

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

**Petitioner:** \_\_\_\_\_

**and**

**Respondent:** \_\_\_\_\_

**Civil Action File No.:** \_\_\_\_\_

**DOMESTIC RELATIONS FINANCIAL AFFIDAVIT**

(1) Your Name:		Your Age:
Spouse's Name:		Spouse's Age:
Date of Marriage:	Date of Separation:	
Names and birth dates of children for whom support is to be determined in this action:		
Name	Date of Birth	Resides with
Names and birth dates of your other children:		
Name	Date of Birth	Resides with
(2) SUMMARY OF YOUR INCOME AND NEEDS: (fill out this part after you complete pages 2-5)		
(A) Gross Monthly Income (from Item 3A below)		\$
(B) Net Monthly Income (from Item 3B below)		\$
(C) Average Monthly Expenses (Item 5A below)		\$
Monthly Payments to Creditors (Item 5B below)		\$
Total Monthly Expenses & Payments to Creditors (Item 5C below)		\$

**(3) (A) YOUR 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. Where applicable, income should be annualized)

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	\$
Worker's 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.)	\$

<b>TOTAL Gross Monthly Income</b> (also write in 2A on page one)			\$
(3)(B) Net Monthly Income From Employment (deducting only state and federal taxes and FICA) (also write in 2B on page one)			\$
<b>CHILDREN'S EXPENSES</b>			
Child Care (total monthly cost)	\$	Allowance	\$
School Tuition	\$	Children's Clothing	\$
Tutoring	\$	Diapers	\$
Private lessons (e.g., music, dance)	\$	Medical, Dental, Prescriptions (out-of-pocket uncovered expenses)	\$
School Supplies / Expenses	\$	Grooming / Hygiene	\$
Lunch Money	\$	Gifts from children to others	\$
Other Educational Expenses (list type & amount):		Entertainment	\$
_____	\$	Activities (including extra-curricular, school, religious, cultural, etc.)	\$
_____	\$	Summer Camps	\$
<b>OTHER INSURANCE</b>			
Health Insurance	\$	Life Insurance	\$
Children's portion:	\$	Relationship of Beneficiary:	
Dental Insurance	\$	Disability Insurance	\$
Children's portion:	\$	Other Insurance (specify)	\$
Vision Insurance	\$		\$
Children's portion:	\$		\$
<b>YOUR OTHER EXPENSES</b>			
Dry Cleaning & Laundry	\$	Publications	\$
Clothing	\$	Dues, Clubs	\$
Medical / Dental / Prescription (out-of-pocket uncovered expenses)	\$	Religious & Charities	\$
Your Gifts (special holidays)	\$	Pet expenses	\$
Entertainment	\$	Alimony Paid to Former Spouse	\$
Recreational Expenses (e.g., fitness)	\$	Child Support Paid for other children	\$

Vacations	\$	Date of initial CS order:	
Travel Expenses for Visitation	\$	Other (attach sheet to list)	\$
<b>TOTAL ABOVE MONTHLY EXPENSES</b> (also write on first line of 2C on page one)			\$

<b>(5)(B) YOUR PAYMENTS &amp; DEBTS TO CREDITORS</b>					
To Whom	Balance Due	Monthly Payments	(Please check one)		
			Joint	Petitioner	Respondent
	\$	\$			
	\$	\$			
	\$	\$			
	\$	\$			
	\$	\$			
	\$	\$			
<b>Total Monthly Payments to Creditors</b> (also write this total on line 2 of 2C on page one)				\$	
<b>(5)(C)TOTAL MONTHLY EXPENSES</b> (Total Expenses from final line on page 5 + Total Monthly Payments to Creditors above) (also write this total on line 3 of 2C on page one)				\$	

\_\_\_\_\_  
 (Sign your name before Notary)  Petitioner  Respondent, *Self-Represented*

Name (print or type): \_\_\_\_\_

Address: \_\_\_\_\_

Daytime Telephone Number: \_\_\_\_\_

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

\_\_\_\_\_  
**NOTARY PUBLIC**

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

(Notary Seal)