

IN THE SUPERIOR COURT OF _____ COUNTY
STATE OF GEORGIA

Plaintiff,

vs.

CIVIL ACTION FILE NO.

Defendant.

DOMESTIC RELATIONS FINANCIAL AFFIDAVIT

You are required to make to the Court, under oath, a FULL DISCLOSURE of your income, net worth, and financial condition on this form. Fill out each and every section of this form. If something does not apply to your situation, write "N/A".

OR

NOTE: This Affidavit contains a preliminary estimate of expenses, assets, and liabilities, compiled by the [Plaintiff/Defendant] which may be modified and altered following the completion of the discovery process and further investigation on [his/her] part.

1. BACKGROUND INFORMATION:

Your Name:		Date Of Birth:	
Address:			
County:		City:	
State:		Zip Code:	

Spouse's Name:		Date of Birth:	
Address:			
County:		City:	
State:		Zip Code:	

Date Of Marriage:	
Date Of Separation:	

Names Of Children Born Of This Marriage	Date of Birth	Sex

Names Of Other Children Living With You	Date of Birth	Sex

Names of Children for Which You Are Obligated To Pay Support By A Court Order	Date of Birth	Sex

2. EMPLOYMENT AND INCOME:

Occupation:	
Employed By:	
Number Of Exemptions Claimed:	
Pay Period (e.g., weekly, etc.)	

If you are employed, but expecting soon to become unemployed or change jobs, describe the change you expect and why and how it will affect your income. If currently unemployed, describe your efforts to find employment, how soon you expect to be employed, and the pay you expect to receive:

EXCEPT IN PROCEEDINGS FOR ADOPTION, ENFORCEMENT, CONTEMPT, AND INJUNCTIONS FOR DOMESTIC OR REPEAT VIOLENCE, ALL OF THE FOLLOWING MUST BE ATTACHED TO THE COPY OF THIS FINANCIAL AFFIDAVIT SERVED ON THE OPPOSING PARTY. THE ATTACHMENTS SHALL NOT BE FILED WITH THE COURT: your three (3) most recent pay stubs, your three (3) most recent Federal and State tax returns, and the most recent W-2 forms. If last year's Federal income tax return has not yet been filed, attach W-2s, 1099s, K-1s, and any other document to be attached to your tax return. If the attachments are not made to the copy served on the opposing party, an explanation is required.

3. SUMMARY OF YOUR INCOME AND NEEDS:

Gross Monthly Income (from Item 4(A))	\$
Total Income Taxes Paid On Above Income (including Federal, State, and FICA)	\$
Net Monthly Income (from Item 4(C))	\$
Average Monthly Expenses (from Item 5(A))	\$
Monthly Payments To Creditors (from Item 5(B))	\$
Total Monthly Expenses And Payments to Creditors (from Item 5(C))	\$

4. YOUR MONTHLY INCOME:

A. Gross Income:

(All income whether earned or unearned, from any source, *must* be entered based on monthly average regardless of date of receipt.)

Salary or Wages	\$
Bonuses, Commissions, Allowances, Fees, Overtime, Tips, and Similar Payments (based on past 12 months)	\$
Income from Sources such as Self-Employment, Partnership, Close Corporations, and Independent Contracts (gross receipts minus ordinary and necessary expenses required to produce income)	\$
Severance Pay	\$
Disability/Unemployment/Worker's Compensation	\$
Recurring Income from Pension, Retirement Plans, Annuities	\$
Social Security Benefits	\$
Other Public Benefits (NOT food stamps or TANF)	\$
Spousal or Child Support from Persons not in this Case	\$
Interest and Dividends	\$
Rental Income (gross receipts minus ordinary/necessary expenses)	\$
Reimbursed Expenses and In-Kind Payments to the Extent They Reduce Personal Living Expenses	\$
Fringe Benefits (if significantly reduce living expenses)	\$
Income from Royalties, Trusts, and Estates	\$
Capital Gains or Gains Derived from Dealing in Property (not including non-recurring gains)	\$

Prizes and Lottery Winnings	\$
Gifts (cash or other liquid assets or which can be converted to cash)	\$
Judgments from Personal Injury or Other Civil Cases (where cash is received on a recurring basis)	\$
Assets used for Support of Family	\$
Other Income of Recurring Nature	\$
GROSS MONTHLY INCOME	\$

B. Benefits of Employment:

List and describe (where requested below) all benefits of employment not deducted from your wage or salary. These are defined as those costs paid directly by your employer on your behalf. Most, if not all, of these benefits are listed below. If a benefit(s) is not listed, fill in "other" and describe the benefit in the space provided.

