

IN THE SUPERIOR COURT OF GWINNETT COUNTY  
STATE OF GEORGIA

_____		
Plaintiff,		Civil Action
v.		File No.: _____
_____		
Defendant.		

**DOMESTIC RELATIONS FINANCIAL AFFIDAVIT**

1. I swear and affirm under oath that the following financial information is true and complete:

<b>My Name:</b> _____	<b>My Age:</b> _____
Other Party's Name: _____	Other Party's Age _____
Date of Marriage: _____	Date of Separation: _____

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

<b>Name</b>	<b>Year of Birth</b>	<b>Resides with</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Names and ages of my other children (under the age of 18):

<b>Name</b>	<b>Age</b>	<b>Resides with</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. SUMMARY OF MY INCOME AND NEEDS *(complete this section last)*

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

3. A. MY 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 \_\_\_\_\_

Child support 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** \_\_\_\_\_

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	Plaintiff's Separate Asset	Defendant's Separate Asset	Basis of the Claim
Cash	_____	_____	_____	_____
Investment accounts	_____	_____	_____	_____
Certificates (stocks/bonds)	_____	_____	_____	_____

**Bank Accounts**

(list each account):	_____	_____	_____	_____
Checking	_____	_____	_____	_____
Savings	_____	_____	_____	_____
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:	_____	_____	_____	_____
	_____	_____	_____	_____
<b>Total Assets:</b>	_____	_____	_____	_____

5. AVERAGE MONTHLY EXPENSES FOR MY HOUSEHOLD

**HOUSEHOLD EXPENSES**

Mortgage or Rent payments	_____	Gas	_____
Property taxes	_____	Repairs & Maintenance	_____
Homeowner's/Renter's Insurance	_____	Lawn care	_____
Electricity	_____	Pest control	_____
Water	_____	Cable TV/Internet	_____
Garbage & sewer	_____	Misc. household & Grocery items	_____
Telephone	_____	Meals Outside Home	_____
Residential Lines	_____	Other ( <i>Specify</i> )	_____
Cellular Telephones	_____		
<b>Total Household Expenses</b>	<b>\$</b>		

**VEHICLE/AUTOMOTIVE**

Gasoline & Oil	_____	Auto tags/Registration & License	_____
Repairs & Maintenance	_____	Insurance	_____
Public Transportation	_____		
<b>Total Transportation Expenses</b>	<b>\$</b>		

**OTHER VEHICLES (boats, trailers, RVs, etc.)**

Gasoline & Oil	_____	Tags/Registration/License	_____
Repairs & Maintenance	_____	Insurance	_____
<b>Total Other Vehicles Expenses</b>	<b>\$</b>		

**CHILDREN'S EXPENSES**

Child Care (total monthly cost)	_____	Allowances	_____
School tuition	_____	Clothing	_____
Tutoring	_____	Diapers	_____
Private lessons ( <i>e.g., music, dance</i> )	_____	Medical/Dental/Prescriptions	_____
School Supplies/Expenses	_____	Grooming, Hygiene	_____
Lunch money	_____	Gifts from children to others	_____
Other Educational Expenses	_____	Entertainment	_____

(list type & amount):

Activities (including extra-curricular, school, religious, cultural, etc.)

Summer Camps

**Total Children's Expenses**

**\$**

**INSURANCE**

Health

Child(ren)'s portion-health

Dental

Child(ren)'s portion – dental

Vision

Child(ren)'s portion – vision

Life Insurance

Beneficiary – Life

Disability

Other Insurance (specify)

**Total Insurance Expenses**

**\$**

**Total Child(ren)'s Portion**

**\$**

**OTHER EXPENSES**

Dry cleaning & laundry

Publications

Clothing

Dues, Clubs

Medical/Dental/Prescription (out of pocket uncovered expenses)

Religious & Charities

Your Gifts (special holidays)

Pet expenses

Entertainment

Alimony paid to former spouse

Recreational Expenses (e.g. fitness)

Child support paid for other children

Vacations

Date of initial CS order:

Travel expenses for visitation

Other (attach sheet to list)

**Total Other Expenses**

**\$**

**5(A) TOTAL MONTHLY EXPENSES** (add household, transportation, children's, insurance, and other expenses)

**\$**

**B. PAYMENTS TO CREDITORS**

(please check one)

To Whom:	Balance Due	Monthly Payment	Plaintiff	Defendant

**5(B) TOTAL MONTHLY PAYMENTS TO CREDITORS:** \$ \_\_\_\_\_

**5(C) TOTAL MONTHLY EXPENSES AND PAYMENTS TO CREDITORS:** \$ \_\_\_\_\_

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
Printed Name

Plaintiff  Defendant signs and affirms under oath that the information contained in this *Financial Affidavit* is complete true and correct.

\_\_\_\_\_  
NOTARY PUBLIC