

IN THE SUPERIOR COURT OF _____ COUNTY
STATE OF GEORGIA

_____,
Petitioner,
and
_____,
Respondent.

)
)
)
)
) Civil Action File
)
) No. _____
)
)
)
)

DOMESTIC RELATIONS FINANCIAL AFFIDAVIT

1. FAMILY DATA

Wife's Name: _____
Birthday: _____ SSN _____
Husband's Name: _____
Birthday: _____ SSN _____
Date of Marriage: _____
Date of Separation: _____
Names and birth dates of children of this marriage:
Name D.O.B. Resides With

Names and birth dates of children of prior marriage residing with Affiant:
Name D.O.B.

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 (monthly) _____
- 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 previous marriage _____

Arrears and insurance _____

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) _____

TOTAL GROSS MONTHLY INCOME _____

B. BENEFITS OF EMPLOYMENT

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 (to the extent they reduce personal living expenses). ATTACH SHEETS IF NECESSARY.

C. NET INCOME

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 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 Wife	Separate Asset of Husband
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	_____	_____	_____
(list each acct.)	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Other Assets	_____	_____	_____
<u>tools and equipment</u>	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

TOTAL ASSETS

5 A. AVERAGE MONTHLY EXPENSES

HOUSEHOLD

Mortgage or rent payments

Property taxes

Insurance

Electricity

Water

Garbage & sewer

Telephone

Gas

Repairs & Maintenance

Lawn care

Pest control

Cable television

Miscellaneous household and grocery items

Meals outside home

Other - Animal Care & Feed

- VSF Fees

AUTOMOBILE

Gasoline & oil

Repairs

Auto tags and license

Insurance

CHILDREN'S EXPENSES

Child care

School tuition

School supplies/expenses

Lunch money

Allowance

Clothing/diapers

Medical/dental/prescription

Grooming/hygiene

Gifts

Entertainment

Activities

College funding

OTHER INSURANCE

Health

Life

Disability

Other (specify)

AFFIANT'S OTHER EXPENSES

Dry cleaning & laundry

Clothing	_____
Health/grooming	_____
Medical/dental	_____
Prescriptions	_____
Affiant's gifts (special holidays)	_____
Entertainment	_____
Vacations	_____
Publications	_____
Due, clubs	_____
Religious & charities	_____
Miscellaneous (attach sheet)	_____
Other (attach sheet)	_____
Alimony paid to former spouse	_____
Child support paid to former spouse	_____
TOTAL ABOVE EXPENSES	_____

B. PAYMENTS TO CREDITORS

To whom	Balance due	Monthly payment
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
TOTAL MONTHLY EXPENSES TO CREDITORS	_____	_____

C. TOTAL MONTHLY EXPENSES _____ **\$0.00**

_____ , AFFIANT
Sworn to and subscribed before me on this
___ day of _____, 2003.
