

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

\_\_\_\_\_, )  
Plaintiff / Petitioner, )  
 )  
v. ) CIVIL ACTION FILE  
 )  
 ) No. \_\_\_\_\_  
\_\_\_\_\_, )  
Defendant / 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 3C) \_\_\_\_\_

(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, if applicable, 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) \$ \_\_\_\_\_

**GROSS MONTHLY INCOME** \$ \_\_\_\_\_

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

(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):				
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
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	\$ _____
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): \$ \_\_\_\_\_

**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) \$ \_\_\_\_\_

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

**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:** \$ \_\_\_\_\_

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Affiant's Signature [*Sign in front of a Notary*]

Name [*Print*]: \_\_\_\_\_

Sworn to and signed before me, this  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC  
My commission expires: \_\_\_\_\_