

In the Superior Court of \_\_\_\_\_ County, Georgia

\_\_\_\_\_, Petitioner )  
vs. ) Civil Action No. \_\_\_\_\_  
\_\_\_\_\_, Respondent )  
)

**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
_____	_____	_____
_____	_____	_____
_____	_____	_____

Names and birth dates of affiant's other children:

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

2. SUMMARY OF AFFIANT'S INCOME AND NEEDS

(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 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)	\$ _____
<b>GROSS MONTHLY INCOME (total)</b>	<b>\$ _____</b>

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	Value	Separate Asset of the Husband	Separate Asset of the Wife	Basis of the Claim
Cash	\$ _____	_____	_____	_____
Stocks, bonds	\$ _____	_____	_____	_____
CD's/Money Market Accounts	\$ _____	_____	_____	_____
Bank Accounts (list each account, but DO NOT list account numbers):				
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
Retirement Pensions, 401K, IRA, or Profit Sharing	\$ _____	_____	_____	_____
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:** \$ \_\_\_\_\_

**5. A. AVERAGE MONTHLY EXPENSES**

**HOUSEHOLD**

Mortgage or rent payments	\$ _____	Cable TV	\$ _____
Property taxes	\$ _____	Misc. household and grocery Items	\$ _____
Homeowner/Renter Insurance	\$ _____	Meals outside the home	\$ _____
Electricity	\$ _____	Other	\$ _____
Water	\$ _____	<b>AUTOMOBILE</b>	
Garbage and Sewer	\$ _____	Gasoline and oil (or taxi fare)	\$ _____
Telephone:		Repairs	\$ _____
residential line:	\$ _____	Auto tags and license	\$ _____
cellular telephone:	\$ _____	Insurance	\$ _____
Gas	\$ _____	<b>OTHER VEHICLES</b>	
		<b>(boats, trailers, RVs, etc.)</b>	
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 \$ \_\_\_\_\_

**OTHER INSURANCE**

Health \$ \_\_\_\_\_  
Child(ren)'s portion: \_\_\_\_\_

Dental \$ \_\_\_\_\_  
Child(ren)'s portion: \_\_\_\_\_

Vision \$ \_\_\_\_\_  
Child(ren)'s portion: \_\_\_\_\_

Life \$ \_\_\_\_\_  
Relationship of Beneficiary: \_\_\_\_\_

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

Other(specify): \$ \_\_\_\_\_

**TOTAL ABOVE EXPENSES** \$ \_\_\_\_\_

**AFFIANT'S 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) \$ \_\_\_\_\_

**B. PAYMENTS TO CREDITORS**

(please check one)

To Whom:	Balance Due	Monthly Payment	Joint	Plaintiff	Defendant

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

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