

IN THE SUPERIOR COURT OF FULTON COUNTY  
STATE OF GEORGIA  
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, AN/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:

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

If you require materials in alternate format, please notify the Family Law Information Center as soon as possible.

Social Sec#

\_\_\_\_\_

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

If you require materials in alternate format, please notify the Family Law Information Center as soon as possible.

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)	\$ _____
<b>Gross Monthly Income</b>	<b>\$ _____</b>

**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 \$ \_\_\_\_\_

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

**AUTOMOBILE**

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

If you require materials in alternate format, please notify the Family Law Information Center as soon as possible.

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

If you require materials in alternate format, please notify the Family Law Information Center as soon as possible.

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**

<u>To Whom</u>	<u>Balance Due</u>	<u>Monthly Payments</u>	<u>Name(s) on Account</u>
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
<b>Total:</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 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.)

If you require materials in alternate format, please notify the Family Law Information Center as soon as possible.

	DESCRIPTION	VALUE	HUSBAND-S Non-marital	WIFE-S Non-marital
<b>RETIREMENT:</b>				
401-K	_____	_____	_____	_____
Pension	_____	_____	_____	_____
IRA	_____	_____	_____	_____
Other	_____	_____	_____	_____

<b>LIQUID ACCOUNTS:</b>				
Stocks	_____	_____	_____	_____
Bonds	_____	_____	_____	_____
CDs	_____	_____	_____	_____
Savings	_____	_____	_____	_____
Money Market	_____	_____	_____	_____
Other liquid accounts (Describe)	_____	_____	_____	_____

			HUSBAND-S Non-Marital	WIFE-S Non-Marital
<b>REAL ESTATE:</b>				
Real estate: home	Value	_____	_____	_____
	Equity	_____	_____	_____
Other real estate:				
	1) Value	_____	_____	_____
	Equity	_____	_____	_____
	2) Value	_____	_____	_____
	Equity	_____	_____	_____
	3) Value	_____	_____	_____
	Equity	_____	_____	_____

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	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"

If you require materials in alternate format, please notify the Family Law Information Center as soon as possible.

**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

If you require materials in alternate format, please notify the Family Law Information Center as soon as possible.

**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.**

\_\_\_\_\_  
*Signature of party signing affidavit*

Printed name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_  
*Telephone (area code and number)*

\_\_\_\_\_  
*Telefax (area code and number)*

STATE OF GEORGIA  
COUNTY OF \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me on this \_\_\_\_ day of \_\_\_\_\_, 19\_\_ by  
(name) \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC - STATE OF GEORGIA  
*(Print, type or stamp commissioned name of notary)*

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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, \_\_\_\_\_ telefaxed and mailed, or \_\_\_\_\_ hand delivered to the person(s) listed below on the \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

Party or their attorney if represented: \_\_\_\_\_ Telefax No. \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone No. \_\_\_\_\_

DATED: \_\_\_\_\_

Case Manager's Name:  
Fulton County Superior Court  
185 Central Avenue, S.W., Suite \_\_\_\_\_  
Atlanta, GA 30303

\_\_\_\_\_  
*Signature of party or attorney, if party is represented by counsel*

Printed name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
*Telephone (area code and number)*

\_\_\_\_\_  
*Telefax (area code and number)*

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