Automobile: Payment	\$
Automobile: Allowance	\$
Automobile: Gasoline	\$
Automobile: Insurance	\$
Automobile: Other	\$
Medical/Dental Expense	\$
Insurance: Health	\$
Insurance: Dental	\$
Insurance: Vision	\$
Insurance: Life	\$
Insurance: Disability	\$
Insurance: Other	\$
Cellular Telephone	\$
Deferred Compensation	\$
Employer Contribution to Retirement or Stock	\$
Club Membership	\$
Reimbursement Expenses (not included in Item 4(A))	\$
Other	\$

C. NET INCOME:

Net monthly income from employment (deducting only state and federal taxes, FICA, and self-employment tax, if applicable)	\$
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5. YOUR NEEDS:

A. Average Monthly Expenses:

HOUSEHOLD:

Residence: First Mortgage	\$
Residence: Second Mortgage	\$
Residence: Equity Line of Credit	\$
Residence: Other	\$
Property Taxes	\$
Rent Payments	\$
Homeowner/Renter Insurance	\$
Condo., Maintenance Fees/Homeowners Assoc. Fees	\$
Electricity	\$
Water	\$
Gas	\$
Garbage and Sewer	\$
Telephone	\$
Internet	\$
Cellular Telephone	\$
Repairs and Maintenance	\$
Lawn Care	\$
Pool Care	\$
Pest Control	\$
Cable Television	\$
Security System	\$
Miscellaneous Household and Grocery Items	\$
Meals Outside Home	\$
Pets: Grooming	\$
Pets: Veterinarian	\$
Pets: Food	\$
Drugstore Items	\$
Service Contracts on Appliances	\$
Domestic Help	\$
Other	\$
TOTAL	\$

AUTOMOBILE:

Gasoline and Oil	\$
Repairs	\$
Auto Tags and License	\$
Insurance	\$
Alternative Transportation	\$
Tolls and parking	\$
TOTAL	\$

OTHER VEHICLES, BOATS, TRAILERS:

Gasoline and Oil	\$
Repairs	\$
Tags and License	\$
Insurance	\$
Other	\$
TOTAL	\$

OTHER EXPENSES:

Life Insurance (on Affiant's life only)	\$
Disability Insurance	\$
Dry Cleaning and Laundry	\$
Grooming	\$
Clothing	\$
Medical/Dental (out of pocket/uncovered expenses)	\$
Prescriptions (out of pocket/uncovered expenses)	\$
Gifts (special holidays)	\$
Entertainment (for Affiant only)	\$
Vacations	\$
Travel Expenses (necessary for parenting time/visitation)	\$
Retirement or 401(k) Contributions	\$
Publications	\$
School Alumni Dues	\$
Union Dues	\$
Club Membership Dues and Expenses	\$
Religious and Charities	\$
Professional Expenses (other than this proceeding)	\$
Bank Charges or Credit Card Fees	\$
Miscellaneous (attach sheet)	\$
Other (attach sheet)	\$
Alimony Paid to Former Spouse(s)	\$
Child Support Paid for Other Children	\$
Date of Initial Order: _____	
County and State: _____	
Case Number: _____	
TOTAL	\$

CHILDREN'S EXPENSES (PER CHILD):

Name of Child			
Child Care (school year)	\$	\$	\$
Child Care (summer)	\$	\$	\$
School Uniforms	\$	\$	\$
Other School Expenses	\$	\$	\$
Private Lessons	\$	\$	\$
Tutoring	\$	\$	\$
Lunch Money	\$	\$	\$
Allowances	\$	\$	\$
Clothing	\$	\$	\$
Cellular Telephone	\$	\$	\$
Medical/Dental	\$	\$	\$
Psychiatric/Psychological	\$	\$	\$
Prescriptions	\$	\$	\$
Grooming	\$	\$	\$
Gifts from Children to Others	\$	\$	\$
Entertainment	\$	\$	\$
Toys	\$	\$	\$
Books/Publications	\$	\$	\$
Summer Camps	\$	\$	\$
Sports/Extracurricular	\$	\$	\$
Other	\$	\$	\$
Sub-Total For Each Child	\$	\$	\$
TOTAL			\$

INSURANCE:

Total Health Ins. Premium		\$	
	Portion for Children Only		\$
Total Dental Ins. Premium		\$	
	Portion for Children Only		\$
Total Vision Ins. Premium		\$	
	Portion for Children Only		\$
Life Ins. on Children Only			\$
Other			\$
TOTAL OF ALL INS.		\$	
CHILDREN'S TOTAL ONLY			\$

TOTAL AVERAGE MONTHLY EXPENSES (SECTION A)	\$
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B. Payments to Creditors:

To Whom	Account No. (last 4 digits)	Balance Due	Monthly Payments	H, W, or J
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
TOTAL (SECTION B)		\$	\$	

TOTAL AVERAGE MONTHLY EXPENSES AND PAYMENTS TO CREDITORS (SECTION C)	\$
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6. 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. "Non-marital" means your spouse or you had this asset before the marriage or received it by personal gift or inheritance during the marriage. The total value of each asset, including any "non-marital" portions, must be listed as an aggregate total in the "value" column. "Value" means what you believe to be the fair market value of the item or property.)

