
Judgments form 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)	\$ _____
<b>GROSS MONTHLY INCOME</b>	<b>\$ _____</b>

3. 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 OF THE AFFIANT:

(a) Home located at: \_\_\_\_\_

Titled: \_\_\_\_\_ FMV: \_\_\_\_\_

1st Mortgage: \_\_\_\_\_

Balance: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

2nd Mortgage: \_\_\_\_\_

Balance: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

(b1) Other real property located at: \_\_\_\_\_

Titled: \_\_\_\_\_ FMV: \_\_\_\_\_

1st Mortgage: \_\_\_\_\_

Balance: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

(b2) Other real property located at: \_\_\_\_\_

Titled: \_\_\_\_\_ FMV: \_\_\_\_\_

1st Mortgage: \_\_\_\_\_

Balance: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

(b3) Other real property located at: \_\_\_\_\_

Titled: \_\_\_\_\_ FMV: \_\_\_\_\_

1st Mortgage: \_\_\_\_\_

Balance: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

(b4) Other real property located at: \_\_\_\_\_

Titled: \_\_\_\_\_ FMV: \_\_\_\_\_

1st Mortgage: \_\_\_\_\_

Balance: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

(c) Vehicles:

(1) Desc. \_\_\_\_\_ Titled: \_\_\_\_\_

Bank \_\_\_\_\_ Bal. \_\_\_\_\_ Mo. Pymt. \_\_\_\_\_

(2) Desc. \_\_\_\_\_ Titled: \_\_\_\_\_

Bank \_\_\_\_\_ Bal. \_\_\_\_\_ Mo. Pymt. \_\_\_\_\_

(3) Desc. \_\_\_\_\_ Titled: \_\_\_\_\_

Bank \_\_\_\_\_ Bal. \_\_\_\_\_ Mo. Pymt. \_\_\_\_\_

(4) Desc. \_\_\_\_\_ Titled: \_\_\_\_\_

Bank \_\_\_\_\_ Bal. \_\_\_\_\_ Mo. Pymt. \_\_\_\_\_

(d) Other Personal Property (Boats, Campers, Tractors, etc.):

(1) Desc. \_\_\_\_\_ Titled: \_\_\_\_\_ fmv

Bank \_\_\_\_\_ Bal. \_\_\_\_\_ Mo. Pymt. \_\_\_\_\_

(2) Desc. \_\_\_\_\_ Titled: \_\_\_\_\_ fmv

Bank \_\_\_\_\_ Bal. \_\_\_\_\_ Mo. Pymt. \_\_\_\_\_

(3) Desc. \_\_\_\_\_ Titled: \_\_\_\_\_ fmv

Bank \_\_\_\_\_ Bal. \_\_\_\_\_ Mo. Pymt. \_\_\_\_\_

(4) Desc. \_\_\_\_\_ Titled: \_\_\_\_\_ fmv

Bank \_\_\_\_\_ Bal. \_\_\_\_\_ Mo. Pymt. \_\_\_\_\_

(e) Businesses:

(1) Desc. \_\_\_\_\_ Titled: \_\_\_\_\_ fmv.

Bank \_\_\_\_\_ Bal. \_\_\_\_\_ Mo. Pymt. \_\_\_\_\_

(2) Desc. \_\_\_\_\_ Titled: \_\_\_\_\_ fmv.

Bank \_\_\_\_\_ Bal. \_\_\_\_\_ Mo. Pymt. \_\_\_\_\_

(f) Bank Accounts

(1) Desc. \_\_\_\_\_

Titled: \_\_\_\_\_ Amount: \_\_\_\_\_

(2) Desc. \_\_\_\_\_

Titled: \_\_\_\_\_ Amount: \_\_\_\_\_

(3) Desc. \_\_\_\_\_

Titled: \_\_\_\_\_ Amount: \_\_\_\_\_

(4) Desc. \_\_\_\_\_

Titled: \_\_\_\_\_ Amount: \_\_\_\_\_

(g) Retirement Accounts

(1) Desc. \_\_\_\_\_

Titled: \_\_\_\_\_ Amount: \_\_\_\_\_

(2) Desc. \_\_\_\_\_

Titled: \_\_\_\_\_ Amount: \_\_\_\_\_

(3) Desc. \_\_\_\_\_

Titled: \_\_\_\_\_ Amount: \_\_\_\_\_

(h) Investment Accounts

(1) Desc. \_\_\_\_\_

Titled: \_\_\_\_\_ Amount: \_\_\_\_\_

(2) Desc. \_\_\_\_\_

Titled: \_\_\_\_\_ Amount: \_\_\_\_\_

(3) Desc. \_\_\_\_\_

Titled: \_\_\_\_\_ Amount: \_\_\_\_\_

(i) Insurance:

(1) Medical Insurance: \_\_\_\_\_  
\_\_\_\_\_

(2) Life insurance Husband: type policy \_\_\_\_\_

\_\_\_\_\_ name of Co. \_\_\_\_\_

\_\_\_\_\_ face value \_\_\_\_\_

\_\_\_\_\_ cash value \_\_\_\_\_

\_\_\_\_\_ beneficiary \_\_\_\_\_

Life insurance Wife: type policy \_\_\_\_\_

\_\_\_\_\_ name of Co. \_\_\_\_\_

\_\_\_\_\_ face value \_\_\_\_\_

\_\_\_\_\_ cash value \_\_\_\_\_

\_\_\_\_\_ beneficiary \_\_\_\_\_

(j) Other Assets:

