

IN THE SUPERIOR COURT OF _____ COUNTY

STATE OF GEORGIA

Plaintiff,)
)
) CIVIL ACTION
)
 v.)
) FILE NO.
)
)
)
 Defendant.)

PLAINTIFF'S 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	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 (from item 5A) \$ _____

Monthly payments to creditors + _____

Total monthly expenses and payments
to creditors (from item 5C) \$ _____

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) \$ _____

And other income (do NOT include means-tested Public assistance,
Such as TANF or food stamps) \$ _____

GROSS MONTHLY INCOME \$ _____

3.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	Basis of the Claim
Cash	\$ _____	_____	_____	_____
Stocks, bonds	\$ _____	_____	_____	_____
CD's/Money Market Accounts	\$ _____	_____	_____	_____
Bank Accounts (list each account):				
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____

Retirement Pensions, 401K, IRA or Profit Sharing	\$ _____	_____	_____	_____
Money owed you	\$ _____	_____	_____	_____
Tax Refund owed you	\$ _____	_____	_____	_____
Real Estate:				
Home:	\$ _____	_____	_____	_____
Debt owed:	\$ _____	_____	_____	_____
Other:	\$ _____	_____	_____	_____
Debt owed:	\$ _____	_____	_____	_____
Automobile / 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 \$ _____

Property Taxes \$ _____

Homeowners/Rental Insurance \$ _____

Electricity \$ _____

Garbage and Sewer \$ _____

Telephone:
Residential line \$ _____

Cellular phone \$ _____

Gas \$ _____

Repairs or Maintenance \$ _____

Lawn Care \$ _____

Pest Control \$ _____

Cable TV \$ _____

Misc household
and grocery items \$ _____

Meals outside the home \$ _____

AUTOMOBILE

Gasoline and oil \$ _____

Repairs \$ _____

Auto Tags and license \$ _____

Insurance \$ _____

OTHER VEHICLES (boats, trailers, RVs, etc.)

Gasoline and oil \$ _____

Repairs \$ _____

Auto 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)
_____ \$ _____

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) \$ _____

CHILDREN'S EXPENSES (cont)

Allowance \$ _____

Clothing \$ _____

Diapers \$ _____

Medical, dental, prescription
(out of pocket/uncovered) \$ _____

Grooming, Hygiene \$ _____

Gifts from children to others \$ _____

Entertainment \$ _____

Activities (including extra-curricular,
School, religious, cultural, etc.) \$ _____

Summer Camps \$ _____

AFFIANT'S OTHER EXPENSES (cont)

Vacations \$ _____

Travel Expenses for
Visitation \$ _____

Publications \$ _____

Dues, clubs \$ _____

Religious and charities \$ _____

Pet Expenses \$ _____

Alimony to former
Spouse \$ _____

Child support paid for other
children \$ _____

date of initial order _____

Other (attach sheet) \$ _____

OTHER INSURANCE

Health	\$ _____	
Child(ren)'s portion:		\$ _____
Dental	\$ _____	
Child(ren)'s portion:		\$ _____
Vision	\$ _____	
Child(ren)'s portion:		\$ _____
Life	\$ _____	
Child(ren)'s portion:		\$ _____
Relationship of Beneficiary	_____	
Disability	\$ _____	
Child(ren)'s portion:		\$ _____
OTHER	\$ _____	
Child(ren)'s portion:		\$ _____

TOTAL ABOVE EXPENSES \$ _____

B. PAYMENTS TO CREDITORS

To Whom:	Balance Due	Monthly Payments	Joint	Plaintiff	Defendant

TOTAL MONTHLY PAYMENTS TO CREDITORS: \$_____

C. TOTAL MONTHLY EXPENSES \$_____

This _____ day of _____, 20_____.