

IN THE SUPERIOR COURT OF FULTON COUNTY

STATE OF GEORGIA

FAMILY DIVISION

_____	:	
	:	
<b>Petitioner,</b>	:	
	:	<b>CIVIL ACTION FILE</b>
<b>v.</b>	:	
	:	<b>NO. _____</b>
_____	:	
	:	
<b>Respondent.</b>	:	
	:	

**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: \_\_\_\_\_ DOB \_\_\_\_\_  
Address: \_\_\_\_\_ County: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ DOB \_\_\_\_\_  
Address: \_\_\_\_\_ County: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_

Date of Separation: \_\_\_\_\_

Names and birth dates of children for whom support is to be determined in this action:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Names and birth dates of your other children who are living with you:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Names and birth dates of the children for which you are obligated to pay support by a court order:**

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**2. EMPLOYMENT AND INCOME**

Occupation: \_\_\_\_\_  
Employed By: \_\_\_\_\_  
Number of exemptions claimed: \_\_\_\_\_  
Pay period (ie, weekly, monthly, 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:

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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)	Expenses	
	Average monthly expenses (Item 5A)	\$ _____
	Monthly payments to creditors (Item 5B)	\$ _____
	TOTAL monthly expenses and payments to creditors (Item 5C)	\$ _____

**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-month average or time of employment if less than 1 year)	\$ _____
Income from sources such as self- employment, partnership, close corporations and independent contracts (gross receipts minus ordinary and necessary expenses required to produce income) ATTACH SHEET ITEMIZING YOUR CALCULATIONS.	\$ _____
Severance Pay	\$ _____
Disability/Unemployment/Worker's Compensation	\$ _____
Recurring Income from Pension and Retirement Plans or Annuity payments	\$ _____
Social Security benefits	\$ _____
Other public benefits (do NOT include means-tested public assistance such as TANF or food stamps)	\$ _____
\$ _____	
Spousal or child support from people not in this case	\$ _____
Interest and Dividends	\$ _____
Rental income (gross receipts minus ordinary and necessary expenses required to produce income) ATTACH SHEET ITEMIZING YOUR CALCULATIONS	\$ _____
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 or Estates	\$ _____
Capital Gains or Gains derived from dealing in property (not including non-recurring gains)	\$ _____
Prizes/Lottery Winnings	\$ _____
Gifts (cash or other <b>liquid assets or which can be converted to cash</b> )	\$ _____
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 a recurring nature (specify source)	\$ _____
 <b>Gross Monthly Income</b>	 \$ _____

**B. Benefits of Employment**

List and describe (where requested below) all benefits of employment not deducted from your wages 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 \$ \_\_\_\_\_  
Allowance \$ \_\_\_\_\_  
Gasoline \$ \_\_\_\_\_  
Insurance \$ \_\_\_\_\_  
Other (Describe) \_\_\_\_\_  
\$ \_\_\_\_\_

**Medical/Dental Expenses**

**Insurance**

Health \$ \_\_\_\_\_  
Life \$ \_\_\_\_\_  
Disability \$ \_\_\_\_\_  
Other (Describe) \_\_\_\_\_  
\$ \_\_\_\_\_

**Deferred Compensation (Describe)**

**Employer Contribution to Retirement or Stock**

**Club Membership**

**Reimbursement Expenses** (to the extent they reduce personal living expenses and are not included in 4A) (Describe)

**OTHER (Describe)**

**TOTAL**

**C. Net Income**

Net monthly income from employment (deducting only state and federal taxes, FICA, and self-employment tax, if applicable)

