

IN THE SUPERIOR COURT OF _____
COUNTY STATE OF GEORGIA

	)	
	)	
Plaintiff,	)	
	)	
VS.	)	Civil Action No. _____
	)	
	)	
Defendant.	)	

FINANCIAL AFFIDAVIT (RULE 24.2)

Before the undersigned officer, authorized by law to administer oaths, this day personally appeared _____, who being first duly sworn, deposes and says that the following information is true and correct according to the best of his or her knowledge:

1. GENERAL INFORMATION		
YOUR NAME		AGE:
SPOUSE OR CO-PARENT'S NAME		AGE:
DATE MARRIAGE [if applicable]		
DATE OF SEPARATION [if applicable]		

Children of THIS RELATIONSHIP and of THIS ACTION		
Name	Birth Year Only	Resides With

Children of OTHER RELATIONSHIPS Living with You		
Name	Birth Year Only	Resides With

YOUR INCOME

2. SUMMARY OF YOUR MONTHLY INCOME AND NEEDS

DON'T FILL IN THIS SECTION – IT WILL ADD & POPULATE FOR YOU

a.	Gross Monthly Income	\$ 0.00
b.	Net Monthly Income	\$
c.	Average Monthly Expenses	\$ 0.00
d.	Monthly Payments to Creditors	\$ 0.00
e.	Total Monthly Expenses and Payments to Creditors	\$ 0.00

3(A) YOUR GROSS MONTHLY INCOME

W2 Wages

\$

ONLY FILL IN WHAT APPLIES TO YOU. DON'T PUT -0- IN ANY PART

☐ Bonuses ☐ Commissions ☐ Allowances ☐ Overtime ☐ Tips ☐ Similar Payments	\$
☐ Business Income ☐ Self-Employment Income ☐ Independent Contractor, Partnership (Gross Receipts Minus Necessary Expenses) (ATTACH ITEMIZED SHEET)	\$
☐ Disability ☐ Unemployment ☐ Worker's Compensation	\$
☐ Pension ☐ Retirement ☐ Annuity Payments	\$
Social Security Benefits	\$
Public Benefits Specify: _____	\$
Spousal Support or Maintenance From Prior Marriage	\$
Interest and Dividends	\$
Rental Income (ATTACH ITEMIZED SHEET)	\$
OTHER INCOME ☐ Gifts ☐ Assets Used For Support of Family ☐ Prizes/Lottery ☐ Personal Injury Judgments ☒ Fringe Benefits / BAH & BAS	\$

3(A) TOTAL GROSS MONTHLY INCOME

\$ 0.00

3(B) YOUR NET MONTHLY INCOME

\$

(deducting only state and federal taxes and FICA)

Your Pay Period monthly

No. of Exemptions Claimed 2

4. ASSETS AND PROPERTY

YOUR ASSETS & PROPERTY	VALUE and DEBT	Was this Asset or Property PURCHASED during this marriage?	Is this your separate asset? Explain Why
I HAVE <u>NO</u> ASSETS OR PROPERTY ☐			
CASH	\$	☐ Yes ☐ No	
STOCKS, BONDS	\$	☐ Yes ☐ No	
CDs, Money Market Accounts	\$	☐ Yes ☐ No	
Bank Accounts Name of Bank: _____ Name of Bank: _____	\$ \$	☐ Yes ☐ No	
Retirement, Pensions, 401K, IRA, Profit Sharing	\$	☐ Yes ☐ No	
Money Owed to You	\$	☐ Yes ☐ No	
Tax Refund Owed to You	\$	☐ Yes ☐ No	
Real Estate Address: _____	Value: \$ _____ Debt: \$ _____	☐ Yes ☐ No	
Real Estate Address: _____	Value: \$ _____ Debt: \$ _____	☐ Yes ☐ No	
Automobiles/Vehicles Vehicle 1: _____ Vehicle 2: _____	Value \$ Debt: \$ Value \$ Debt: \$ _____	☐ Yes ☐ No ☐ Yes ☐ No	
	\$	☐ Yes ☐ No	
Furniture	\$	☐ Yes ☐ No	
Jewelry	\$	☐ Yes ☐ No	
Other Assets:	\$	☐ Yes ☐ No	
TOTAL ASSETS \$ <u>0</u>			

5(A). YOUR MONTHLY EXPENSES

<u>YOUR MONTHLY HOUSEHOLD EXPENSES</u>		<u>YOUR MONTHLY PERSONAL EXPENSES</u>	
Housing Cost: Rent or Mortgage	\$	Clothing (For You)	\$
Electricity/Gas	\$	Gifts (Holidays)	\$
Water	\$	Pet Expenses	\$
Garbage/Sewer	\$	Alimony Paid to Former Spouse	\$
Property Taxes	\$	Child Support Paid for <u>Other</u> Children Date of Order _____	\$
Homeowner/Renter Insurance	\$	Entertainment	\$
Internet & cable	\$	Vacations	\$
Telephone/Cell phone	\$	Travel Expenses for Visitation	
Health/Dental/Vision Insurance Monthly Premium for yourself	\$	Medical, Dental, Prescription (out of pocket/deductible)	\$
Health/Dental/Vision Insurance Monthly Premium for yourself	\$	Recreational Expenses (fitness membership fees or classes)	\$
Groceries & Miscellaneous Household Items	\$	CHILDREN'S EXPENSES	
Meals Outside Home	\$	Child Care/Summer Camp	\$
Lawn Care/Pest Control	\$	Tuition, Tutoring, Private Lessons	\$
Car: (Gasoline and Oil)	\$	School Supplies/Expenses, Lunch Money	\$
Car Repairs	\$	Clothing (for child)	\$
Car: (Auto Tag and License)	\$	Baby items: Diapers, Wipes, Formula	\$
Car Insurance	\$	Health/Dental/Vision Ins. (mo. premium for just the kids)	
5(A) TOTAL MONTHLY EXPENSES		\$ <u>0.00</u>	

5(B) YOUR PAYMENTS TO CREDITORS

Debt Owed To Whom:	Balance Due	Monthly Payment	Who Owes this Debt
I HAVE <u>NO</u> DEBTS ☐			
	\$		☐ Joint ☐ Plaintiff ☐ Defendant
	\$		☐ Joint ☐ Plaintiff ☐ Defendant
	\$		☐ Joint ☐ Plaintiff ☐ Defendant
	\$		☐ Joint ☐ Plaintiff ☐ Defendant
	\$		☐ Joint ☐ Plaintiff ☐ Defendant
	\$		☐ Joint ☐ Plaintiff ☐ Defendant
5(B) TOTAL MONTHLY AMOUNT OWED		\$ 0.00	

5(C) TOTAL MONTHLY EXPENSES (add 5(A) and 5(B))	0.00
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Signed this date _____

Subscribed and sworn before me on this date

_____.

Signature

Notary Public

My commission expires: