

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

JANE DOE,

Plaintiff,

VS.

JOHN DOE,

Defendant.

CIVIL ACTION

FILE NO. _____

DOMESTIC RELATIONS FINANCIAL AFFIDAVIT

1. AFFIANT'S NAME: Jane Doe Age 46

Spouse's Name: John Doe Age 45

Date of Marriage: June 11, 2003 Date of Separation: 02/13/2012

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

Name	Date of Birth	Resides with
<u>Jane Doe</u>	<u>09/16/2003</u>	<u>Affiant</u>

Names and birth dates of affiant's other children:

Name	Date of Birth	Resides with

2. SUMMARY OF AFFIANT'S INCOME AND NEEDS

(a) Gross monthly income (from item 3A) \$ 1,198.12

(b) Net monthly income (from item 3B) \$ 1,114.89

(c) Average monthly expenses (item 5A) \$ 814.00

Monthly payments to creditors +\$ 265.00

Total monthly expenses and payments
to creditors (item 5C) \$ 1,079.00

3. A. 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	\$ <u>918.12</u>
Commissions, Fees, Tips	\$ <u>0.00</u>
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	\$ <u>0.00</u>
Rental Income (gross receipts minus ordinary and necessary expenses required to produce income) ATTACH SHEET ITEMIZING YOUR CALCULATIONS	\$ <u>0.00</u>
Bonuses	\$ <u>0.00</u>
Overtime Payments	\$ <u>0.00</u>
Severance Pay	\$ <u>0.00</u>
Recurring Income from Pensions or Retirement Plans	\$ <u>0.00</u>
Interest and Dividends	\$ <u>0.00</u>
Trust Income	\$ <u>0.00</u>
Income from Annuities	\$ <u>0.00</u>
Capital Gains	\$ <u>0.00</u>
Social Security Disability or Retirement Benefits	\$ <u>0.00</u>
Workers' Compensation Benefits	\$ <u>0.00</u>
Unemployment Benefits	\$ <u>0.00</u>
Judgments from Personal Injury or Other Civil Cases	\$ <u>0.00</u>
Gifts (cash or other gifts that can be converted to cash)	\$ <u>0.00</u>
Prizes/Lottery Winnings	\$ <u>0.00</u>
Alimony and maintenance from persons not in this case	\$ <u>0.00</u>
Assets which are used for support of family	\$ <u>0.00</u>
Fringe Benefits (if significantly reduce living expenses)	\$ <u>0.00</u>
Any other income (do NOT include means-tested Public assistance, such as TANF or food stamps) child support	\$ <u>280.00</u>
GROSS MONTHLY INCOME	\$ <u>1,198.12</u>

B. Affiant's Net Monthly Income

\$ 1,114.89

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

Number of exemptions claimed 2

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:	\$ <u>4,000.00</u>	_____	_____	_____
debt owed:	\$ <u>7,156.95</u>	_____	_____	_____
Vehicle 2:	\$ _____	_____	_____	_____

debt owed: \$ _____

Life Insurance (net cash value): \$ _____

Furniture/furnishings: \$ _____

Jewelry: \$ _____

Collectibles: \$ _____

Other Assets: \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Total Assets: \$ 0.00

***Value of Husband's military retirement and other assets unknown**

5. A. AVERAGE MONTHLY EXPENSES

HOUSEHOLD

Mortgage or rent payments	\$ _____	Cable TV	\$ _____
Property taxes	\$ _____	Misc. household and grocery Items	\$ <u>350.00</u>
Homeowner/Renter Insurance	\$ _____	Meals outside the home	\$ _____
Electricity	\$ _____	Other	\$ _____
Water and Sewer	\$ _____	AUTOMOBILE	
Garbage	\$ _____	Gasoline and oil	\$ <u>160.00</u>
Telephone:		Repairs	\$ _____
residential line:	\$ _____	Auto tags and license	\$ _____
cellular telephone:	\$ <u>75.00</u>	Insurance	\$ <u>129.00</u>
Gas	\$ _____	OTHER VEHICLES	
		(boats, trailers, RVs, etc.)	
Repairs and maintenance:	\$ _____	Gasoline and oil	\$ _____
Lawn Care	\$ _____	Repairs	\$ _____
Pest Control	\$ _____	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 \$ 100.00

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 \$ _____

OTHER INSURANCE

Health \$ _____
 Child(ren)'s portion: _____

Dental \$ _____
 Child(ren)'s portion: _____

Vision \$ _____
 Child(ren)'s portion: _____

Life \$ _____
 Relationship of Beneficiary: _____

Disability \$ _____

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: _____

Storage \$ _____

Parking/Commuting \$ _____

Grooming \$ _____

TOTAL ABOVE EXPENSES \$814.00

B. PAYMENTS TO CREDITORS

(please check one)

To Whom:	Balance Due	Monthly Payment	Joint	Plaintiff	Defendant
Eagle Auto Sales	7,156.95	265.00		X	

TOTAL MONTHLY PAYMENTS TO CREDITORS: \$ 265.00

C. TOTAL MONTHLY EXPENSES: \$ 1,079.00

This _____ day of _____, 2016.

Notary Public

Affiant