**5. YOUR NEEDS**

**A. AVERAGE MONTHLY EXPENSES**

**HOUSEHOLD**

**Residence**

1<sup>st</sup> Mortgage \$ \_\_\_\_\_  
2<sup>nd</sup> Mortgage \$ \_\_\_\_\_

<b>Equity line of credit</b>	\$ _____
<b>Other</b>	\$ _____
Property taxes	\$ _____
<b>Rent Payments</b>	\$ _____
Homeowner/Renter Insurance	\$ _____
Condo, maintenance fees/homeowners association fees	\$ _____
Electricity	\$ _____
Water	\$ _____
Gas	\$ _____
Garbage and Sewer	\$ _____
Telephone	\$ _____
Cellular Telephone	\$ _____
Repairs and Maintenance	\$ _____
Lawn care	\$ _____
Pool care	\$ _____
Pest control	\$ _____
Cable television	\$ _____
<b>Burglar alarm/security system</b>	\$ _____
Miscellaneous household and grocery items	\$ _____
Meals outside home	\$ _____
	Meals outside home
	\$ _____
Pets: grooming	\$ _____
veterinarian	\$ _____
food	\$ _____
Drugstore items	\$ _____
Service contracts on appliances	\$ _____
Domestic help	\$ _____
<b>Internet</b>	\$ _____
Other (Attach sheet)	\$ _____
<b>AUTOMOBILE</b>	
Gasoline and Oil	\$ _____
Repairs	\$ _____
Auto tags and License	\$ _____
Insurance	\$ _____
Alternative transportation (bus, public transportation, etc.)	\$ _____
Tolls and parking	\$ _____
<b>OTHER VEHICLES, BOATS, TRAILERS</b>	
Gasoline and Oil	\$ _____
Repairs	\$ _____
Tags and License	\$ _____

Insurance \$ \_\_\_\_\_  
 Other (Attach sheet) \$ \_\_\_\_\_

**OTHER EXPENSES**

**Life Insurance** \$ \_\_\_\_\_  
**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 \$ \_\_\_\_\_  
 Vacations \$ \_\_\_\_\_  
 Travel expenses necessary for parenting time/visitation \$ \_\_\_\_\_  
 Retirement/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/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:** \_\_\_\_\_)

**CHILDREN'S EXPENSES (Per child)**

	NAME	NAME	NAME	NAME
	_____	_____	_____	_____
<b>Child care- school year</b>	\$ _____	_____	_____	_____
<b>Child care- summer</b>	\$ _____	_____	_____	_____
School tuition	\$ _____	_____	_____	_____
School uniform	\$ _____	_____	_____	_____
Other school expenses	\$ _____	_____	_____	_____
Private lessons (e.g. music, dance, etc)	\$ _____	_____	_____	_____
Tutoring	\$ _____	_____	_____	_____
Lunch money	\$ _____	_____	_____	_____

Allowances	\$	_____	_____	_____	_____
Clothing	\$	_____	_____	_____	_____
<b>Cellular telephone</b>	\$	_____	_____	_____	_____
Medical/dental (out of pocket/ uncovered expenses)	\$	_____	_____	_____	_____
Psychiatric/psychological/ counseling (out of pocket/ uncovered expenses)	\$	_____	_____	_____	_____
Prescriptions (out of pocket/ uncovered expenses)	\$	_____	_____	_____	_____
Grooming	\$	_____	_____	_____	_____
Gifts from children to others	\$	_____	_____	_____	_____
Entertainment	\$	_____	_____	_____	_____
Toys	\$	_____	_____	_____	_____
Books/Publications	\$	_____	_____	_____	_____
Summer camps	\$	_____	_____	_____	_____
Sports and extracurricular activities	\$	_____	_____	_____	_____
Other (attach sheet)	\$	_____	_____	_____	_____
<b>Sub-total Child(ren) Expenses</b>					<b>\$ _____</b>

**INSURANCE**

Health					
Total	\$	_____			
Child(ren) portion	\$	_____	_____	_____	_____
Dental					
Total	\$	_____			
Child(ren) portion	\$	_____	_____	_____	_____
Vision					
Total	\$	_____			
Child(ren) portion	\$	_____	_____	_____	_____
Life <b>Insurance on     child(ren)'s life only</b>	\$	_____	_____	_____	_____
Other (specify)	\$	_____	_____	_____	_____
	\$	_____			
<b>Sub-total Child(ren)'s Insurance</b>					<b>\$ _____</b>

**TOTAL AVERAGE MONTHLY EXPENSES (Section A)**      **\$ \_\_\_\_\_**

**B. PAYMENTS TO CREDITORS**

<u>To Whom</u>	<u>Account # (last 4 digits)</u>	<u>Balance Due</u>	<u>Monthly Payments</u>	<u>Name(s) on Account</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
<b>TOTAL (Section B)</b>		<b>\$ _____</b>	<b>\$ _____</b>	

