

Office of Dispute Resolution
SEVENTH JUDICIAL ADMINISTRATIVE DISTRICT
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IN THE SUPERIOR COURT OF _____ COUNTY
STATE OF GEORGIA

_____,
Plaintiff,
Vs. _____,
Defendant,

*
*
*
*
*
*
*
*
*
*

Civil Action
File No. _____

DOMESTIC RELATIONS FINANCIAL AFFIDAVIT

1. Affiant's Name _____ Age: _____
Affiant's Social Security No. _____
Spouse's Name: _____ Age: _____
Date of Marriage: _____ Date of Separation: _____

Names and birthdates of children of this marriage:

<u>Name</u>	<u>Date of Birth</u>	<u>Resides With</u>
_____	_____	_____
_____	_____	_____

Names and birthdates of children of prior marriage(s) residing with Affiant:

<u>Name</u>	<u>Date of Birth</u>	<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 (Item 5B) + _____
Total monthly expenses and payments
To creditors (Item 5C) \$ _____
- (d) Amount of spousal / child support needed
by Affiant \$ _____
- (e) Amount of child support indicated by
Child Support Guidelines \$ _____

3. A. Affiant's Gross Monthly Income:
 (All income must be entered based on monthly average regardless of date of receipt. Where applicable, income should be annualized).

Salary \$ _____

Bonuses, commissions, allowances, overtime, tips and Similar payments (based on past 12 month average or Time of employment if less than a year). ATTACH SHEETS ITEMIZING THIS INCOME, _____

Business income from sources such as self employment, Partnership, close corporations, and/or independent Contracts (gross receipts minus ordinary and necessary Expenses required to produce income), ATTACH SHEET ITEMIZING THIS INCOME. _____

Disability / unemployment, / worker's comp _____
 Pension, retirements or annuity payments _____
 Other public benefits (specify) _____
 Social Security benefits _____
 Spousal or child support from prior marriage _____
 Interest and dividends _____

Rental income (gross receipts minus ordinary and Necessary expenses required to produce income) ATTACH SHEET ITEMIZING THIS INCOME _____

Income from royalties, trusts or estate _____
 Gains derived from dealing in property (not including Non-recurring gains). _____
 Other income of a recurring nature (specify source) _____

GROSS MONTHLY INCOME \$ _____

- B. List and describe all benefits of employment, e.g., automobile and/or auto allowance, insurance (auto, life, disability, etc), deferred compensation, employer contribution to retirement or stock, club memberships, and reimbursed expenses (to the extent they reduce personal living expenses). ATTACH SHEET, IF NECESSARY.
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- C. 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. The total value of each asset must be listed in the "value" column. "Value" means what you feel the item of property would be worth if it were offered for sale).

<u>Description</u>	<u>Value</u>	<u>Separate Asset of Husband</u>	<u>Separate Asset of Wife</u>
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Cash	\$ _____	_____	_____
Stocks, bonds	\$ _____	_____	_____
CDs/Money Mkt Accts	\$ _____	_____	_____
Real Estate:			
Home	\$ _____	_____	_____
Other	\$ _____	_____	_____
	\$ _____	_____	_____
Automobile	\$ _____	_____	_____
Money Owed You	\$ _____	_____	_____
Retirement/IRA	\$ _____	_____	_____
Furniture/furnishings	\$ _____	_____	_____
Jewelry	\$ _____	_____	_____
Life Insurance (cash value)	\$ _____	_____	_____
Collectibles	\$ _____	_____	_____
Bank accounts			
Checking	\$ _____	_____	_____
Savings	\$ _____	_____	_____
Other Assets			
_____	\$ _____	_____	_____
TOTAL ASSETS	\$ _____	_____	_____

5. A. (Indicate with (*) all which are estimates rather than actual figures than actual figures Taken from records or personal knowledge).

AVERAGE MONTHLY EXPENSES

HOUSEHOLD:

Mortgage/Rent payments	_____
Property taxes	_____
Insurance	_____
Electricity	_____
Water	_____
Garbage/Sewer	_____
Telephone	_____
Gas	_____
Repairs/Maintenance	_____
Lawn care	_____
Pest control	_____
Cable TV	_____
Misc. Household	_____
Grocery items	_____
Meals outside of home	_____
Other (specify)_____	_____

TOTAL HOUSEHOLD EXPENSES _____

AUTOMOBILE

Gasoline	_____
Insurance	_____
Repairs	_____
Auto tags and license	_____
Other (specify)_____	_____

TOTAL AUTOMOBILE EXPENSES _____

CHILDREN'S EXPENSE

Childcare	_____
School tuition	_____
School supplies/expenses	_____
Lunch money	_____

Clothing _____
 Diapers _____
 Medical, dental, prescription _____
 Grooming/hygiene _____
 Gifts _____
 Entertainment _____
 Activities _____

Misc. (attach sheet) _____
 Other (attach sheet) _____
 Alimony paid _____
 (to former spouse)
 Child support paid _____
 (to former spouse)
 TOTAL OTHER EXP. \$ _____

INSURANCE

Health _____
 Life _____
 Disability _____
 Other _____

TOTAL MONTHLY EXPENSES
 \$ _ _ _ _ _

AFFIANT'S OTHER EXPENSES:

Dry cleaning _____
 Laundry _____
 Clothing _____
 Medical/dental _____
 Prescriptions _____
 Gifts (special holidays) _____
 Hygiene/grooming _____
 Entertainment _____
 Vacations _____
 Publications _____
 Dues/clubs _____
 Religious _____
 Charities _____

B. PAYMENT TO CREDITORS:

To whom: (with account #)	Balance Due	Monthly Payments
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL MONTHLY PAYMENTS TO CREDITORS \$ _____

C. TOTAL MONTHLY EXPENSES \$ _ _ _ _ _

Sworn to and subscribed
 Before me this ____ day
 Of _____, 20____.

 Notary Public

 Affiant