

**IN THE SUPERIOR COURT OF BIBB COUNTY  
STATE OF GEORGIA**

\_\_\_\_\_  
Plaintiff

v.

Civil Action No. \_\_\_\_\_

\_\_\_\_\_  
Defendant

**DOMESTIC RELATIONS FINANCIAL AFFIDAVIT OF DEFENDANT**

1. AFFIANT'S NAME: \_\_\_\_\_ Age \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Age \_\_\_\_\_

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

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

Name	Year of Birth	Resides with
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_____	_____	_____
_____	_____	_____
_____	_____	_____

Names and year of birth of affiant's other children:

Name	Year of Birth	Resides with
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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 3B)	_____
(c) Average monthly expenses (item 5A)	\$ _____
Monthly payments to creditors	+ _____

Total monthly expenses and payments  
to creditors (item 5C)

3. AFFIANT'S GROSS MONTHLY INCOME (complete this section or attach Child Support  
Schedule A)

(All income must be entered based on monthly average regardless of date of receipt.)

Salary or Wages \$ \_\_\_\_\_

ATTACH COPIES OF 2 MOST RECENT WAGE STATEMENTS

Commissions, Fees, Tips \$ \_\_\_\_\_

Income from self-employment, partnership, close corporations,  
and independent contracts (gross receipts minus ordinary  
and necessary expenses required to produce income)

ATTACH SHEET ITEMIZING YOUR CALCULATIONS \$ \_\_\_\_\_

Rental Income (gross receipts minus ordinary and  
necessary expenses required to produce income)

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 \$ \_\_\_\_\_

Workers' 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 (do NOT include means-tested public assistance, such as TANF or food stamps) \$ \_\_\_\_\_

GROSS MONTHLY INCOME \$ \_\_\_\_\_

B. Affiant's 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 \_\_\_\_\_

#### 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 and state the amount and the basis: pre-marital, gift, inheritance, source of funds, etc.).

Description	Value	Separate Asset of the Husband	Separate Asset of the Wife	Basis of the Claim
Cash	\$ _____	_____	_____	_____
Stocks, Bonds	\$ _____	_____	_____	_____
CD's/Money Market Accounts	\$ _____	_____	_____	_____
Bank Accounts (list each account):				
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
Retirement Pensions, 401K, IRA, or Profit Sharing	\$ _____	_____	_____	_____
Money owed you:	\$ _____	_____	_____	_____

Tax Refund owed you:	\$ _____	_____	_____	_____
Real Estate:				
Home:	\$ _____	_____	_____	_____
debt owed:	\$ _____	_____	_____	_____
Other:	\$ _____	_____	_____	_____
debt owed:	\$ _____	_____	_____	_____
Automobiles/Vehicles:				
Vehicle 1:	\$ _____	_____	_____	_____
debt owed:	\$ _____	_____	_____	_____
Vehicle 2:	\$ _____	_____	_____	_____
debt owed:	\$ _____	_____	_____	_____
Life Insurance (net cash value):	\$ _____	_____	_____	_____
Furniture/Furnishings:	\$ _____	_____	_____	_____
Jewelry:	\$ _____	_____	_____	_____
Collectibles:	\$ _____	_____	_____	_____
Other Assets:	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
Total Assets:	\$ _____	_____	_____	_____

5. A. AVERAGE MONTHLY EXPENSES

HOUSEHOLD

Mortgage or Rent Payments	\$ _____
Property Taxes	\$ _____
Homeowner/Renter Insurance	\$ _____
Electricity	\$ _____
Water	\$ _____
Garbage and Sewer	\$ _____
Telephone:	
Residential Line:	\$ _____
Cellular Telephone:	\$ _____
Gas	\$ _____
Repairs and Maintenance	\$ _____
Lawn Care	\$ _____

Pest Control	\$ _____
Cable TV	\$ _____
Misc. Household and Grocery items	\$ _____
Meals Outside the Home	\$ _____
Other	\$ _____

**AUTOMOBILE**

Gasoline and Oil	\$ _____
Repairs	\$ _____
Auto Tags and License	\$ _____
Insurance	\$ _____

**OTHER VEHICLES**

(boats, trailers, RVs, etc.)

Gasoline and Oil	\$ _____
Repairs	\$ _____
Tags and License	\$ _____
Insurance	\$ _____

**CHILDREN'S EXPENSES**

Child Care (total monthly cost)	\$ _____
School Tuition	\$ _____
Tutoring	\$ _____
Private Lessons (e.g., music, dance)	\$ _____
School Supplies/Expenses	\$ _____
Lunch Money	\$ _____
Other Educational Expenses (list)	\$ _____

_____	\$ _____
_____	\$ _____

Allowance	\$ _____
Clothing	\$ _____
Diapers	\$ _____
Medical, Dental, Prescription (out of pocket/uncovered expenses)	\$ _____
Grooming, Hygiene	\$ _____
Gifts from Children to Others	\$ _____
Entertainment	\$ _____
Activities (including extra-curricular, school, religious, cultural, etc.)	\$ _____
Summer Camps	\$ _____

**AFFIANT'S OTHER EXPENSES**

Dry Cleaning/Laundry	\$ _____
Clothing	\$ _____
Medical, Dental, Prescription (out of pocket/uncovered expenses)	\$ _____

Affiant's Gifts (special holidays) \$ \_\_\_\_\_  
 Entertainment \$ \_\_\_\_\_  
 Recreational Expenses (e.g., fitness) \$ \_\_\_\_\_  
 Vacations \$ \_\_\_\_\_  
 Travel Expenses for Visitation \$ \_\_\_\_\_  
 Publications \$ \_\_\_\_\_  
 Dues, clubs \$ \_\_\_\_\_  
 Religious and charities \$ \_\_\_\_\_  
 Pet Expenses \$ \_\_\_\_\_  
 Alimony Paid to Former Spouse \$ \_\_\_\_\_  
 Child Support Paid for other children \$ \_\_\_\_\_  
 Date of Initial Order: \_\_\_\_\_  
 Other (attach sheet)

**OTHER INSURANCE**

Health \$ \_\_\_\_\_  
 Child(ren)'s Portion: \$ \_\_\_\_\_

Dental \$ \_\_\_\_\_  
 Child(ren)'s Portion: \$ \_\_\_\_\_

Vision \$ \_\_\_\_\_  
 Child(ren)'s Portion: \$ \_\_\_\_\_

Life \$ \_\_\_\_\_  
 Relationship of Beneficiary: \_\_\_\_\_

Disability \$ \_\_\_\_\_

Other (specify): \$ \_\_\_\_\_  
**TOTAL ABOVE EXPENSES** \$ \_\_\_\_\_

**B. PAYMENTS TO CREDITORS**

(please check one)

To Whom:	Balance Due	Monthly Payment	Joint Plaintiff	Defendant
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**TOTAL MONTHLY PAYMENTS TO CREDITORS:** \$ \_\_\_\_\_

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

Personally appeared before me, an officer authorized to administer oaths, the undersigned affiant, who upon being sworn, swears that he/she is legally competent to make this affidavit, that the affidavit is based upon personal knowledge, and that the contents of the affidavit are true.

\_\_\_\_\_

Affiant

Sworn to and subscribed before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

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

My commission expires: \_\_\_\_\_