**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 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 must be listed in the “value” column. “Value” means what you believe to be the fair market value of the item or property.**

	<u>ACCOUNT(S) NAME</u>	<u>ACCOUNT # (last 4 digits)</u>	<u>VALUE</u>	<u>HUSBAND’S Non-Marital</u>	<u>WIFE’S Non-Marital</u>
<b>RETIREMENT ACCOUNTS:</b>					
401-K	_____	_____	_____	_____	_____
Pension	_____	_____	_____	_____	_____
IRA	_____	_____	_____	_____	_____
Other	_____	_____	_____	_____	_____
<b>NON-RETIREMENT ACCOUNTS:</b>					
Stocks	_____	_____	_____	_____	_____
Bonds	_____	_____	_____	_____	_____
CDs	_____	_____	_____	_____	_____
<b>Investments</b>	_____	_____	_____	_____	_____
Money Market	_____	_____	_____	_____	_____
<b>Cash on hand</b>	_____	_____	_____	_____	_____
Other accounts	_____	_____	_____	_____	_____
	(Describe) _____	_____	_____	_____	_____
	_____	_____	_____	_____	_____



BANK ACCOUNTS:

	<u>Name of Bank</u>	<u>Account Number</u> (only last 4 digits)	<b>12 month</b> <u>Average</u> <u>Balance</u>	<u>Current</u> <u>Balance</u>	<u>Name(s) on the</u> <u>Account</u>
Savings	_____	_____	_____	_____	_____
Checking	_____	_____	_____	_____	_____
Checking	_____	_____	_____	_____	_____
Checking	_____	_____	_____	_____	_____
Custodial	_____	_____	_____	_____	_____
Custodial	_____	_____	_____	_____	_____
Other	_____	_____	_____	_____	_____

REAL ESTATE:

		<u>HUSBAND'S</u> <u>Non-Marital</u>	<u>WIFE'S</u> <u>Non-Marital</u>
Home:	Value _____	_____	_____
<b>Outstanding Loan balances</b>	_____	_____	_____
Equity	_____	_____	_____
<b>(Certified fair market value minus loan balances)</b>			
Other real estate:			
Name/Description			
_____ 1) Value _____	_____	_____	_____
<b>Outstanding Loan balances</b>	_____	_____	_____
Equity	_____	_____	_____
_____ 2) Value _____	_____	_____	_____
<b>Outstanding Loan balances</b>	_____	_____	_____
Equity	_____	_____	_____
_____ 3) Value _____	_____	_____	_____
<b>Outstanding Loan balances</b>	_____	_____	_____
Equity	_____	_____	_____

	<u>VALUE</u>	<u>HUSBAND'S</u> <u>Non-Marital</u>	<u>WIFE'S</u> <u>Non-Marital</u>
Money owed to you	_____	_____	_____
Tax refund due	_____	_____	_____
Life insurance	_____	_____	_____
<b>(cash surrender value)</b>	_____	_____	_____
Furniture/furnishings	_____	_____	_____
Jewelry	_____	_____	_____
Collectibles	_____	_____	_____
Other	_____	_____	_____

**MOTOR VEHICLES:**

	<u>Year, Make and Model</u>	<u>Value</u>	<u>Names(s) on title/Name(s) on loan/lease account</u>
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____

**OTHER ASSETS**

Are there any other assets, interest in assets or employment benefits that your **spouse or you have of a value greater than \$999**? If so, list your other assets here, (describe **the asset, state your estimate of the** current fair market value and any amount you contend to be **your spouse or your** non-marital interest):

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**NOTE: BUSINESS INTERESTS**– see required attached form labeled “Business Interests”

*Check if Business Interests form is attached*

## 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 (i.e. Sub-S Corp., C Corp., LLC, LLP, Partnership, Sole Proprietorship etc.)	Business activity	Percentage of ownership	Date business interest acquired	Estimated fair market value 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 income 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 profit and loss statements and balance sheets showing 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.

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 FORM CONSTITUTES A COMPLETE AND FULL DISCLOSURE OF MY FINANCIAL CONDITION.

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Printed Name

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Address

---

City State Zip

---

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 \_\_\_\_\_, 20\_\_.

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NOTARY PUBLIC  
(Print, type or stamp commissioned name of notary)

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)*