

IN THE SUPERIOR COURT OF COUNTY  
STATE OF GEORGIA

Plaintiff, )  
vs. ) CIVIL ACTION  
Defendant. ) FILE NO.  
\_\_\_\_\_ )

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

Name	Date of Birth
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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)	

\_\_\_\_\_

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 \$  
(Please supply last two W-2's and last two paystubs)

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.

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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

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**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.)

Description	Value	Separate Asset Of Husband	Separate Asset Of Wife
Cash	\$		
Stocks, bonds	\$		
CD's/Money Market	\$		
Accounts			
Bank Accounts			
Checking:	\$		
Savings	\$		
Real estate: Home (FMV)	\$		
Equity	\$		
Automobiles			
Wife's car:	\$		
Husband's car:	\$		
Money owed you	\$		
Retirement/IRA/401K	\$		
Furniture/furnishings	\$		

Jewelry \$  
 Life insurance \$  
 (cash value)  
 Tax Refund owed to you \$

**TOTAL ASSETS: \$**

**5. A. AVERAGE MONTHLY EXPENSES**

<b>HOUSEHOLD</b>		<b>CHILDREN'S EXPENSES</b>	<b>N/A</b>
Mortgage/rent payments	\$ _____	Child care	\$ _____
Property taxes	\$ _____	School tuition	\$ _____
Insurance	\$ _____	School supplies/exp.	\$ _____
Electricity	\$ _____	Lunch money	\$ _____
Water & sewer	\$ _____	Allowance	\$ _____
Garbage	\$ _____	Clothing/diapers	\$ _____
Telephone	\$ _____	Babysitter/after school	\$ _____
Gas	\$ _____	Medical, dental, presc.	\$ _____
Repairs & maintenance	\$ _____	Grooming/hygiene/hair	\$ _____
Lawn care	\$ _____	Gifts	\$ _____
Pest control	\$ _____	Entertainment	\$ _____
Cable TV	\$ _____	Activities/sports	\$ _____
Misc. household/grocery items	\$ _____		
Meals outside home	\$ _____	<b>OTHER INSURANCE</b>	
Cell phone	\$ _____	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 \$ \_\_\_\_\_  
 (Health insurance) \_\_\_\_\_  
 Prescriptions \$ \_\_\_\_\_  
 Affiant's gifts (spec. holidays) \$ \_\_\_\_\_  
 Entertainment \$ \_\_\_\_\_  
 Vacations \$ \_\_\_\_\_  
 Publications \$ \_\_\_\_\_  
 Dues, clubs \$ \_\_\_\_\_  
 Religious and charities \$ \_\_\_\_\_  
 Grooming/hygiene \$ \_\_\_\_\_  
 Pet food, vet, etc. \$ \_\_\_\_\_

Counseling \$ \_\_\_\_\_  
Alimony paid to former spouse \$ \_\_\_\_\_  
Child supp. pd. to former spouse \$ \_\_\_\_\_

**TOTAL ABOVE EXPENSES \$**

**B. PAYMENTS TO CREDITORS**

To Whom	Balance Due	Monthly Payments
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Monthly Payments to Creditors \$ \_\_\_\_\_

**C. TOTAL MONTHLY EXPENSES \$ \_\_\_\_\_**

This \_\_\_\_ day of \_\_\_\_\_, 200\_\_.

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

\_\_\_\_\_  
Affiant

