IN THE SUPERIOR COURT OF ____COUNTY
STATE OF _____
FAMILY DIVISION

| | | |
|---|---|---|
| _____, | ) | |
| | ) | |
| Petitioner | ) | |
| | ) | Civil Action File No. _____ |
| and | ) | |
| | ) | |
| _____, | ) | |
| | ) | |
| Respondent | ) | |
| | ) | |

**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."**

1. Your Name: _____
   Spouse's Name: _____
   Date of Marriage: _____
   Date of Separation: _____
   Names and birth dates of children of this marriage:
   _____
   _____
   _____

   Names and birth dates of other children living with you:
   _____
   _____

2. **EMPLOYMENT AND INCOME**

   Occupation: _____
   Employed By: _____
   Address: _____

   D/O/B _____
   Pay period: _____

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**

| | | |
|---|---|---|
| (a) | Gross monthly income (from Item 4A) | $ _____ |
| (b) | Total income taxes paid on above income (Incl. Fed., State and FICA) | $ _____ |
| (c) | Net monthly income (from Item 4C) | $ _____ |
| (d) | Average monthly expenses (Item 5A) | $ _____ |
| | Monthly payments to creditors (Item 5B) | $ _____ |
| | Total monthly expenses and payments to creditors (Item 5C) | $ _____ |
| (e) | Amount of spousal/child support you need | $ _____ |
| (f) | Amount of child support indicated by Child Support Guidelines | $ _____ |

4. **YOUR MONTHLY INCOME**

**A. Gross Income**

(All income must be entered based on monthly average regardless of date of receipt.
Where applicable, income should be annualized.)

| | |
|---|---|
| Salary | $ _____ |
| Bonuses, commissions, allowances, overtime, tips and similar payments (based on past 12-month average or time of employment of less than 1 year) | $ _____ |

| | |
|---|---|
| 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) | $ _____ |
| Disability/unemployment/worker's compensation | $ _____ |
| Pension, retirements or annuity payments | $ _____ |
| Social security benefits | $ _____ |
| Other public benefits | $ _____ |
| Spousal or child support from prior marriage | $ _____ |
| Interest and dividends | $ _____ |
| Rental income (gross receipts minus ordinary and necessary expenses required to produce income) | $ _____ |
| Reimbursed expenses and in kind payments to the extent that they reduce personal living expenses | $ _____ |
| 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. Benefits of Employment**

List and describe all benefits of employment, defined as those paid directly by the employer on your behalf, 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.

Total amount deducted from gross pay $_____

**C. Net Income**

Net monthly income from employment (deducting only state and federal taxes and FICA) $_____

5. **A. AVERAGE MONTHLY EXPENSES**

HOUSEHOLD

| | |
|---|---|
| Mortgage or rent payments | $_____ |
| Property taxes | $_____ |
| Insurance | $_____ |
| Condo, maintenance fees/homeowners association fees | $_____ |
| Electricity | $_____ |
| Water | $_____ |
| Garbage & sewer | $_____ |
| Telephone | $_____ |
| Gas | $_____ |
| Repairs & Maintenance | $_____ |
| Lawn care | $_____ |
| Pool care | $_____ |
| Pest control | $_____ |
| Cable television | $_____ |
| Miscellaneous household and grocery items | $_____ |
| Meals outside home | $_____ |
| Pets: grooming | $_____ |
| veterinarian | $_____ |
| food | $_____ |
| Drugstore items | $_____ |
| Linens | $_____ |
| Postage and Stationary | $_____ |
| Burglar alarm | $_____ |
| Service contracts on appliances | $_____ |
| Domestic help | $_____ |
| FICA | $_____ |
| Cellular Telephone | $_____ |
| Home computer expenses | $_____ |
| Other (Attach sheet) | $_____ |

AUTOMOBILE

| | |
|---|---|
| Gasoline and oil | $_____ |
| Repairs | $_____ |
| Auto tags and license | $_____ |
| Insurance | $_____ |
| Alternative transportation (bus, public transportation, etc.) | $_____ |
| Tolls and parking | $_____ |

OTHER VEHICLES, BOATS, TRAILERS

Gasoline and oil $_____
Repairs $_____
Tags and license $_____
Insurance $_____
Other (Attach sheet) $_____

OTHER EXPENSES

Dry cleaning and laundry $_____
Grooming $_____
Clothing $_____
Medical/dental $_____
Prescriptions $_____
Gifts (special holidays) $_____
Entertainment $_____
Vacations $_____
Retirement/401-K Contributions $_____
Publications $_____
School alumni dues $_____
Union dues, clubs $_____
Club Membership dues and expenses $_____
Religious and charities $_____
Professional expenses (other than this proceeding) $_____
Bank charges/credit card fees $_____
Miscellaneous (attach sheet) $_____
Other (attach sheet) $_____
Alimony paid to former spouse $_____
Child support paid for other children $_____

CHILDREN'S EXPENSES

Child care $_____
School expenses $_____
School uniforms $_____
Private lessons/tutoring $_____
Lunch money/allowance $_____
Allowances $_____
Clothing $_____
Medical/dental $_____
Psychiatric/psychological/counseling $_____
Prescriptions $_____
Grooming $_____
Gifts $_____
Entertainment $_____

| | |
|---|---|
| Toys | $_____ |
| Books/Publications | $_____ |
| Summer camps | $_____ |
| Sports and extracurricular activities | $_____ |
| Other (attach sheet) | $_____ |
| | |
| INSURANCE | |
| Health | $_____ |
| Life | $_____ |
| Disability | $_____ |
| Other (specify) | $_____ |
| | |
| **Total Above Expenses** | **$** _____ |

