

IN THE SUPERIOR COURT OF _____ COUNTY

STATE OF GEORGIA

)	
)	
Plaintiff,))	
)	CIVIL ACTION
vs.))	
)	FILE NO. _____
)	
)	
Defendant.))	
_____))	

PLAINTIFF'S DOMESTIC RELATIONS FINANCIAL AFFIDAVIT
FOR USE IN CONNECTION WITH SUPPORT ORDERS
DRAFT SUBJECT TO REVISION PRIOR TO TRIAL OR FINAL HEARING

1. AFFIANT'S NAME _____ Age
Affiant's Social Security No.
Spouse's Name _____ Age
Date of Marriage _____ Date of Separation

Names and birth dates of children of this marriage:

Name	Date of Birth	Resides With
------	---------------	--------------

Names and birth dates of children of prior marriage residing with Affiant:

Name	Date of Birth
------	---------------

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
(Item 5B) | + |
| — Total monthly expenses and
payments to creditors
(Item 5C) | |

(d) Amount of spousal/child support needed by Affiant \$

(e) Amount of child support indicated by Child Support Guidelines \$

3. **A. AFFIANT'S GROSS MONTHLY INCOME**
 (All income must be entered based on monthly average regardless of receipt. Where applicable, income should be annualized.)

Salary \$

Bonuses, commissions, allowances, over-time, tips and similar payments (based on past 12-month average or time of employment if less than 1 year). Attach sheet itemizing this income. \$

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). Attach sheet itemizing this income. \$

Disability/unemployment/workers' compensation \$

Pension, retirements or annuity payments \$

Social security benefits \$

Other public benefits (specify) \$

Spousal or child support from prior marriage \$

Interest and dividends \$

Rental income (gross receipts minus ordinary and necessary expenses required to produce income). Attach sheet itemizing this income. \$

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)	\$
GROSS MONTHLY INCOME	\$

B. List and describe all benefits of employment, 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). Attach sheet, if necessary.

C. 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. 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.)

<i>Description</i>	<i>Value</i>	<i>Separate Asset Of Husband</i>	<i>Separate Asset Of Wife</i>
Cash	\$		
Stocks, bonds	\$		
CD's/Money Market Accounts	\$		
Real estate: Home	\$		
Other	\$		
Automobiles:	\$		
Money owed you	\$		
Retirement/IRA/401K	\$		
Furniture/furnishings	\$		
Jewelry	\$		
Life insurance (cash value)	\$		
Collectibles	\$		
Bank accounts: checking	\$		
savings	\$		
Other assets	\$		
<hr/>	\$		

TOTAL ASSETS: \$ _____

5. A. **AVERAGE MONTHLY EXPENSES**

HOUSEHOLD

Mortgage/rent payments _____
Property taxes _____

Insurance _____

Electricity _____

Water & sewer _____

Garbage _____

Telephone _____

Gas _____

Repairs & maintenance _____

Lawn care _____

Pest control _____

Cable TV _____

Misc. household/grocery items _____

Meals outside home _____

Cell phone _____

Other: _____

CHILDREN'S EXPENSES

Child care

School tuition

School supplies/expenses

Lunch money

Allowance

Clothing/diapers

Babysitter/after school

Medical, dental, presc.

Grooming/hygiene/haircuts

Gifts

Entertainment

Activities/sports

OTHER INSURANCE

Health

Life

Disability

Other (specify)

AUTOMOBILE

Gasoline and oil _____

Repairs

Auto tags and license

Insurance

AFFIANT'S OTHER EXPENSES

Dry cleaning and laundry

Clothing

Medical/dental

Prescriptions

Glasses & exam

Affiant's gifts (spec. holidays)

Affiant