

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:

**My Name:** \_\_\_\_\_ **My Age:** \_\_\_\_\_  
**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:

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

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

Name	Age	Resides with
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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	Wife's Separate Asset	Husband's Separate Asset	Basis of the Claim
Cash	_____	_____	_____	_____
Investment accounts	_____	_____	_____	_____
Certificates (stocks/bonds)	_____	_____	_____	_____
Bank Accounts (list each account):	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Description	Value	Wife's Separate Asset	Husband's Separate Asset	Basis of the Claim
Retirement Pensions, 401K, IRA, or Profit Sharing				
Money owed you:				
Tax Refund owed you:				
Real Estate:				
Home:				
Other:	: Debt owed			
Automobiles/Vehicles:	Debt owed			
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 (list type & amount):

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

Entertainment

Summer Camps

**Total Children's Expenses**

\$

**INSURANCE**

Health

Dental

Vision

Life Insurance

Disability

Child(ren)'s portion-health

Child(ren)'s portion – dental

Child(ren)'s portion – vision

Beneficiary – Life

Other Insurance (specify)

**Total Insurance Expenses**

\$

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

\$

**OTHER EXPENSES**

Dry cleaning & laundry

Clothing

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

Your Gifts (special holidays)

Entertainment

Recreational Expenses (e.g. fitness)

Vacations

Travel expenses for visitation

Publications

Dues, Clubs

Religious & Charities

Pet expenses

Alimony paid to former spouse

Child support paid for other children

Date of initial CS order:

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