

DEKALB COUNTY SUPERIOR COURT
STATE OF GEORGIA

_____,
Plaintiff,
vs.
_____,
Defendant.

Civil Action

Case Number _____

DOMESTIC RELATIONS FINANCIAL AFFIDAVIT

(1) Your Name:		Your Age:
Spouse's Name:		Spouse'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	Date of Birth	Resides with
Names and birth dates of your other children:		
Name	Date of Birth	Resides with
(2) SUMMARY OF YOUR INCOME AND NEEDS: <i>(fill out this part after you complete pages 2-5)</i>		
(A) Gross Monthly Income <i>(from Item 3A below)</i>	\$	
(B) Net Monthly Income <i>(from Item 3B below)</i>	\$	
(C) Average Monthly Expenses <i>(Item 5A below)</i>	\$	
Monthly Payments to Creditors <i>(Item 5B below)</i>	\$	
Total Monthly Expenses & Payments to Creditors <i>(Item 5C below)</i>	\$	

(3) (A) YOUR GROSS MONTHLY INCOME: <i>(Complete this section or attach Child Support Schedule A. All income must be entered based on monthly average regardless of date of receipt. Where applicable, income should be annualized.)</i>	
Salary or Wages — ATTACH COPIES OF 2 MOST RECENT WAGE STATEMENTS	\$
Commissions, Fees & Tips	\$
Income from self-employment, partnership, close corporations and independent contracts <i>(gross receipts minus ordinary and necessary expenses required to produce income)</i> ATTACH SHEET ITEMIZING YOUR CALCULATIONS	\$
Rental income <i>(gross receipts minus ordinary and necessary expenses required to produce income)</i> 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	\$
Worker's 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 <i>(Do not include means-tested public assistance, such as TANF or food stamps.)</i>	\$
TOTAL Gross Monthly Income <i>(also write in 2A on page one)</i>	\$
(3)(B) Net Monthly Income From Employment <i>(deducting only state and federal taxes and FICA) (also write in 2B on page one)</i>	\$

Your Pay Period (<i>i.e.</i> , monthly, weekly, <i>etc.</i>):	Number of Exemptions Claimed by You for Tax Purposes:
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(4) ASSETS

(List all assets here, including both non-marital and marital property. 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. 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.)

Description	Value	Separate Asset of Husband	Separate Asset of Wife	Basis of the Claim (<i>pre-marital, gift, inheritance, etc.</i>)
Cash	\$	\$	\$	
Stocks, Bonds	\$	\$	\$	
CD's / Money Market Accounts	\$	\$	\$	
Bank Accounts (<i>list each account below</i>):				
(1)	\$	\$	\$	
(2)	\$	\$	\$	
(3)	\$	\$	\$	
Retirement Pensions, 401(k), IRA or Profit-Sharing	\$	\$	\$	
Money Owed to You (or Spouse)	\$	\$	\$	
Tax Refund Owed to You	\$	\$	\$	
Real Estate (<i>list properties & mortgages</i>):				
Home	\$	\$	\$	
Debt owed on Home	\$			
Other Real Estate	\$	\$	\$	
Debt owed on Other Real Estate	\$			
Automobiles / Vehicles (<i>list vehicles & amounts owed on each one</i>):				
(1)	\$	\$	\$	
Debt owed on Vehicle (1)	\$			
(2)	\$	\$	\$	
Debt owed on Vehicle (2)	\$			

(4) ASSETS (continued)				
Description	Value	Separate Asset of Husband	Separate Asset of Wife	Basis of the Claim (pre-marital, gift, inheritance, etc.)
Life Insurance (net cash value)	\$	\$	\$	
Furniture / Furnishings	\$	\$	\$	
Jewelry	\$	\$	\$	
Collectibles	\$	\$	\$	
Other Assets (specify):	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
TOTAL ASSETS	\$	\$	\$	

(5)(A) AVERAGE MONTHLY EXPENSES FOR YOU AND YOUR 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 Access	\$
Garbage & Sewer	\$	Misc. Household & Grocery Items	\$
Telephones		Meals Outside Home	\$
Residential Lines	\$	Other (specify)	\$
Cellular Telephones	\$		\$

AUTOMOTIVE

Gasoline & Oil	\$	Auto Tags / Registration / License	\$
Repairs & Maintenance	\$	Insurance	\$

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

Gasoline & Oil	\$	Tags / Registration / License	\$
Repairs & Maintenance	\$	Insurance	\$

CHILDREN'S EXPENSES			
Child Care (total monthly cost)	\$	Allowance	\$
School Tuition	\$	Children's Clothing	\$
Tutoring	\$	Diapers	\$
Private lessons (<i>e.g., music, dance</i>)	\$	Medical, Dental, Prescriptions (<i>out-of-pocket uncovered expenses</i>)	\$
School Supplies / Expenses	\$	Grooming / Hygiene	\$
Lunch Money	\$	Gifts from children to others	\$
Other Educational Expenses (list type & amount):		Entertainment	\$
_____	\$	Activities (<i>including extra-curricular, school, religious, cultural, etc.</i>)	\$
_____	\$	Summer Camps	\$
OTHER INSURANCE			
Health Insurance	\$	Life Insurance	\$
Children's portion:	\$	Relationship of Beneficiary:	
Dental Insurance	\$	Disability Insurance	\$
Children's portion:	\$	Other Insurance (<i>specify</i>)	\$
Vision Insurance	\$		\$
Children's portion:	\$		\$
YOUR OTHER EXPENSES			
Dry Cleaning & Laundry	\$	Publications	\$
Clothing	\$	Dues, Clubs	\$
Medical / Dental / Prescription (<i>out-of-pocket uncovered expenses</i>)	\$	Religious & Charities	\$
Your Gifts (special holidays)	\$	Pet expenses	\$
Entertainment	\$	Alimony Paid to Former Spouse	\$
Recreational Expenses (<i>e.g., fitness</i>)	\$	Child Support Paid for other children	\$
Vacations	\$	Date of initial CS order:	
Travel Expenses for Visitation	\$	Other (<i>attach sheet to list</i>)	\$
TOTAL ABOVE MONTHLY EXPENSES (<i>also write on first line of 2C on page one</i>)			\$

(5)(B) YOUR PAYMENTS & DEBTS TO CREDITORS					
To Whom	Balance Due	Monthly Payments	<i>(Please check one)</i>		
			Joint	Husband	Wife
	\$	\$			
	\$	\$			
	\$	\$			
	\$	\$			
	\$	\$			
	\$	\$			
Total Monthly Payments to Creditors <i>(also write this total on line 2 of 2C on page one)</i>				\$	
(5)(C)TOTAL MONTHLY EXPENSES <i>(Total Expenses from final line on page 5 + Total Monthly Payments to Creditors above)</i> <i>(also write this total on line 3 of 2C on page one)</i>				\$	

Plaintiff Defendant *Pro se*
(Sign in front of notary public.)

Name: _____

Address: _____

Daytime Phone: () _____

Subscribed and sworn before me on
_____, 20____.

Notary Public

pro se DR \$ Affidavit for new USCR24 approved corrected 2.wpd