

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
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Names and birth dates of affiant's other children:

Name	Date of Birth	Resides with
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**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	<u>Separate Asset</u> of Husband	<u>Separate Asset</u> of Wife	Basis of the Claim
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:	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
<b>Total Assets:</b>	_____	_____	_____

**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