\_\_\_\_\_  
\_\_\_\_\_

(k) Separate Property:

i) Husband's Separate Property:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ii) Wife's Separate Property:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. A. AVERAGE MONTHLY EXPENSES

HOUSEHOLD:

Mortgage or rent payments \$ \_\_\_\_\_

Property taxes \$ \_\_\_\_\_

Homeowner/Renter Insurance \$ \_\_\_\_\_

Electricity \$ \_\_\_\_\_

Water \$ \_\_\_\_\_

Garbage and Sewer \$ \_\_\_\_\_

Telephone (Residential) \$ \_\_\_\_\_

Telephone (Cellular) \$ \_\_\_\_\_

DSL/Internet \$ \_\_\_\_\_

Gas \$ \_\_\_\_\_

Repairs and Maintenance \$ \_\_\_\_\_

Lawn Care \$ \_\_\_\_\_

Pest Control \$ \_\_\_\_\_

Cable TV \$ \_\_\_\_\_

Misc. Household/Grocery Items \$ \_\_\_\_\_

Meals outside the home \$ \_\_\_\_\_

Miscellaneous \$ \_\_\_\_\_

Security System \$ \_\_\_\_\_

Homeowner Dues \$ \_\_\_\_\_

OTHER VEHICLE EXPENSES:

(Boats, trailers, RV's, etc.)

Gasoline and Oil \$ \_\_\_\_\_

Repairs \$ \_\_\_\_\_

Auto tags & license \$ \_\_\_\_\_

Insurance \$ \_\_\_\_\_

OTHER INSURANCE:

Affiant Heath \$ \_\_\_\_\_

Child(rens) Health \$ \_\_\_\_\_

Affiant Dental \$ \_\_\_\_\_

Child(rens) Dental \$ \_\_\_\_\_

Affiant Vision \$ \_\_\_\_\_

Child(rens) Vision \$ \_\_\_\_\_

Affiant Life \$ \_\_\_\_\_

Child(rens) Life \$ \_\_\_\_\_

Affiant Disability \$ \_\_\_\_\_

Affiant Other \$ \_\_\_\_\_

Child(rens) Other \$ \_\_\_\_\_

AUTOMOBILE EXPENSES:

Gasoline \$ \_\_\_\_\_

Repairs & Maintenance \$ \_\_\_\_\_

Auto tags & license \$ \_\_\_\_\_

Insurance \$ \_\_\_\_\_

CHILD(RENS) EXPENSES:

Child care (total monthly costs) \$ \_\_\_\_\_  
School Tuition \$ \_\_\_\_\_  
Tutoring \$ \_\_\_\_\_  
  
Private Lessons (i.e. music, dance) \$ \_\_\_\_\_  
School Supplies/Expenses \$ \_\_\_\_\_  
Lunch Money \$ \_\_\_\_\_  
Other Education Expenses (list)  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
Allowance \$ \_\_\_\_\_  
Clothing \$ \_\_\_\_\_  
Diapers \$ \_\_\_\_\_  
Out of pocket/Uncovered  
Medical, Dental, Prescription \$ \_\_\_\_\_  
Grooming/Hygiene \$ \_\_\_\_\_  
Gifts from children to others \$ \_\_\_\_\_  
Entertainment \$ \_\_\_\_\_  
Activities (including extracurricular,  
school, religious, cultural, etc.) \$ \_\_\_\_\_  
Summer Camps \$ \_\_\_\_\_

AFFIANT'S OTHER EXPENSES:

Dry Cleaning/Laundry \$ \_\_\_\_\_  
Clothing \$ \_\_\_\_\_  
Out of pocket/  
Uncovered Medical,  
Dental, Prescription \$ \_\_\_\_\_  
Gifts (Holidays) \$ \_\_\_\_\_  
Entertainment \$ \_\_\_\_\_  
Recreational Expense  
(i.e. Fitness) \$ \_\_\_\_\_  
Grooming \$ \_\_\_\_\_  
Vacations \$ \_\_\_\_\_  
Travel Expenses for  
Vacation \$ \_\_\_\_\_  
Publications \$ \_\_\_\_\_  
Dues, Clubs \$ \_\_\_\_\_  
Religious/Charities \$ \_\_\_\_\_  
Pet Expenses \$ \_\_\_\_\_  
Alimony paid to  
former spouse \$ \_\_\_\_\_  
Retirement  
Contribution \$ \_\_\_\_\_  
Date of Initial Order \$ \_\_\_\_\_  
Miscellaneous \$ \_\_\_\_\_  
TOTAL EXPENSES \$ \_\_\_\_\_



5. B. PAYMENTS TO CREDITORS

<u>To Whom</u>	<u>Balance Due</u>	<u>Monthly Payment</u>	<u>Titled</u>	<u>Reason for Debt</u>
_____				
_____				
_____				
_____				
_____				
_____				
_____				
_____				

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

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

\_\_\_\_\_  
AFFIANT

Sworn to and subscribed before me  
this \_\_\_\_\_ day of \_\_\_\_\_ .

\_\_\_\_\_  
NOTARY PUBLIC  
My comm. expires:  
(SEAL)

CERTIFICATE OF SERVICE

I do hereby certify that I have this day served a copy of the above and foregoing on Counsel for opposing party.

\_\_\_\_\_  
ALAN W. CONNELL, Counsel for Affiant  
Georgia Bar #181550