

In the Superior Court of _____ County, Georgia

In re (Child(ren)):

_____))
 _____))
 _____, Petitioner))
 vs. _____))
 _____, Respondent))
 _____))

Civil Action No. _____

DOMESTIC RELATIONS FINANCIAL AFFIDAVIT

1. AFFIANT'S NAME (your name): _____ Age _____

Opposing Party's Name: _____ Age _____

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

Name	Birth Year	Resides with
_____	_____	_____
_____	_____	_____
_____	_____	_____

Names and years of birth for affiant's other children:

Name	Birth Year	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 + _____

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. **To convert a weekly amount to a monthly amount, multiply the weekly amount by 4.35. In calculating monthly income based on a 40 hour work week, multiply the hourly salary by 174.))**

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 (total)	\$ _____

B. AFFIANT'S NET MONTHLY INCOME from employment
(deducting only state and federal taxes and FICA) \$ _____
Affiant's pay period (i.e., weekly, bi-weekly, monthly, etc.) _____
Number of exemptions claimed _____

4. ASSETS

Description	Value
Cash	\$ _____
Stocks, bonds	\$ _____
CD's/Money Market Accounts	\$ _____
Bank Accounts (list each account, but DO NOT list account numbers):	
_____	\$ _____
_____	\$ _____
_____	\$ _____
Retirement Pensions, 401K, IRA, or Profit Sharing	\$ _____
Money owed you:	\$ _____
Tax Refund owed you:	\$ _____
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: \$ _____

If you need to explain anything further, you can write comments here:

5. A. AVERAGE MONTHLY EXPENSES (To convert a weekly amount to a monthly amount, multiply the weekly amount by 4.35.)

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 (or taxi fare)	\$ _____
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

Child care (total monthly cost) \$ _____

School tuition \$ _____

Tutoring \$ _____

Private lessons (e.g., music, dance) \$ _____

School supplies/expenses \$ _____

Lunch Money \$ _____

Other Educational Expenses (list)

_____ \$ _____

_____ \$ _____

Allowance \$ _____

Clothing \$ _____

Diapers \$ _____

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

Grooming, hygiene \$ _____

Gifts from children to others \$ _____

Entertainment \$ _____

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 \$ _____

AFFIANT'S OTHER EXPENSES

Dry cleaning/laundry \$ _____

Clothing \$ _____

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

Affiant's gifts (special holidays) \$ _____

Entertainment \$ _____

Recreational Expenses (e.g.,
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) \$ _____

B. PAYMENTS TO CREDITORS

(Check "✓" who is to pay this debt)

To Whom:	Balance Due	Monthly Payment	Joint	Plaintiff	Defendant

TOTAL MONTHLY PAYMENTS TO CREDITORS:\$ _____

C. TOTAL MONTHLY EXPENSES: \$ _____

This _____ day of _____, 20_____.

Notary Public

Affiant

If you need to explain anything further, you can write comments here: