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

 STATE OF GEORGIA

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \* CIVIL ACTION

Plaintiff \* FILE NO. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

VS. \*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*

Defendant \*

 **DOMESTIC RELATIONS FINANCIAL AFFIDAVIT**

**1. AFFIANTS NAME** Age

 Spouses 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 AFFIANTS 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. AFFIANTS 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 ITEMIZED THIS INCOME. $

 Disability/unemployment/workers 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)

 Affiants 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 spouses 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 it if were offered for sale.)

**Description Value Separate Asset Separate Asset**

**of Husband of Wife**

Cash $ $ $

Stocks, bonds $ $ $

CDs/Money Market $ $ $

 Accounts $ $ $

Real Estate: home $ $ $

other $ $ $

Automobiles $ $ $

 Money owed you $ $ $

Retirement/IRA 401K $ $ $

Furniture/Furnishings $ $ $

Jewelry $ $ $

Life insurance (cash value) $ $ $

Collectibles $ $ $

Bank accounts

checking $ $ $

(list each account) savings $ $ $

$ $ $

$ $ $

Other assets - $ $ $

$ $ $

BUSINESS $ $ $

$ $ $

TOTAL ASSETS $ $ $

**5.A. AVERAGE MONTHLY EXPENSES**

HOUSEHOLD CHILDRENS EXPENSES

Mortgage or Rent Payment $

Property Taxes $ Child care $

Insurance $ School Tuition $

Electricity $ School Supplies/Exp. $

Water $ Lunch money $

Garbage and Sewer $ Allowance $

Telephone $ Clothing $

Gas $ Diapers $

Repairs/Maintenance $ Medical, dental, RX $

Lawn care $ Grooming/hygiene $

Pest control $ Gifts $

Cable TV $ Entertainment $

Misc. Household & Grocery $ Activities $

Meals outside home $ OTHER INSURANCE

Other $ Health $

Other $ Life $

AUTOMOBILE $ Disability $

Gasoline and oil $ Other (specify) $

Repairs $

Auto tags and licence $

Insurance $

Business rent $

TOTAL EXPENSES $

AFFIANT OTHER EXPENSES

Dry cleaning and laundry $

Clothing $

Medical/dental $

Prescriptions $

Affiants gifts (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

spouse $

**B. PAYMENTS TO CREDITORS**

To Whom Owed Balance Due Monthly Payments

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ $

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ $

 Total Monthly Payments to Creditors $

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

Affiant

Sworn to and subscribed before me this

\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_, 201­­­­

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

Notary Public