

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 | \$ _____ |
| | | | |
| cellular telephone: | \$ _____ | Insurance | \$ _____ |
| | | | |
| Gas | \$ _____ | <u>OTHER VEHICLES</u> | |
| | | (boats, trailers, RVs, etc.) | |
| | | <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 | \$ _____ | Medical, dental, <u>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 | \$ _____ |
| Medical, dental, prescription | | Alimony paid to former spouse | \$ _____ |
| (<u>out of pocket/uncovered expenses</u>) | \$ _____ | Child support paid <u>for other</u> | |
| Grooming, hygiene | \$ _____ | <u>children</u> | \$ _____ |
| Gifts <u>from children to others</u> | \$ _____ | | |

Date of initial order: _____

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: _____

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