

IN THE SUPERIOR COURT OF \_\_\_\_\_ COUNTY  
STATE OF GEORGIA

Petitioner,

and

CIVIL ACTION FILE NO.

Respondent.

**DOMESTIC RELATIONS FINANCIAL AFFIDAVIT**

You are required to make to the Court, under oath, a FULL DISCLOSURE of your income, net worth, and financial condition on this form. Fill out each and every section of this form. If something does not apply to your situation, write, "N/A."

**I. BACKGROUND INFORMATION:**

Your Name	
Spouse's Name	
Date of Marriage	
Date of Separation	

Names of Children Born of This Marriage	Birth Date

Names of Other Children Living With You	Birth Date

**2. EMPLOYMENT AND INCOME:**

Occupation	
Employer	
Employer's Address	
Affiant's Social Security Number	
Affiant's Date of Birth	
Pay Period	

If you are employed, but expecting soon to become unemployed or change jobs, describe the change you expect and why and how it will affect your income. If currently unemployed, describe your efforts to find employment, how soon you expect to be employed, and the pay you expect to receive:

**EXCEPT IN PROCEEDINGS FOR ADOPTION, ENFORCEMENT, CONTEMPT, AND INJUNCTIONS FOR DOMESTIC OR REPEAT VIOLENCE, ALL OF THE FOLLOWING MUST BE ATTACHED TO THE COPY OF THIS FINANCIAL AFFIDAVIT SERVED ON THE OPPOSING PARTY. THE ATTACHMENTS SHALL NOT BE FILED WITH THE COURT.** *Your three (3) most recent pay stubs, your three (3) most recent Federal and State tax returns, and the most recent W-2 forms. If last year's Federal income tax return has not yet been filed, attach W-2s, 1099s, K-1s, and any other document to be attached to your tax return. If the attachments are not made to the copy served on the opposing party, an explanation is required.*

**3. SUMMARY OF YOUR INCOME AND NEEDS:**

Gross monthly income (from Item 4A)	
Total income taxes paid on above income (Incl. Fed., State, and FICA)	
Net monthly income (from Item 4C)	
Average monthly expenses (from Item 5A)	
Monthly expenses to creditors (from Item 5B)	
Total monthly expenses and payments to creditors (from Item 5C)	
Amount of spousal or child support you need	
Amount of child support indicated by Child Support Guidelines	

**4. YOUR MONTHLY INCOME:**

**A. Gross Income:**

(All income must be entered based on monthly average regardless of date of receipt. Where applicable, income should be annualized.)

Salary	
Bonuses, commissions, allowances, overtime, tips, and similar payments (based on past twelve month average or time of employment of less than one year)	
Business income from sources such as self-employment, partnership, close corporations and/or independent contracts (gross receipts minus ordinary and necessary expenses required to produce income)	
Disability or unemployment or worker's compensation	
Pension, retirements, or annuity payments	
Social Security benefits	
Other public benefits	
Spousal or child support from prior marriage	
Interest and dividends	
Rental income (gross receipts minus ordinary and necessary expenses required to produce income)	
Reimbursed expenses and in kind payments to the extent that they reduce personal living expenses	
Income from royalties, trusts, or estates	
Gains derived from dealing in property (not including non-recurring gains)	
Other income of a recurring nature (specify source)	
<b>GROSS MONTHLY INCOME</b>	

**B. Benefits of Employment:**

List and describe all benefits of employment, defined as those paid directly by the employer on your behalf, e.g. 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).

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Total amount deducted from gross pay	
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**C. Net Income:**

Net monthly income from employment (deducting only state and federal taxes and FICA)	
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**5. MONTHLY EXPENSES:**

**A. Average Monthly Expenses:**

HOUSEHOLD:

Mortgage or rent payments	
Property taxes	
Insurance	
Condominium, maintenance, or homeowners association fees	
Electricity	
Water	
Garbage and sewer	
Telephone	
Gas	
Repairs and maintenance	
Lawn care	
Pool care	
Pest control	
Cable television	
Miscellaneous household and grocery items	
Meals outside home	
Pets: Grooming	
Pets: Veterinarian	
Pets: Food	
Drugstore items	
Linens	
Postage and stationary	
Burglar alarm	
Service contracts on appliances	
Domestic help	
F.I.C.A. payments on domestic help	

