

IN THE SUPERIOR COURT OF MUSCOGEE COUNTY  
STATE OF GEORGIA

\_\_\_\_\_,  
**Plaintiff,**  
**vs.**  
\_\_\_\_\_,  
**Defendant.**

\*  
\*  
\* **CIVIL ACTION FILE**  
\* **NO:** \_\_\_\_\_  
\*

**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 from whom support is to be determined in this action:

<i>Name:</i>	<i>Date of Birth:</i>	<i>Resides With:</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Names and birth dates of affiant's other children:

<i>Name:</i>	<i>Date of Birth:</i>	<i>Resides With:</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. SUMMARY OF AFFIANT'S INCOME AND NEEDS:

a.	Gross monthly income ( <i>Item 3A</i> ):	\$ _____
b.	Net monthly income ( <i>Item 3C</i> ):	\$ _____
c.	Average monthly expenses ( <i>Item 5A</i> ):	\$ _____
	Monthly payments to creditors ( <i>Item 5B</i> ):	\$ _____
	Total monthly expenses and payments to creditors ( <i>Item 5C</i> ):	\$ _____

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.)

<u>Salary or Wages</u> <u>ATTACH COPIES OF 2 MOST RECENT WAGE STATEMENTS</u>	\$ _____
<u>Commissions, Fees, Tips</u>	\$ _____
<u>Income from self-employment, partnership, close corporations, and independent contracts (gross receipts minus ordinary and necessary expenses required to produce income)</u> <u>ATTACH SHEET ITEMIZING YOUR CALCULATIONS</u>	\$ _____
<u>Rental Income (gross receipt minus ordinary and necessary expenses required to produce income)</u> <u>ATTACH SHEET ITEMIZING YOUR CALCULATIONS</u>	\$ _____
<u>Bonuses</u>	\$ _____
<u>Overtime Payments</u>	\$ _____
<u>Severance Pay</u>	\$ _____
<u>Recurring Income from Pensions or Retirement Plans</u>	\$ _____
<u>Interest and Dividends</u>	\$ _____
<u>Trust Income</u>	\$ _____
<u>Income from Annuities</u>	\$ _____
<u>Capital Gains</u>	\$ _____
<u>Social Security Disability or Retirement Benefits</u>	\$ _____
<u>Workers' Compensation Benefits</u>	\$ _____
<u>Unemployment Benefits</u>	\$ _____
<u>Judgments from Personal Injury or Other Civil Cases</u>	\$ _____
<u>Gifts (cash or other gifts that can be converted to cash)</u>	\$ _____
<u>Prizes/Lottery Winnings</u>	\$ _____
<u>Alimony and maintenance from persons not in this case</u>	\$ _____
<u>Assets which are used for support of family</u>	\$ _____
<u>Fringe Benefits (if significantly reduce living expenses)</u>	\$ _____
<u>Any other income (do NOT include means-tested Public assistance, such as TANF or food stamps)</u>	\$ _____
<b>GROSS MONTHLY INCOME</b>	<b>\$ _____</b>

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 claims \_\_\_\_\_

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):				
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
<u>Retirement Pensions, 401K, IRA, or Profit Sharing</u>	\$ _____	_____	_____	_____
<u>Money owed you:</u>	\$ _____	_____	_____	_____
<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 ( <u>net</u> cash value):	\$ _____	_____	_____	_____
Furniture/furnishings:	\$ _____	_____	_____	_____
Jewelry:	\$ _____	_____	_____	_____
Collectibles:	\$ _____	_____	_____	_____
Other Assets:	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
<b>Total Assets:</b>	\$ _____	_____	_____	_____

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

**CHILDRENS'S EXPENSES**Child care (total monthly cost) \$ \_\_\_\_\_

School tuition \$ \_\_\_\_\_

Tutoring \$ \_\_\_\_\_

Private lessons (e.g., music) \$ \_\_\_\_\_

School supplies/expenses \$ \_\_\_\_\_

Lunch money \$ \_\_\_\_\_

Other Educational Expenses (list)

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Allowance \$ \_\_\_\_\_

Clothing \$ \_\_\_\_\_

Diapers \$ \_\_\_\_\_

Medical, dental, prescription  
(out of pocket/uncovered exp.) \$ \_\_\_\_\_

Grooming, hygiene \$ \_\_\_\_\_

Gifts from children to others \$ \_\_\_\_\_

Entertainment \$ \_\_\_\_\_

Activities (including extra-  
curricular, school, religious) \$ \_\_\_\_\_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): \$ \_\_\_\_\_

**AFFIANT'S OTHER EXPENSES**

Dry cleaning/laundry \$ \_\_\_\_\_

Clothing \$ \_\_\_\_\_

Medical, dental, prescription  
out of pocket/uncovered exp. \$ \_\_\_\_\_

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) \$ \_\_\_\_\_



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 \_\_\_\_\_, 2007.

\_\_\_\_\_  
Affiant

Sworn to and subscribed before me  
this \_\_\_\_\_ day of \_\_\_\_\_, 2007.

\_\_\_\_\_  
Notary Public, State of Georgia

My commission expires: \_\_\_\_\_