

**IN THE SUPERIOR COURT OF HOUSTON COUNTY, GEORGIA**

_____	)	
	)	
vs.	)	Civil Action No. _____
	)	
_____	)	
	)	

**DOMESTIC RELATIONS FINANCIAL AFFIDAVIT OF PLAINTIFF**

1. AFFIANT'S NAME: \_\_\_\_\_ Age \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ 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 affiant's other children:

Name	Date of Birth	<u>Resides with</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. SUMMARY OF AFFIANT'S INCOME AND NEEDS

(a) Gross monthly income (from item 3A) \$ \_\_\_\_\_

(b) Net monthly income (from item 3C) \_\_\_\_\_

(c) Average monthly expenses (item 5A) \$ \_\_\_\_\_

Monthly payments to creditors + \_\_\_\_\_

Total monthly expenses and payments to creditors (item 5C) \_\_\_\_\_

(subsections (d) & (e) deleted)

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.)

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** \$ \_\_\_\_\_  
(prior section B deleted)

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	Separate Asset of the Husband	Separate Asset of the Wife	<u>Basis of the Claim</u>
Cash	\$ _____	_____	_____	_____
Stocks, bonds	\$ _____	_____	_____	_____
CD's/Money Market Accounts	\$ _____	_____	_____	_____
Bank Accounts (list each account):				
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
<u>Retirement Pensions, 401K, IRA, or Profit Sharing</u>	\$ _____	_____	_____	_____
Money owed you:	\$ _____	_____	_____	_____
<u>Tax Refund owed you:</u>	\$ _____	_____	_____	_____

Real Estate:

home:	\$	_____	_____	_____	_____
<u>debt owed:</u>	\$	_____			
other:	\$	_____	_____	_____	_____
<u>debt owed:</u>	\$	_____			
Automobiles/Vehicles:					
<u>Vehicle 1:</u>	\$	_____	_____	_____	_____
<u>debt owed:</u>	\$	_____			
<u>Vehicle 2:</u>	\$	_____	_____	_____	_____
<u>debt owed:</u>	\$	_____			
Life Insurance ( <u>net cash value</u> ):	\$	_____	_____	_____	_____
Furniture/furnishings:	\$	_____	_____	_____	_____
Jewelry:	\$	_____	_____	_____	_____
Collectibles:	\$	_____	_____	_____	_____
Other Assets:	\$	_____	_____	_____	_____
_____	\$	_____	_____	_____	_____
_____	\$	_____	_____	_____	_____
_____	\$	_____	_____	_____	_____
<b>Total Assets:</b>	\$	_____	_____	_____	_____

5. A. AVERAGE MONTHLY EXPENSES

**HOUSEHOLD**

Mortgage or rent payments	\$ _____	Cable TV	\$ _____
Property taxes	\$ _____	Misc. household and grocery Items	\$ _____
<u>Homeowner/Renter Insurance</u>	\$ _____	Meals outside the home	\$ _____
Electricity	\$ _____	Other	\$ _____
Water	\$ _____	<b>AUTOMOBILE</b>	
Garbage and Sewer	\$ _____	Gasoline and oil	\$ _____

Telephone:	Repairs	\$ _____
<u>residential line:</u>	Auto tags and license	\$ _____
<u>cellular telephone:</u>	Insurance	\$ _____
Gas	<b><u>OTHER VEHICLES</u></b>	
	<b><u>(boats, trailers, RVs, etc.)</u></b>	
	<u>Gasoline and oil</u>	\$ _____
Repairs and maintenance:	<u>Repairs</u>	\$ _____
Lawn Care	<u>Tags and license</u>	\$ _____
Pest Control	<u>Insurance</u>	\$ _____

**CHILDREN'S EXPENSES**

**AFFIANT'S OTHER EXPENSES**

Child care <u>(total monthly cost)</u>	\$ _____	Dry cleaning/laundry	\$ _____
School tuition	\$ _____	Clothing	\$ _____
<u>Tutoring</u>	\$ _____	<u>Medical, dental, prescription</u>	\$ _____
<u>Private lessons (e.g., music, dance)</u>	\$ _____	<u>(out of pocket/uncovered expenses)</u>	\$ _____
School supplies/expenses	\$ _____	Affiant's gifts (special holidays)	\$ _____
Lunch Money	\$ _____	Entertainment	\$ _____
<u>Other Educational Expenses (list)</u>		<u>Recreational Expenses (e.g.,</u>	\$ _____
_____	\$ _____	<u>fitness)</u>	
_____	\$ _____	Vacations	\$ _____
Allowance	\$ _____	<u>Travel Expenses for Visitation</u>	\$ _____
Clothing	\$ _____	Publications	\$ _____
Diapers	\$ _____	Dues, clubs	\$ _____
<u>Medical, dental, prescription</u>	\$ _____	Religious and charities	\$ _____
<u>(out of pocket/uncovered expenses)</u>	\$ _____	<u>Pet expenses</u>	\$ _____
Grooming, hygiene	\$ _____	Alimony paid to former spouse	\$ _____
<u>Gifts from children to others</u>	\$ _____	Child support paid <u>for other</u>	\$ _____
		<u>children</u>	
		<u>Date of initial order:</u>	_____

