

Instructions:

You have downloaded the Domestic Relations Financial Affidavit to print out and fill in by hand.

Please fill in the form as completely and accurately as possible, leaving blank ONLY those sections that do not apply to you. You may estimate the amounts but please make the estimations as close to exact as you can.

This information will need to be typed in, so please write as neatly as possible to make the transcription of the information accurate. You do not need to sign this document as you will be signing the typed document in front of a notary. Once you have the form completed, please return it to our office. You may also fax or scan and email it to our office.

**Edwards, McLeod & Money, P.C.
8701 Hospital Drive, Suite B
Douglasville, Georgia 30134
PHONE (770) 949-7300 FAX – (770) 920-1602
emandmpc@Earthlink.net**

If you are employed, but expecting soon to be 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:

Spouse's Occupation: _____

Employed by: _____

Address: _____

Pay Period: _____

Spouse's Income: _____

3. SUMMARY OF YOUR INCOME AND NEEDS:

NOTE: FILL OUT THE REMAINDER OF THE AFFIDAVIT FIRST, THEN RETURN TO THIS SECTION TO INSERT THE AMOUNTS YOU ENTERED ON THE FOLLOWING PAGES

(a) Gross monthly income (**from Item 4A**) \$ _____

(b) Total income taxes paid on the above income
(including Fed., State and FICA) \$ _____

(c) Net monthly income (**from Item 4C**) \$ _____

(d) Average monthly expenses (**from Item 5A**) \$ _____

Monthly payments to creditors (**from Item 5B**) \$ _____

Total monthly expenses and payments to
creditors (**from Item 5C**) \$ _____

(e) Amount of child support you need, if known \$ _____

(f) Amount of child support indicated by Child
Support Guidelines and Worksheet if known \$ _____

4. YOUR MONTHLY INCOME:

A. Gross Monthly Income - All income must be entered based on monthly average regardless of date of receipt.

1. Salary or Wages \$ _____

ATTACH COPIES OF 2 MOST RECENT WAGE STATEMENTS

2. 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

3. Rental income (gross receipts, minus ordinary and necessary expenses required to produce income) \$ _____

ATTACH SHEET ITEMIZING YOUR CALCULATIONS

4. Bonuses, commissions, allowances, and similar payments \$ _____

(based on past 12-month average or time of employment if less than 1 year)

5. Overtime \$ _____

(based on past 12-month average or time of employment if less than 1 year)

6. Severance Pay \$ _____

7. Recurring Income from Pensions or Retirement Plans \$ _____

8. Interest and Dividends \$ _____

9. Trust Income \$ _____

10. Income from Annuities \$ _____

11. Capital Gains \$ _____

12. Social Security Disability or Retirement Benefits \$ _____

13. Workers' Compensation Benefits \$ _____

14. Judgments from Personal Injury or Other Civil Cases \$ _____

15. Gifts (cash or other gifts that can be converted to cash) \$ _____

16. Prizes/Lottery Winnings \$ _____

17. Alimony & Maintenance from persons not in this case \$ _____

18. Assets which are used for the support of family \$ _____

19. Fringe Benefits (if significantly reduce living expenses) \$ _____

20. Any other income \$ _____

(do NOT include means-based public assistance, such as TANF or food stamps)

GROSS MONTHLY INCOME:

\$ _____

Affiant's pay period (monthly, weekly, etc.):

Number of Exemptions claimed:

B. Benefits of Employment: 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 the personal living expenses)

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 Assn. Fees	\$ _____
Electricity	\$ _____
Water	\$ _____
Garbage & Sewer	\$ _____
Telephones: Residential Line	\$ _____
Cellular Phone	\$ _____
Gas	\$ _____
Repairs & Maintenance	\$ _____
Lawn Care	\$ _____
Pool Care	\$ _____
Pest Control	\$ _____
Cable TV	\$ _____
Miscellaneous Household and Grocery Items	\$ _____
Meals Outside Home	\$ _____
Pet Expenses	\$ _____
Linens and Other Household Items	\$ _____
Postage and Stationary	\$ _____
Burglar Alarm	\$ _____
Internet Service	\$ _____
Domestic Help	\$ _____
Other	\$ _____

AUTOMOBILE

Gasoline and Oil	\$ _____
Repairs	\$ _____
Auto Tags and License	\$ _____
Insurance	\$ _____
Alternative Transportation (bus, taxi, etc.)	\$ _____
Tolls and Parking	\$ _____

OTHER VEHICLES, BOATS AND TRAILERS

Gasoline and Oil	\$ _____
Repairs	\$ _____
Tags and License	\$ _____
Insurance	\$ _____
Other (attach sheet)	\$ _____