Internet service	
Other	
<b>TOTAL HOUSEHOLD EXPENSES</b>	

AUTOMOBILE:

Gasoline and oil	
Repairs	
Tags and license	
Insurance	
Alternative transportation (e.g., bus, public transportation, etc.)	
Tolls and parking	
<b>TOTAL AUTOMOBILE EXPENSES</b>	

OTHER VEHICLES, BOATS, TRAILERS, ETC.:

Gasoline and oil	
Repairs	
Tags and license	
Insurance	
Other	
<b>TOTAL OTHER VEHICLES, BOATS, TRAILERS, ETC. EXPENSES</b>	

OTHER EXPENSES:

Dry cleaning and laundry	
Grooming	
Clothing	
Medical and dental (Average monthly amount not covered by insurance)	
Prescriptions	
Gifts (special holidays)	

Entertainment	
Vacations	
Retirement or 401(k) contributions	
Publications	
Cellular phone or pager service	
School alumni dues	
Union dues, clubs	
Club membership dues and expenses	
Religious and charities	
Professional expenses (other than this proceeding)	
Bank charges or credit card fees	
Miscellaneous (specify)	
Other (specify)	
Alimony paid to former spouse	
Child support paid for other children	
<b>TOTAL OTHER EXPENSES</b>	

CHILDREN'S EXPENSES:

Child care	
School expenses	
School uniforms	
Private lessons or tutoring	
Lunch money	
Allowances	
Clothing	
Medical and dental (Average monthly amount not covered by insurance)	
Psychiatric, psychological, or counseling care	
Prescriptions	
Grooming	

Gifts	
Entertainment	
Toys	
Books or publications	
Summer camps	
Sports and extracurricular activities	
Other (specify)	
<b>TOTAL CHILDREN'S EXPENSES</b>	

INSURANCE:

Health	
Life	
Disability	
Other (specify)	
<b>TOTAL INSURANCE</b>	

<b>TOTAL EXPENSES (Per Paragraph 5A)</b>	
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**B. Payments To Creditors:**

To Whom	Balance Due	Monthly Payments	H / W / J
<b>TOTAL</b>			

**C. Total Monthly Expenses And Payments To Creditors:**

<b>TOTAL MONTHLY EXPENSES AND PAYMENTS TO CREDITORS</b>	
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**6. 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. Non-marital means you had this asset before the marriage or received it by personal gift or inheritance during the marriage. 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.)

**RETIREMENT:**

Description	Value	Husband's Non-Marital	Wife's Non-Marital
401(k)			
Pension			
I.R.A.			
Other			

**LIQUID ASSETS:**

Description	Value	Husband's Non-Marital	Wife's Non-Marital
Stocks			
Bonds			
C.D.s			
Savings			
Money market			
Other liquid assets			

REAL ESTATE:

<b>Marital residence</b>	Value	Husband's Non-Marital	Wife's Non-Marital
Value			
Equity			

<b>Other real estate</b>	Value	Husband's Non-Marital	Wife's Non-Marital
Value			
Equity			

<b>Other real estate</b>	Value	Husband's Non-Marital	Wife's Non-Marital
Value			
Equity			

<b>Other real estate</b>	Value	Husband's Non-Marital	Wife's Non-Marital
Value			
Equity			

MISCELLANEOUS ASSETS:

Description	Value	Husband's Non-Marital	Wife-s Non-Marital
Money owed to you			
Tax refund due			
Accounts receivable			
Life insurance (cash value)			
Furniture/Furnishings			
Jewelry			
Collectibles			
Other			

AUTOMOBILES:

Make / Model / Year	Value	Name(s) on Account

BANK ACCOUNTS:

	Name of Bank	Account Number	Average Balance	H / W / J
Savings				
Savings				
Checking				
Checking				
Custodial				
Other				

OTHER ASSETS:

Are there any other assets, interest in assets or employment benefits that you have of a value more than \$1000? If so, list your other assets here (describe and provide both current fair market value and any amount which you contend to be a party's non-marital interest):

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Note: Partnerships and other business interests - see required attached form labeled "Partnership and Business Interests"

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, *Affiant*

Sworn to and subscribed  
before me this \_\_\_\_ day  
of \_\_\_\_\_, 20\_\_\_\_.

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Notary Public