**B. PAYMENTS TO CREDITORS**

| To Whom | Balance Due | Monthly Payments | Name(s) on Account |
|---|---|---|---|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| **Total:** | **$**_____ | **$**_____ | |

**C. TOTAL MONTHLY EXPENSES AND PAYMENTS TO CREDITORS $**_____

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 you had this asset before the marriage or received it by personal gift or inheritance during the marriage. 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 | HUSBAND'S Non-marital | WIFE'S Non-marital |
|---|---|---|---|---|
| RETIREMENT: | | | | |
| 401-K | _____ | _____ | _____ | _____ |
| Pension | _____ | _____ | _____ | _____ |
| IRA | _____ | _____ | _____ | _____ |
| Other | _____ | _____ | _____ | _____ |

LIQUID ACCOUNTS:

| | | | | |
|---|---|---|---|---|
| Stocks | | | | |
| Bonds | | | | |
| CDs | | | | |
| Savings | | | | |
| Money Market | | | | |
| Other liquid accounts | | | | |

(Describe) _____

_____

_____

REAL ESTATE:

Real estate: home

| | | | |
|---|---|---|---|
| Value | | | |
| Equity | | | |

Other real estate:

| | | | |
|---|---|---|---|
| 1) Value | | | |
| Equity | | | |
| 2) Value | | | |
| Equity | | | |
| 3) Value | | | |
| Equity | | | |

| DESCRIPTION | VALUE | HUSBAND'S Non-Marital | WIFE'S Non-Marital |
|---|---|---|---|
| Money owed to you | | | |
| Tax refund due | | | |
| Accounts receivable | | | |
| Unsecured Notes | | | |
| (Attach separate page detailing each receivable and note) | | | |
| Life insurance (cash surrender value) | | | |
| Furniture/furnishings | | | |
| Jewelry | | | |
| Collectibles | | | |
| Other | | | |

AUTOMOBILES:

| | Type | Value | Name(s) on account |
|---|---|---|---|
| 1) | | | |
| 2) | | | |

3) _____ _____ _____

BANK ACCOUNTS:

| | Name of Bank | Account Number | Average Balance | Name on the Account |
|---|---|---|---|---|
| Savings | | | | |
| Checking | | | | |
| Custodial | | | | |
| Other | | | | |

OTHER ASSETS:

(Describe and provide both current fair market value and any amount which you contend to be a party's non-marital interest)

Note: Partnerships and other business interests - see required attached form labeled
"Partnership and Business Interests"

## PARTNERSHIPS AND BUSINESS INTERESTS

Enumerate each partnership and business interest separately and complete in full the information required. For partnerships and interests undergoing evaluation or where the evaluation is in dispute or not available within forty-five (45) days from the date of filing of this action, on a separate sheet provide the following for each such partnership or asset: 1) Description of interest, 2) percent ownership, 3) past year's gross revenues and 4) a good faith estimate for range of valuation. Also, for each such partnership or interest attach copies of corporate returns for the last three years and the most recent quarterly profit and loss statement. For partnerships, in lieu of corporate returns, provide last three years K-1 and Schedule C forms.

| DESCRIPTION | PERCENTAGE OF OWNERSHIP INTEREST | PURCHASE PRICE AND DATE OF PURCHASE | DEBTS AND ENCUMBRANCES OWED | PRESENT FAIR MARKET VALUE | MARITAL INTEREST OF PRESENT FAIR MARKET VALUE |
|---|---|---|---|---|---|
| | | | | | |

**I AM AWARE THAT ANY MATERIALLY 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 FORM CONSTITUTES A COMPLETE AND FULL DISCLOSURE OF MY FINANCIAL CONDITION.**

_____
Printed name _____
Address _____
_____
_____
*Telephone (area code and number)*
_____
*Facsimile (area code and number)*

STATE OF GEORGIA
COUNTY OF _____

Sworn to and subscribed before me
on this ____ day of _____, 200__.

_____
NOTARY PUBLIC

IN THE SUPERIOR COURT OF FULTON COUNTY
STATE OF GEORGIA
FAMILY DIVISION

| | | |
|---|---|---|
| _____, | ) | |
| | ) | |
| Petitioner | ) | |
| | ) | Civil Action File No. _____ |
| and | ) | |
| | ) | |
| _____, | ) | |
| | ) | |
| Respondent | ) | |
| | ) | |

**CERTIFICATE OF SERVICE**

I CERTIFY THAT THE FINANCIAL AFFIDAVIT WAS:
(check one only) _____ mailed, _____facsimiled and mailed, or _____ hand delivered to the person(s) listed below on the _____ day of _____, 200____.

Party or their attorney if represented:

Name _____

Address _____

_____

Telephone No. _____
Facsimile No. _____

DATED: _____

_____
*Signature of party or attorney, if party is represented by counsel*
Printed name _____
Address _____
_____
_____
*Telephone (area code and number)*
_____
*Facsimile (area code and number)*