

IN THE SUPERIOR COURT OF DOUGLAS COUNTY
STATE OF GEORGIA

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 who 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 (item 5B)	+	\$
Total Monthly Expenses		\$

3A. 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)

Gross 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

3B. 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		Basis of the Claim
		of Husband	of Wife	
Cash	_____	_____	_____	
Stocks and Bonds	_____	_____	_____	_____
CD'S/Money Market Accounts	_____	_____	_____	
Bank Accounts (list each account)	_____	_____	_____	
checking	_____	_____	_____	
savings	_____	_____	_____	
_____	_____	_____	_____	
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:	_____	_____	_____

5A. AVERAGE MONTHLY EXPENSES

HOUSEHOLD

Mortgage or rent payments	_____
Property Taxes	_____
Homeowner/Renter Insurance	_____
Electricity	_____
Water & Sewer	_____
Garbage & Sewer	_____
Telephone	
Residential Line	_____
Cellular Telephone	_____
Gas	_____
Repairs & maintenance	_____

Cable TV/Internet
Misc. household and grocery items
Meals outside home
Other

AUTOMOBILE

Gasoline and oil
Repairs
Auto tags / license
Insurance

**OTHER VEHICLES
(Boats, trailers, RVs, etc.)**

Gasoline and oil
Repairs

Lawn Care _____

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

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 fo 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)

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

5B. PAYMENTS TO CREDITORS

TO WHOM:	Balance Due	Monthly Payment	(Please check one)		
			Joint	Plaintiff	Defendant

TOTAL MONTHLY PAYMENTS TO CREDITORS: \$

5C. TOTAL MONTHLY EXPENSES \$

This _____ day of _____, 2013.

 NOTARY PUBLIC

AFFIANT