RETIREMENT ACCOUNTS:

	Name on Account	Account No. (last 4 digits)	Value	Husband's Non-Marital	Wife's Non- Marital
401(k)			\$	\$	\$
Pension			\$	\$	\$
IRA			\$	\$	\$
Other			\$	\$	\$

NON-RETIREMENT ACCOUNTS:

	Name on Account	Account No. (last 4 digits)	Value	Husband's Non-Marital	Wife's Non- Marital
Stocks			\$	\$	\$
Bonds			\$	\$	\$
CDs			\$	\$	\$
Investments			\$	\$	\$
Money Market			\$	\$	\$
Cash on Hand			\$	\$	\$
Other			\$	\$	\$

BANK ACCOUNTS:

	Name of Bank	Account No. (last 4 digits)	Current Balance	H, W, or J
Savings			\$	
Checking			\$	
Checking			\$	
Checking			\$	
Custodial			\$	
Custodial			\$	
Other			\$	

REAL ESTATE:

Marital Residence:		Husband's Non-Marital	Wife's Non-Marital
Value	\$	\$	\$
Outstanding Loan Balance	\$	\$	\$
Equity	\$	\$	\$

Other Real Estate:		Husband's Non-Marital	Wife's Non-Marital
Value	\$	\$	\$
Outstanding Loan Balance	\$	\$	\$
Equity	\$	\$	\$

Other Real Estate:		Husband's Non-Marital	Wife's Non-Marital
Value	\$	\$	\$
Outstanding Loan Balance	\$	\$	\$
Equity	\$	\$	\$

Other Real Estate:		Husband's Non-Marital	Wife's Non-Marital
Value	\$	\$	\$
Outstanding Loan Balance	\$	\$	\$
Equity	\$	\$	\$

MISCELLANEOUS ASSETS:

	Value	Husband's Non-Marital	Wife's Non-Marital
Money Owed to You	\$	\$	\$
Tax Refund Due	\$	\$	\$
Life Ins. (cash value)	\$	\$	\$
Furniture/Furnishings	\$	\$	\$
Jewelry	\$	\$	\$
Collectibles	\$	\$	\$
Other	\$	\$	\$

MOTOR VEHICLES:

Year, Make, and Model	Value	Name(s) on Title
	\$	
	\$	
	\$	
	\$	
	\$	

OTHER ASSETS

<p>Are there any other assets, interest in assets or employment benefits that your spouse or you have of a value greater than \$999.00? If so, list your other assets below, including a description of each asset, your estimate of the current fair market value of each asset, and any amount that you contend to be your spouse or your non-marital interest in each asset.</p>

NOTE: Partnerships and other business interests – see required attached form labeled “Partnership and Business Interests.”

I AM AWARE THAT ANY FALSE STATEMENT KNOWINGLY MADE WITH THE INTENT TO DEFRAUD OR MISLEAD SHALL SUBJECT ME TO THE PENALTY FOR PERJURY AND MAY BE CONSIDERED A FRAUD UPON THE COURT.

I DECLARE THAT THE ABOVE INFORMATION IS TRUE AND THAT THE INFORMATION CONTAINED IN THIS AFFIDAVIT CONSTITUTES A COMPLETE AND FULL DISCLOSURE OF MY FINANCIAL CONDITION.

, Affiant

Sworn to and subscribed
before me on this ____ day
of _____, 201__.

Notary Public

BUSINESS INTERESTS

The term "Business" for purposes of this form and your disclosure includes any business entity or business operation of any kind in which you have any claim or ownership interest including, without limitation, your claim or interest in any sole proprietorship, partnership, limited partnership, limited liability company, joint venture, syndicate, closely held corporation, sub-chapter S corporation, or any other type of business entity in Georgia or any other jurisdiction.

For each Business in which you have any claim, interest, or ownership, list separately and completely the information in the form below and produce the documents required in this section.

Legal name of Business (and d/b/a, if any)	Type of business entity (e.g., partnership, L.L.C., etc.)	Business activity	Percentage of ownership	Date business interest acquired	Estimated FMV of ownership interest	Percentage of total interest that is non-marital

For each Business Interest you have listed above, attach copies of corporate or partnership tax returns for the last three years; and attach annual financial statements for the last full year as well as financial statements from the end of the last full year until the present. The term "financial statements" includes, at a minimum, income and loss statements as well as balance sheets showing the assets and liabilities including without limitation current accounts receivable and payable.

For the last three years, for sole proprietorships, produce your IRS Schedule C forms with your Form 1040 personal tax returns. Also produce related bank account records as well as statements of income, expenses, and current accounts receivable and payable.