Entertainment \$ \_\_\_\_\_ Other (attach sheet) \$ \_\_\_\_\_

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 \$**

\_\_\_\_\_

**B. PAYMENTS TO CREDITORS**

(please check one)

To Whom:	Balance Due	Monthly Payment	Joint	Plaintiff	Defendant

TOTAL MONTHLY PAYMENTS TO CREDITORS: \$ \_\_\_\_\_

**C. TOTAL MONTHLY EXPENSES:**

**\$** \_\_\_\_\_

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

\_\_\_\_\_  
Affiant  
[Sign in the presence of a Notary Public]

\_\_\_\_\_  
Notary Public

IN THE SUPERIOR COURT OF HOUSTON COUNTY, GEORGIA

\_\_\_\_\_, Plaintiff )  
vs. ) Civil Action No. \_\_\_\_\_  
\_\_\_\_\_, Defendant )  
)

DOMESTIC RELATIONS FINANCIAL AFFIDAVIT OF DEFENDANT

5. AFFIANT'S NAME: \_\_\_\_\_ Age \_\_\_\_\_  
Spouse's Name: \_\_\_\_\_ 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 affiant's other children:

Name	Date of Birth	<u>Resides with</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. SUMMARY OF AFFIANT'S INCOME AND NEEDS

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



(subsections (d) & (e) deleted)

7. 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.)

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** \$ \_\_\_\_\_  
(prior section B deleted)

C. 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 \_\_\_\_\_

### 8. 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	Separate Asset of the Husband	Separate Asset of the Wife	<u>Basis of the Claim</u>
Cash	\$ _____	_____	_____	_____
Stocks, bonds	\$ _____	_____	_____	_____
CD's/Money Market Accounts	\$ _____	_____	_____	_____
Bank Accounts (list each account):				
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
<u>Retirement Pensions, 401K, IRA, or Profit Sharing</u>	\$ _____	_____	_____	_____
Money owed you:	\$ _____	_____	_____	_____
<u>Tax Refund owed you:</u>	\$ _____	_____	_____	_____

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:** \$ \_\_\_\_\_

5. A. AVERAGE MONTHLY EXPENSES

**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**

Gasoline and oil \$ \_\_\_\_\_

Garbage and Sewer \$ \_\_\_\_\_

	Repairs	\$ _____
Telephone:		
<u>residential line:</u>	\$ _____ Auto tags and license	\$ _____
<u>cellular telephone:</u>	\$ _____ Insurance	\$ _____
Gas	\$ _____	
	<b><u>OTHER VEHICLES</u></b>	
	<b><u>(boats, trailers, RVs, etc.)</u></b>	
	<u>Gasoline and oil</u>	\$ _____
Repairs and maintenance:	\$ _____ <u>Repairs</u>	\$ _____
Lawn Care	\$ _____ <u>Tags and license</u>	\$ _____
Pest Control	\$ _____ <u>Insurance</u>	\$ _____

**CHILDREN'S EXPENSES**

**AFFIANT'S OTHER EXPENSES**

Child care <u>(total monthly cost)</u>	\$ _____	Dry cleaning/laundry	\$ _____
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<u>Private lessons (e.g., music, dance)</u>	\$ _____	<u>(out of pocket/uncovered expenses)</u>	\$ _____
School supplies/expenses	\$ _____	Affiant's gifts (special holidays)	\$ _____
Lunch Money	\$ _____	Entertainment	\$ _____
<u>Other Educational Expenses (list)</u>	\$ _____	<u>Recreational Expenses (e.g.,</u>	\$ _____
_____	\$ _____	<u>fitness)</u>	\$ _____
_____	\$ _____	Vacations	\$ _____
Allowance	\$ _____	<u>Travel Expenses for Visitation</u>	\$ _____
Clothing	\$ _____	Publications	\$ _____
Diapers	\$ _____	Dues, clubs	\$ _____
<u>Medical, dental, prescription</u>	\$ _____	Religious and charities	\$ _____
<u>(out of pocket/uncovered expenses)</u>	\$ _____	<u>Pet expenses</u>	\$ _____
Grooming, hygiene	\$ _____	Alimony paid to former spouse	\$ _____
<u>Gifts from children to others</u>	\$ _____	Child support paid <u>for other</u>	\$ _____
		<u>children</u>	\$ _____
		<u>Date of initial order:</u>	_____

Entertainment \$ \_\_\_\_\_ Other (attach sheet) \$ \_\_\_\_\_

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 \$**

\_\_\_\_\_

**B. PAYMENTS TO CREDITORS**

(please check one)

To Whom:	Balance Due	Monthly Payment	Joint	Plaintiff	Defendant

TOTAL MONTHLY PAYMENTS TO CREDITORS: \$ \_\_\_\_\_

**C. TOTAL MONTHLY EXPENSES:**

**\$** \_\_\_\_\_

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

\_\_\_\_\_  
Affiant  
[Sign in the presence of a Notary Public]

\_\_\_\_\_  
Notary Public