

**IN THE SUPERIOR COURT OF ROCKDALE COUNTY
STATE OF GEORGIA**

_____ , Plaintiff, Vs.	§ § § § § §	Civil Action Case Number _____
_____ , Defendant.		

DOMESTIC RELATIONS FINANCIAL AFFIDAVIT

(1) Your Name:		Your Age:
Spouse's Name:		Spouse's 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 your other children:		
Name	Date of Birth	Resides with
(2) Summary of Your Income and Needs: (Fill out this part after you complete pages 2-5)		
(A) Gross Monthly Income (from Item 3A below)	\$	
(B) Net Monthly Income (from Item 3B below)	\$	
(C) Average Monthly Expenses (Item 5A below)	\$	
Monthly Payments to Creditors (Item 5B below)	\$	
Total Monthly Expenses & Payments to Creditors (Item 5C below)	\$	

3.(A) YOUR GROSS MONTHLY INCOME: (Complete this section <u>OR</u> attach Child Support Schedule A. All income must be entered based on monthly average regardless of date of receipt. Where applicable, income should be annualized.)	
Salary or Wages ---- Attach copies of 2 most recent pay-stubs or wage statements	\$
Commissions, Fees & Tips	\$
Income from Self Employment, partnership, close corporations & 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	\$
Pension / Retirement Plan / Annuity	\$
Disability / Unemployment / Worker's Compensation	\$
Social Security benefits (specify)	\$

Other Public benefits (specify)	\$
Alimony / Spousal / Child support from prior marriage (specify)	\$
Interest and dividends	\$
Income from Trusts / Royalties / Estates	\$
Capital Gains	\$
Judgments from Personal Injury or other Civil Cases	\$
Gifts (Cash or other gifts that can be converted to cash)	\$
Fringe benefits such as: Automobile and/or auto allowance, insurance, (auto, life disability, etc.) deferred compensation, employer contribution to retirement or stock, club memberships and reimbursed expenses (to the extent they reduce personal living expenses)	\$
Any other income (Do not include TANF, food stamps or other public assistance)	\$
GROSS MONTHLY INCOME (also write in 2A - page 1)	\$
3.(B). Net Monthly Income From Employment (deducting only state, federal taxes & FICA) (also write this total on line 2B on page 1)	\$
Your Pay Period (i.e. monthly, weekly, etc.):	No. of Exemptions Claimed by You: _____

(4). ASSETS				
(List all assets here, including both marital and non-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. 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 Husband	Separate Asset of Wife	Basis of Claim (pre-marital, gift, inheritance, etc.)
Cash	\$	\$	\$	
Stocks, Bonds	\$	\$	\$	
CD's / Money Market Accounts	\$	\$	\$	
Bank Accounts (list each below)	\$	\$	\$	
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 & mortgages):	\$	\$	\$	
Home	\$	\$	\$	
Debt owed on Home	\$			
Other Real Estate				
Debt owed on Other Real Estate	\$			
Automobiles / Vehicles (list each vehicle and amount owed on each one):				
(1.)				
Debt owed in Vehicle (1)				
(2.)				
Debt owed in Vehicle (2)				
Life Insurance				
Furniture / Furnishings				
Jewelry				
Collectibles				
Other Assets (specify):				
TOTAL ASSETS				

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

Mortgage or Rent Payments	\$	Gas	\$
Property Taxes	\$	Repairs & Maintenance	\$
Homeowner's / Renter's Insurance	\$	Lawn Care	\$
Electricity	\$	Pest Control	\$
Water	\$	Cable TV / Internet Access	\$
Garbage & Sewer	\$	Misc. Household & Grocery Items	\$
Telephones		Meals Outside the Home	\$
Home Phone	\$	Other (specify)	\$
Cellular Telephones	\$		

Sub Total \$ _____

AUTOMOTIVE

Gasoline & Oil	\$	Tags / Registration & License	\$
Repairs & Maintenance	\$	Insurance	\$

Sub Total \$ _____

OTHER VEHICLES (boats, trailers, RV's, etc.)

Gasoline & Oil	\$	Tags / Registration & License	\$
Repairs & Maintenance	\$	Insurance	\$

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	\$		

Sub Total \$ _____

CHILDREN'S EXPENSES

Child Care (total monthly cost)	\$	Allowance	\$
School Tuition	\$	Children's Clothing	\$
Tutoring	\$	Diapers	\$
Private Lessons (music, dance, etc)	\$	Medical / Dental/ Prescriptions (out of pocket expenses)	\$
School Supplies / Expenses	\$	Grooming / Hygiene	\$
Lunch Money	\$	Children's gifts to others	\$
Other Education Expenses (list type & amount)		Entertainment	\$
1.	\$	Activities (extra-curricular, school, religious, cultural, etc.)	\$
2.	\$	Summer Camps	\$

Sub Total \$ _____

YOUR OTHER EXPENSES

Dry Cleaning & Laundry	\$	Publications (Magazines & newspapers)	\$
Clothing	\$	Dues / Clubs	
Medical / Dental / Prescription (out of pocket expenses)	\$	Religious / Charities	\$
Your Gifts to Others (holidays)	\$	Pet Expenses	\$
Entertainment	\$	Alimony Paid to a Former Spouse	\$
Recreational Expenses (fitness)	\$	Child Support Paid for other children	\$
Vacations	\$	Date of Initial Child Support Order:	
Travel Expenses for Visitation	\$	Other (attach sheet if necessary)	\$
TOTAL of ABOVE EXPENSES (all sub-totals) (also write on 1 st line of 2C on page 1)			\$

(5)(B) YOUR PAYMENTS & DEBTS TO CREDITORS

To Whom	Balance Due	Monthly Payments	Joint	Husband or Wife (please indicate)
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
Total Monthly Payments to Creditors (also write this total on line 2 of 2C on page 1)				\$

(5)(C) TOTAL MONTHLY EXPENSES

(Total Expenses from final line on page 5 + Total Monthly Payments to Creditors above)
(also write this on line 3 of 2C on page 1)

\$

Signature (Plaintiff / Defendant) Pro Se
[Sign in front of a notary public]

Name: _____

Address: _____

Daytime Phone: _____

Sworn to and Subscribed before me this
_____ day of _____, _____.

Notary Public