

IN THE SUPERIOR COURT OF _____ COUNTY
STATE OF GEORGIA

_____ Petitioner, and _____ Respondent.	Civil Action No.: _____
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DOMESTIC RELATIONS FINANCIAL AFFIDAVIT

1. IDENTIFYING INFORMATION		
Your Name:	Your Age:	
Other Party's Name:	Other Party's Age:	
Date of Marriage:	Date of Separation:	
Names and birth years of children for whom support is to be determined in this action:		
Name:	Year of Birth	Resides with
Names and birth years of your other children:		
Name	Year of Birth	Resides with
2. SUMMARY OF YOUR INCOME AND NEEDS <i>(Fill this out AFTER completing Sections 3-5)</i>		
(A) Gross Monthly Income (from Item 3A below)	\$	
(B) Net Monthly Income (from Item 3B below)	\$	
(C) Average Monthly Expenses (from Item 5A below)	\$	
Monthly Payments to Creditors (from Item 5B below)	\$	
Total Monthly Expenses & Payments to Creditors (from Item 5C below)	\$	

3. (A) GROSS MONTHLY INCOME: Complete this Section OR attach Child Support Schedule A. <i>All income must be based on monthly average, regardless of date received. Where applicable, income should be annualized. For more information, see Instructions.</i>	
Salary or Wages – ATTACH COPIES OF 2 MOST RECENT WAGE STATEMENTS	\$
Commissions, Fees, and 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	\$
Worker’s Compensation Benefits	\$
Unemployment Benefits	\$
Judgments from Personal Injury or Other Civil Cases	\$
Gifts (Cash or other gifts that can be converted to cash)	\$
Prizes and Lottery Winnings	\$
Alimony and Maintenance from Persons NOT in This Case	\$
Assets Used for Support of Family	\$
Fringe Benefits (If significantly reducing living expenses)	\$
Any Other Income (Do not include means-tested public assistance, such as TANF or food stamps)	\$
TOTAL Gross Monthly Income (also write in Section 2A)	\$
3. (B) NET MONTHLY INCOME from Employment: Deduct only state and federal taxes and FICA (also write in Section 2B)	
Pay Period (monthly, bi-weekly, etc.)	Number of Exemptions Claimed on Your Taxes:

4. **ASSETS:** List all assets here, including both non-marital and marital property. 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. **For more information on marital property, see Instructions.** 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 Petitioner	Separate Asset of Respondent	Basis of the Claim (pre-marital gift, inheritance, etc.)
Cash	\$	\$	\$	
Stocks, Bonds	\$	\$	\$	
CD's/ Money Market Accounts	\$	\$	\$	
Bank Accounts: List each below. For privacy reasons, use only last four digits of account numbers.				
1.	\$	\$	\$	
2.	\$	\$	\$	
3.	\$	\$	\$	
Retirement Pensions, 401(k), IRA, or Profit-Sharing	\$	\$	\$	
Money Owed to You or Spouse	\$	\$	\$	
Tax Refund Owed to You	\$	\$	\$	
Real Estate: List properties and mortgages.				
Home	\$	\$	\$	
Debt Owed on Home	\$			
Other Real Estate	\$	\$	\$	
Debt Owed on Other Real Estate	\$			
Automobiles and Vehicles: List vehicles and amounts owed on each one.				
1.	\$	\$	\$	
Debt Owed on Vehicle 1	\$			
2.	\$	\$	\$	
Debt Owed on Vehicle 2	\$			

ASSETS (continued) Description	Value	Separate Asset of Petitioner	Separate Asset of Respondent	Basis of the Claim (pre- marital gift, inheritance, etc.)
Life Insurance (net cash value)	\$	\$	\$	
Furniture/ Furnishings	\$	\$	\$	
Jewelry	\$	\$	\$	
Collectibles	\$	\$	\$	
Other Assets (specify):	\$	\$	\$	
1.	\$	\$	\$	
2.	\$	\$	\$	
3.	\$	\$	\$	
TOTAL ASSETS	\$	\$	\$	

5. (A) AVERAGE MONTHLY EXPENSES FOR YOU AND YOUR HOUSEHOLD

HOUSEHOLD EXPENSES			
Mortgage or Rent Payments	\$	Gas	\$
Property Taxes	\$	Repairs and Maintenance	\$
Homeowner's/ Renter's Insurance	\$	Lawn Care	\$
Electricity	\$	Pest Control	\$
Water	\$	Cable/ Internet	\$
Garbage/ Sewer	\$	Misc. Household/ Grocery	\$
Telephones		Meals Outside Home	\$
Residential Lines	\$	Other (Specify)	\$
Cellular Telephones	\$		\$
AUTOMOTIVE			
Gasoline and Oil	\$	Tags/ Registration/ License	\$
Repairs and Maintenance	\$	Insurance	\$
OTHER VEHICLES (Boats, Trailers, RVs, etc.)			
Gasoline and Oil	\$	Tags/ Registration/ License	\$
Repairs and Maintenance	\$	Insurance	\$

CHILDREN'S EXPENSES			
Child Care	\$	Allowance	\$
School Tuition	\$	Children's Clothing	\$
Tutoring	\$	Diapers	\$
Private Lessons (music, dance, etc.)	\$	Medical, Dental, Prescriptions (out-of-pocket)	\$
School Supplies/ Expenses	\$	Grooming/ Hygiene	\$
Lunch Money	\$	Gifts from Children to Others	\$
Other Educational Expenses (specify)		Entertainment	\$
	\$	Activities (extracurricular, school, religious, etc.)	\$
	\$	Summer Camps	\$
INSURANCE			
Health Insurance	\$	Life Insurance	\$
Children's Portion	\$	Relationship of Beneficiary:	
Dental Insurance	\$	Disability Insurance	\$
Children's Portion	\$	Other Insurance (specify)	
Vision Insurance	\$		\$
Children's Portion	\$		\$
OTHER EXPENSES			
Dry Cleaning and Laundry	\$	Publications	\$
Clothing	\$	Dues, Clubs	\$
Medical/ Dental/ Prescription (out-of-pocket)	\$	Religious and Charities	\$
Gifts for Others	\$	Pet Expenses	\$
Entertainment	\$	Alimony Paid to Former Spouse	\$
Recreational Expenses (gym membership, etc.)	\$	Child Support Paid for Other Children	\$
Vacations	\$	Date of Initial CS Order	
Travel Expenses for Visitation	\$	Other (attach list)	\$
TOTAL ABOVE MONTHLY EXPENSES <i>(also write on first line of Section 2C)</i>			\$

5. (B) PAYMENTS AND DEBTS TO CREDITORS					
To Whom	Balance Due	Monthly Payments	Responsible for Debt (Please Check One)		
			Joint	Petitioner	Respondent
	\$	\$			
	\$	\$			
	\$	\$			
	\$	\$			
	\$	\$			
	\$	\$			
	\$	\$			
	\$	\$			
Total Monthly Payments to Creditors <i>(also write on second line of 2C)</i>				\$	
5. (C) TOTAL MONTHLY EXPENSES <i>(Total Expenses from Section 5A + Total Monthly Payments to Creditors above. Also write this total on the third line of Section 2C)</i>				\$	

[Sign your name before a notary public] _____ Petitioner Respondent, *Self-Represented*

Name

Address

Telephone Number

Sworn and affirmed to me, this _____ day of _____.

NOTARY PUBLIC
My commission expires _____
(Notary Seal)