

IN THE SUPERIOR COURT OF _____ COUNTY

Plaintiff,

vs.

Defendant.

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Civil Action No. _____

DOMESTIC RELATIONS FINANCIAL AFFIDAVIT - DIVORCE

1. AFFIANT'S NAME: _____ Age: _____

Spouse's Name: _____ Age: _____

Date of Marriage: _____ Date of Separation: _____

Names and birth dates of children whom support is to be determined in this action:

Name	Year of Birth	Resides with:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Names and birth dates of affiant's other children:

Name	Year of Birth	Resides with:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. SUMMARY OF AFFIANT'S INCOME AND NEEDS

- (a) Gross monthly income (from item 3A) \$0
- (b) Net monthly income (from item 3C) \$0
- (c) Average monthly expenses (from item 5A) \$0
 - Monthly payments to creditors (from item 5B) \$0
 - Total monthly expenses and payments to creditors (from item 5C) \$0

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 state of receipt.)

Salary or Wages	\$ _____
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	\$ _____
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/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 **\$ 0**

A. 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 Claim
Cash:	\$ _____	_____	_____	_____
Stocks, bonds:	\$ _____	_____	_____	_____
CD/Money Market:	\$ _____	_____	_____	_____
Bank accounts: (list each account)				
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
Retirement Pensions, 401K, IRA or Profit Sharing:	\$ _____	_____	_____	_____
Money owed you:	\$ _____	_____	_____	_____
Real Estate				
Home: _____	\$ _____	_____	_____	_____
debt owed:	\$ _____	_____	_____	_____
Other: _____	\$ _____	_____	_____	_____
debt owed:	\$ _____	_____	_____	_____
Automobile				
Vehicle 1: _____	\$ _____	_____	_____	_____
debt owed:	\$ _____	_____	_____	_____
Vehicle 2: _____	\$ _____	_____	_____	_____
debt owed:	\$ _____	_____	_____	_____
Life insurance (net cash value)	\$ _____	_____	_____	_____
Furniture/Furnishings:	\$ _____	_____	_____	_____
Jewelry:	\$ _____	_____	_____	_____
Collectibles	\$ _____	_____	_____	_____
	_____	_____	_____	_____

Other Assets	_____	_____	_____	_____
_____	\$	_____	_____	_____
_____	\$	_____	_____	_____
_____	\$	_____	_____	_____
TOTAL ASSETS	\$ 0	\$0	\$0	

5. A. AVERAGE MONTHLY EXPENSES

HOUSEHOLD

- Mortgage or rent payments: _____
- Property taxes: _____
- Homeowners/Renter Insurance: _____
- Electricity: _____
- Water: _____
- Garbage & Sewer: _____
- Telephone: _____
 - Residential Line: _____
 - Cellular Telephone: _____
- Gas: _____
- Repairs & maintenance: _____
- Lawn Care: _____
- Pest control: _____
- Cable TV: _____
- Misc. household/grocery items: _____
- Meals outside of home: _____
- Other: _____

AUTOMOBILE

- Gasoline & oil _____
- Repairs _____
- Auto Tags & license _____
- Insurance _____

OTHER VEHICLES

- (Boats, trailers, RVs, etc.)
- Gasoline & oil _____

- Repairs _____
- Tags & license _____
- Insurance _____

CHILDREN EXPENSES

- Child care _____
- School tuition _____
- School supplies/expenses _____
- Lunch Money _____
- Allowance _____
- Clothing _____
- Diapers _____
- Medical, dental prescription _____
- Grooming/hygiene _____
- Gifts _____
- Entertainment _____
- Activities _____

OTHER INSURANCE

- Health _____
 - Child(ren)'s portion: _____
- Dental: _____
 - Child(ren)'s portion: _____
- Vision: _____
 - Child(ren)'s portion: _____
- Life: _____
- Relation of Beneficiary: _____

OTHER INSURANCE(cont.)

Disability _____

Other(Specify): _____

AFFIANT'S OTHER EXPENSES

Dry cleaning and laundry _____

Clothing _____

Medical, dental, prescription
(out of pocket/uncovered expenses) _____

Affiant's gifts (special holidays) _____

Entertainment _____

Recreational Expenses (eg., 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 AVERAGE MONTHLY EXPENSES \$ \$0

B. PAYMENTS TO CREDITORS

To whom:	Monthly Payment	Balance Due	Joint	Plaintiff	Defendant
<i>(please check one)</i>					

TOTAL MONTHLY PAYMENT TO CREDITORS \$ \$0

(C). GRAND TOTAL MONTHLY EXPENSES \$0

This _____ day of _____, 2016.

Affiant

Sworn to and subscribed before
me this ____ day of _____, 2016.

Notary Public, _____ County, Ga.
My Commission expires _____