

In the Superior Court of _____ County, Georgia

_____, Plaintiff)
vs.) Civil Action No. _____
_____, Defendant)
)

DOMESTIC RELATIONS FINANCIAL AFFIDAVIT OF PLAINTIFF

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	<u>Resides with</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

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) _____

(subsections (d) & (e) deleted)

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) \$ _____

GROSS MONTHLY INCOME \$ _____
(prior section B deleted)

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	<u>Basis of the Claim</u>
Cash	\$ _____	_____	_____	_____
Stocks, bonds	\$ _____	_____	_____	_____
CD's/Money Market Accounts	\$ _____	_____	_____	_____
Bank Accounts (list each account):				
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
<u>Retirement Pensions, 401K, IRA, or Profit Sharing</u>	\$ _____	_____	_____	_____
Money owed you:	\$ _____	_____	_____	_____
<u>Tax Refund owed you:</u>	\$ _____	_____	_____	_____

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 \$ _____ **AUTOMOBILE**

Garbage and Sewer \$ _____ Gasoline and oil \$ _____

		Repairs	\$ _____
Telephone:			
residential line:	\$ _____	Auto tags and license	\$ _____
		Insurance	\$ _____
cellular telephone:	\$ _____		
Gas	\$ _____	<u>OTHER VEHICLES</u>	
		(boats, trailers, RVs, etc.)	
		<u>Gasoline and oil</u>	\$ _____
Repairs and maintenance:	\$ _____	<u>Repairs</u>	\$ _____
Lawn Care	\$ _____	<u>Tags and license</u>	\$ _____
Pest Control	\$ _____	<u>Insurance</u>	\$ _____

CHILDREN'S EXPENSES

AFFIANT'S OTHER EXPENSES

Child care (<u>total monthly cost</u>)	\$ _____	Dry cleaning/laundry	\$ _____
School tuition	\$ _____	Clothing	\$ _____
Tutoring	\$ _____	Medical, dental, <u>prescription</u>	
Private lessons (e.g., music, dance)	\$ _____	(<u>out of pocket/uncovered expenses</u>)	\$ _____
		Affiant's gifts (special holidays)	\$ _____
School supplies/expenses	\$ _____	Entertainment	\$ _____
Lunch Money	\$ _____	<u>Recreational Expenses (e.g.,</u>	\$ _____
		<u>fitness)</u>	
<u>Other Educational Expenses (list)</u>		Vacations	\$ _____
_____	\$ _____	Travel Expenses for Visitation	\$ _____
_____	\$ _____	Publications	\$ _____
Allowance	\$ _____	Dues, clubs	\$ _____
Clothing	\$ _____	Religious and charities	\$ _____
Diapers	\$ _____	Pet expenses	\$ _____
Medical, dental, prescription		Alimony paid to former spouse	\$ _____
(<u>out of pocket/uncovered expenses</u>)	\$ _____	Child support paid <u>for other</u>	
Grooming, hygiene	\$ _____	<u>children</u>	\$ _____
Gifts <u>from children to others</u>	\$ _____		

Date of initial order: _____

Entertainment \$ _____ Other (attach sheet) \$ 0.00

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 \$ _____

B. PAYMENTS TO CREDITORS

(please check one)

To Whom:	Balance Due	Monthly Payment	Joint	Plaintiff	Defendant

See **Attachment 1** for other payments to creditors

TOTAL MONTHLY PAYMENTS TO CREDITORS: \$ _____

C. TOTAL MONTHLY EXPENSES: \$ _____

This _____ day of _____, 20_____.

Affiant
[Sign in the presence of a Notary Public]

Sworn to and subscribed before me

This _____ day of _____, 20_____.

Notary Public, State of _____
My Commission Expires: _____