CHILDREN'S EXPENSES

Child Care Cost during school year (a.)	\$ _____
Cost during summer (b.)	\$ _____
Average Monthly Child Care (a. + b.) / 12	\$ _____
School Tuition	\$ _____
School Uniforms	\$ _____
Tutoring	\$ _____

Private Lessons (e.g., music, dance)	\$ _____
School Supplies/Expenses	\$ _____
Lunch Money	\$ _____
Allowance	\$ _____
Clothing	\$ _____
Diapers	\$ _____
Medical, Dental, Prescription (out of pocket, uncovered)	\$ _____
Counseling, Psychiatrist, Psychologist	\$ _____
Grooming/Hygiene	\$ _____
Gifts from children to others	\$ _____
Entertainment	\$ _____
Toys	\$ _____
Books/Publications	\$ _____
Sports and extracurricular activities	\$ _____
Summer Camps	\$ _____
Other	\$ _____
<u>OTHER EXPENSES</u>	
Dry Cleaning and Laundry	\$ _____
Grooming	\$ _____
Clothing	\$ _____
Medical/Dental (out-of-pocket, uncovered)	\$ _____
Prescription (out-of-pocket, uncovered)	\$ _____
Gifts (special holidays)	\$ _____
Entertainment	\$ _____
Recreational Expenses (e.g., fitness)	\$ _____
Vacations	\$ _____
401K/Retirement Contributions	\$ _____
Travel Expenses for Visitation	\$ _____
Publications	\$ _____
School Alumni Dues	\$ _____
Union Dues, Professional Dues	\$ _____
Club Membership Dues and Expenses	\$ _____
Religious and Charities	\$ _____
Professional Expenses (other than this action)	\$ _____
Bank Charges, Credit Card Fees	\$ _____
Other (attach sheet)	\$ _____
Alimony paid to former spouse	\$ _____
Child support paid for other children	\$ _____
Date of Child Support Order:	_____
<u>OTHER INSURANCE</u>	
Health	\$ _____
Children's portion \$ _____	
Dental	\$ _____
Children's portion \$ _____	
Vision	\$ _____
Children's portion \$ _____	

Life Relationship to Beneficiary: _____ \$ _____
 Disability \$ _____
 Other (specify) \$ _____
TOTAL ABOVE EXPENSES: \$ _____

B. PAYMENT TO CREDITORS

To Whom	Balance Due	Monthly Payment	Name on Account Husband/Wife/Joint
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

TOTAL MONTHLY PAYMENTS TO CREDITORS: \$ _____

C. TOTAL MONTHLY EXPENSES: \$ _____

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
<u>LIQUID ACCOUNTS:</u>			
Cash _____	_____	_____	_____
Stocks _____	_____	_____	_____
Bonds _____	_____	_____	_____
CDs _____	_____	_____	_____
Savings _____	_____	_____	_____
Money Market _____	_____	_____	_____
Other Liquid Account (Describe): _____	_____	_____	_____

BANK ACCOUNTS:

Name of Bank	Account No.	Average Balance	Name on Account
Savings: _____	_____	_____	_____
Savings: _____	_____	_____	_____
Checking: _____	_____	_____	_____
Checking: _____	_____	_____	_____
Custodial: _____	_____	_____	_____
Custodial: _____	_____	_____	_____
Other: _____	_____	_____	_____
Other: _____	_____	_____	_____

RETIREMENT:

401K _____	_____	_____	_____
Pension _____	_____	_____	_____
IRA _____	_____	_____	_____
Other _____	_____	_____	_____

<u>REAL ESTATE:</u>	Wife's non/pre marital	Husband's non/premarital	Joint Marital
Home	Value _____	_____	_____
_____	Debt _____	_____	_____
(Address)	Equity _____	_____	_____
Other	Value _____	_____	_____
_____	Debt _____	_____	_____
(Address)	Equity _____	_____	_____
Other	Value _____	_____	_____
_____	Debt _____	_____	_____
(Address)	Equity _____	_____	_____
Money Owed to you	_____	_____	_____
Tax Refund Due	_____	_____	_____
Life Insurance (Cash Value)	_____	_____	_____
Furniture/Furnishings	_____	_____	_____
Jewelry	_____	_____	_____
Collectibles	_____	_____	_____
Other	_____	_____	_____

<u>AUTOMOBILES:</u>	Value	Debt Owed	Name on Account
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

OTHER ASSETS:

List and describe any other assets, whether marital or non-marital, and provide the current fair market value for each such asset:

This ____ day of _____, 20____.

NOTARY PUBLIC

AFFIANT