

IN THE SUPERIOR COURT OF _____ COUNTY
STATE OF GEORGIA

Petitioner,)	
)	Civil Action No. _____
)	
vs.)	
)	
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(s)	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 incomes 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 and 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.) N/A

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	\$ -			
CDs/Money Market Accounts	\$ -			
Bank Accounts (list each account)				
Wachovia	\$ -			
_____	\$ -			
_____	\$ -			
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:	\$ -			
Pre-Paid Lease-GMC Envoy	\$ -			
_____	\$ -			
_____	\$ -			
TOTAL ASSETS	\$ -	\$ -	\$ -	\$ -

5. A: AVERAGE MONTHLY EXPENSES:

HOUSEHOLD			
Mortgage or rent payments	\$ -	Cable TV	\$ -
Property Taxes	\$ -	Misc. Household & Grocery Items	\$ -
Homeowner/Renter Insurance	\$ -	Meals outside home	\$ -
Electricity	\$ -	Other	\$ -
Water	\$ -	Automobile	\$ -
Garbage & Sewer	\$ -	Gasoline and oil	\$ -
Telephone	\$ -	Repairs	\$ -
residential line:	\$ -	Auto Tags and License	\$ -
cellular telephone:	\$ -	Insurance	\$ -
Gas	\$ -	Other Vehicles (Boats, Trailers, RVs, etc.)	\$ -
Repairs & Maintenance	\$ -	Gasoline and oil	\$ -
Lawn Care	\$ -	Repairs	\$ -
Pest Control	\$ -	Auto Tags and License	\$ -
		Insurance	\$ -

CHILDREN'S' EXPENSES		Affiant's Other Expenses	
Child Care (total monthly cost)	\$ -	Dry Cleaning/laundry	\$ -
School Tuition	\$ -	clothing	\$ -
Tutoring	\$ -	Medical, dental, prescription (out of pocket/uncovered expense)	\$ -
Private Lessons (e.g., music, dance)	\$ -	Affiant's Gift's (special holidays)	\$ -
School supplies/expenses	\$ -	Entertainment	\$ -
Lunch money	\$ -	Recreational Expense (e.g., fitness)	\$ -
Other Educational Expenses (list)		Travel expenses for visitation	\$ -
_____	\$ -	Publications	\$ -
_____	\$ -	Dues, clubs	\$ -
Allowance	\$ -	Religious and charities	\$ -
Clothing	\$ -	Pet Expenses	\$ -
Diapers	\$ -	Alimony paid to former spouse	\$ -
Medical, dental, prescription (out of pocket/uncovered expenses)	\$ -	Child Support paid for other children	\$ -
Grooming/hygiene	\$ -	Date of initial order	_____
Gifts from Children to Others	\$ -	Other (attach sheet)	\$ -
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: \$ _____ -

5. B: PAYMENT TO CREDITORS:

To Whom	Balance Due	Monthly Payment	Joint	Plaintiff	Defendant
	\$ -	\$ -			
	\$ -	\$ -			
	\$ -	\$ -			

Total Monthly Payments to Creditors \$ -

C: TOTAL MONTHLY EXPENSES: \$ -

This _____ day of _____, 2007

NOTARY PUBLIC

Affiant