

In the Superior Court of _____ County, Georgia

_____, Plaintiff)
vs.) Civil Action No. _____
_____, Defendant)

DOMESTIC RELATIONS FINANCIAL AFFIDAVIT

1. AFFIANT'S NAME: _____ Age _____
Spouse's Name: _____ Age _____
Dates 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	Resides with
_____	_____	_____
_____	_____	_____

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 creditor's + _____

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.))

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 \$ _____

A. 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 in non-marital, indicate the non-marital portion under the appropriate spouse's column and state the amount and the basis: premarital, gift, inheritance, source of funds, etc.)

Description	Value	Separate Asset of the Husband	Separate Asset of the Wife	Basis of the Claim
Cash	\$ _____	_____	_____	_____
Stocks, bonds	\$ _____	_____	_____	_____
CD's Money Market Accounts	\$ _____	_____	_____	_____
Bank Accounts (list each account)	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
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:	\$ _____	_____	_____	_____

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	
Garbage and Sewer	\$ _____	Gasoline and oil	\$ _____
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 \$ _____

AFFIANT'S OTHER EXPENSE

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) \$ _____

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____.

Notary Public

Affiant

Rule 24.4 Temporary hearing, scheduling.

RESERVED. (Former Rule 24.4 is now incorporated in Rule 24.2).