IN THE SUPERIOR COURT OF _____COUNTY
STATE OF GEORGIA

_____,	*	
	*	
Plaintiff,	*	
	*	Civil Action
vs.	*	File No._____
	*	
_____,	*	
	*	
Defendant,	*	

DOMESTIC RELATIONS FINANCIAL AFFIDAVIT

1. You Name _____ Age: _____

Your Social Security No. _____

Spouse's Name: _____ Age:_____

Date of Marriage: _____ Date of Separation: _____

Names and birthdates of children of this marriage:

Name	Date of Birth	Resides With
_____	_____	_____
_____	_____	_____

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

Name	Date of Birth	Resides With
_____	_____	_____

2. SUMMARY OF YOUR 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. Your 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 that 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.

_____

C. Net monthly income from employment: (deducting only
State and federal taxes and FICA) $_ _ _ _ _ _ _ _ _ _ _ _ _ _
Your 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 in 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).

Description	Value	Separate Asset of Husband	Separate Asset of Wife
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	_____

INSURANCE

Health	_____
Life	_____
Disability	_____
Other	_____

YOUR OTHER EXPENSES:

Dry cleaning	_____
Laundry	_____
Clothing	_____
Medical/dental	_____
Prescriptions	_____
Gifts (special holidays)	_____
Hygiene/grooming	_____
Entertainment	_____
Vacations	_____
Publications	_____
Dues/clubs	_____
Religious	_____
Charities	_____
Misc. (attach sheet)	_____
Other (attach sheet)	_____
Alimony paid (to former spouse)	_____
Child support paid (to former spouse)	_____

TOTAL OTHER EXP. $_____

TOTAL MONTHLY EXPENSES

$_ _ _ _ _ _ _ _ _ _

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 Your Signature