

SUPERIOR COURT OF GWINNETT COUNTY
STATE OF GEORGIA

_____,
Plaintiff,
vs. _____,
Defendant.

Civil Action
Case Number _____

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 for 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) \$ _____

(b) Net monthly income (from item 3B) _____

(c) Average monthly expenses (item 5A) \$ _____

Monthly payments to creditors (item 5B) + _____

Total monthly expenses and payments
to creditors (item 5C) _____

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 \$ _____

3.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	Basis of the Claim
Cash	\$ _____	_____	_____	_____
Stocks, bonds	\$ _____	_____	_____	_____
CD's/Money Market Accounts	\$ _____	_____	_____	_____

Bank Accounts
(list each account):

_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____

Retirement Pensions,
401K, IRA, or
Profit Sharing

\$ _____	_____	_____	_____
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Money owed to you:

\$ _____	_____	_____	_____
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Tax Refund
owed to you:

\$ _____	_____	_____	_____
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Real Estate:

home:	\$ _____	_____	_____	_____
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debt owed:	\$ _____	_____	_____	_____
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other:	\$ _____	_____	_____	_____
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debt owed:	\$ _____	_____	_____	_____
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Automobiles/Vehicles:

Vehicle 1:	\$ _____	_____	_____	_____
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debt owed:	\$ _____	_____	_____	_____
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Vehicle 2:	\$ _____	_____	_____	_____
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debt owed:	\$ _____	_____	_____	_____
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Life Insurance
(net cash value):

\$ _____	_____	_____	_____
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Furniture/furnishings:

\$ _____	_____	_____	_____
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Jewelry:

\$ _____	_____	_____	_____
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Collectibles:

\$ _____	_____	_____	_____
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Other Assets:

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

CHILDREN'S EXPENSES

AFFIANT'S OTHER EXPENSES

Child care (total monthly cost)	\$ _____	Dry cleaning/laundry	\$ _____
School tuition	\$ _____	Clothing	\$ _____
Tutoring	\$ _____	Medical, dental, prescription (out of pocket/uncovered expenses)	\$ _____

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

5.C. TOTAL MONTHLY EXPENSES: \$ _____

This _____ day of _____, 20_____.

Notary Public

Affiant