

In the Superior Court of \_\_\_\_\_ County, Georgia

\_\_\_\_\_, Plaintiff )  
vs. ) Civil Action No. \_\_\_\_\_  
\_\_\_\_\_, Defendant )  
\_\_\_\_\_ )

**DOMESTIC RELATIONS FINANCIAL AFFIDAVIT OF PLAINTIFF**

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	<u>Resides with</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

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) \_\_\_\_\_

(subsections (d) & (e) deleted)

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

Any other income (do NOT include means-tested Public assistance, such as TANF or food stamps) \$ \_\_\_\_\_

**GROSS MONTHLY INCOME** \$ \_\_\_\_\_  
(prior section B deleted)

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	<u>Basis of the Claim</u>
Cash	\$ _____	_____	_____	_____
Stocks, bonds	\$ _____	_____	_____	_____
CD's/Money Market Accounts	\$ _____	_____	_____	_____
Bank Accounts (list each account):				
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
<u>Retirement Pensions, 401K, IRA, or Profit Sharing</u>	\$ _____	_____	_____	_____
Money owed you:	\$ _____	_____	_____	_____
<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  
(net cash value):

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

Furniture/furnishings:

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

Jewelry:

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

Collectibles:

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

Other Assets:

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

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

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

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

**Total Assets:** \$ \_\_\_\_\_

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 \$ \_\_\_\_\_ **AUTOMOBILE**

Garbage and Sewer \$ \_\_\_\_\_ Gasoline and oil \$ \_\_\_\_\_

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

**CHILDREN'S EXPENSES**

**AFFIANT'S OTHER EXPENSES**

Child care <u>(total monthly cost)</u>	\$ _____	Dry cleaning/laundry	\$ _____
School tuition	\$ _____	Clothing	\$ _____
Tutoring	\$ _____	<u>Medical, dental, prescription</u>	\$ _____
Private lessons (e.g., music, dance)	\$ _____	<u>(out of pocket/uncovered expenses)</u>	\$ _____
		Affiant's gifts (special holidays)	\$ _____
School supplies/expenses	\$ _____	Entertainment	\$ _____
Lunch Money	\$ _____	<u>Recreational Expenses (e.g.,</u>	\$ _____
		<u>fitness)</u>	
<u>Other Educational Expenses (list)</u>		Vacations	\$ _____
_____	\$ _____	Travel Expenses for Visitation	\$ _____
_____	\$ _____	Publications	\$ _____
Allowance	\$ _____	Dues, clubs	\$ _____
Clothing	\$ _____	Religious and charities	\$ _____
Diapers	\$ _____	Pet expenses	\$ _____
<u>Medical, dental, prescription</u>	\$ _____	Alimony paid to former spouse	\$ _____
<u>(out of pocket/uncovered expenses)</u>	\$ _____	<u>Child support paid for other</u>	\$ _____
Grooming, hygiene	\$ _____	<u>children</u>	
<u>Gifts from children to others</u>	\$ _____	<u>Date of initial order:</u>	_____

Entertainment \$ \_\_\_\_\_ Other (attach sheet) \$ \_\_\_\_\_

Activities (including extra-curricular, school, religious, cultural, etc.) \$ \_\_\_\_\_

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

**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 \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Affiant  
[Sign in the presence of a Notary Public]

Sworn to and subscribed before me

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public, State of Georgia  
My Commission Expires: \_\_\_\_\_