

In the Superior Court of _____ County, Georgia

_____,)
Petitioner)
vs.) Civil Action No. _____
_____,)
Respondent)
)

DOMESTIC RELATIONS FINANCIAL AFFIDAVIT

1. AFFIANT'S NAME (your 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	Birth Year	Resides with

Names and birth dates of affiant's (your) other minor children:

Name	Birth Year	Resides with

2. SUMMARY OF AFFIANT'S INCOME AND NEEDS

(a) Gross monthly income (bring over from p. 2) \$ _____

(b) Net monthly income (bring over from p. 2) \$ _____

(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. **To convert a weekly amount to a monthly amount, multiply the weekly amount by 4.35. In calculating monthly income based on a 40 hour work week, multiply the hourly salary by 174.))**

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 (total)	\$ _____

B. AFFIANT'S NET MONTHLY INCOME from employment
(deducting only state and federal taxes and FICA) \$ _____

Affiant's pay period (i.e., weekly, bi-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	Total value	Separate/ Non-marital of the Husband	Separate/ Non-marital of the Wife	Basis of the Claim
Cash	\$ _____	_____	_____	_____
Stocks, bonds	\$ _____	_____	_____	_____
CD's/Money Market Accounts	\$ _____	_____	_____	_____
Bank Accounts (account name):				
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
Retirement Pensions, 401K, IRA, or Profit Sharing				
Yours:	\$ _____	_____	_____	_____
Other party:	\$ _____	_____	_____	_____
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:	\$	_____	_____	_____	_____

If you need to explain anything further, you can write comments here:

5. A. AVERAGE MONTHLY EXPENSES (To convert a weekly amount to a monthly amount, multiply the weekly amount by 4.35; divide yearly amounts by 12 for an average)

HOUSEHOLD

Mortgage or rent payments	\$	_____	Cable TV	\$	_____
Property taxes	\$	_____	Misc. household and grocery Items	\$	_____
Homeowner/Renter Insurance	\$	_____	Meals outside the home	\$	_____
Electricity	\$	_____	Other	\$	_____
Water	\$	_____	AUTOMOBILE		
Garbage and Sewer	\$	_____	Gasoline and oil (or taxi fare)	\$	_____
Telephone:			Repairs	\$	_____
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

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 \$ _____

AFFIANT'S (YOUR) 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) \$ _____

INSURANCE

	Total insurance cost monthly	Child(ren)'s portion monthly
Health	\$ _____	\$ _____
Dental	\$ _____	\$ _____
Vision	\$ _____	\$ _____
Life	\$ _____	
Relationship of Beneficiary:	_____	
Disability	\$ _____	
Other(specify):	\$ _____	

TOTAL ABOVE EXPENSES

\$ _____

B. PAYMENTS TO CREDITORS

(Name on account)

To Whom:	Balance Due	Monthly Payment	Joint	Plaintiff	Defendant
			☐	☐	☐
			☐	☐	☐
			☐	☐	☐
			☐	☐	☐
			☐	☐	☐
			☐	☐	☐
			☐	☐	☐

TOTAL MONTHLY PAYMENTS TO CREDITORS:\$ _____

C. TOTAL MONTHLY EXPENSES: \$ _____

This _____ day of _____, 20_____.

Notary Public_____
Affiant (your signature)

If you need to explain anything further, you can write comments here: