

IN THE SUPERIOR COURT OF _____ COUNTY
STATE OF GEORGIA

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

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 3C)	\$
(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 income must be entered based on monthly average regardless of date of receipt.)

Salary or Wages	\$
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ATTACH COPIES OF 2 MOST RECENT WAGE STATEMENTS

Commissions, Fees, Tips	\$
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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	\$
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Rental Income (gross receipts minus ordinary and necessary expenses required to produce income)

ATTACH SHEET ITEMIZING YOUR CALCULATIONS	
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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	
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 Husband	Separate Asset of Wife	Basis of the Claim
Cash				
Stocks, bonds				
CDs/Money Market Accts.				
Bank Accts. (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:				
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	
Homeowner/Renter Insurance	
Electricity	
Water, Garbage, and Sewer	
Telephone:	
Residential Line	
Cellular Telephone	
Gas	
Repairs and Maintenance	
Lawn Care	
Pest Control	
Cable TV	
Misc. Household and Grocery Items	
Meals Outside the Home	
Other	\$

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)	
Allowance	
Clothing	
Diapers	
Medical, Dental, Prescription (out of pocket/uncovered expenses)	
Grooming, Hygiene	
Gifts from Children to Others	
Entertainment	
Activities (including extra-curricular, school, religious, cultural, etc.)	
Summer Camps	

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)	
Vacations	

Travel Expenses for Visitation	
Publications	
Dues, Clubs	
Religious and Charities	
Pet Expenses	
Alimony Paid 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 to Beneficiary	
Disability	
Other (specify)	
TOTAL ABOVE EXPENSES	\$

B. PAYMENTS TO CREDITORS

(please check one)

To Whom:	Balance Due	Monthly Payment	Joint	Plaintiff	Defendant

TOTAL MONTHLY PAYMENTS TO CREDITORS **\$**

C. TOTAL MONTHLY EXPENSES **\$**

This _____ day of _____, 2021.

Sworn to and subscribed before me)
this ____ day of _____, 2021.)

_____))

NOTARY PUBLIC)

_____ County, Georgia)

My Commission Expires_____)
