

IN THE SUPERIOR COURT OF FULTON COUNTY
STATE OF GEORGIA
FAMILY DIVISION

_____,)
)
Petitioner,)
) Civil Action File
and)
) No. _____
_____,)
)
Respondent.)
)

Preliminary prior to discovery
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, "N/A."

1 FAMILY DATA

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: _____

Soc Security #: _____
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
(Include 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 needed by Affiant _____
- (f) Amount of child support indicated
by Child Support Guidelines _____

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 (monthly) _____

Bonuses, commissions, allowances, overtime tips and similar payments (based on past 12-month

average or time of employment if 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 (specify) _____

Spousal or child support from previous marriage _____

Arrears and insurance _____

Interest and dividends _____

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

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) _____

Gross Monthly Income _____

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 personal living expenses (to the extent they reduce personal living expenses). ATTACH SHEETS IF NECESSARY.

Total amount deducted from gross pay _____

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 (if not included in mortgage) _____
Insurance (if not included in mortgage) _____
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
veterinarian _____
food _____
Drugstore items _____
Linens _____
Postage and Stationary _____
Burglar alarm _____
Service contracts on appliances _____
Domestic help _____
FICA _____
Other (attach sheet) _____

AUTOMOBILE

Gasoline & oil _____
Repairs _____
Auto tags and license _____
Insurance _____
Alternative transportation (bus, public transportation, etc.) _____
Tolls and parking _____

OTHER VEHICLES, BOATS, TRAILERS

Gasoline and oil _____
Repairs _____
Tags and license _____
Insurance _____
Other (Attach sheet) _____

OTHER EXPENSES

Dry cleaning & laundry _____
Grooming _____

Clothing	_____
Medical/dental	_____
Prescriptions	_____
Affiant's gifts (special holidays)	_____
Entertainment	_____
Vacations	_____
Retirement/401-K Contributions	_____
Publications	_____
Union dues, clubs	_____
Club membership dues and expenses	_____
Religious & charities	_____
Miscellaneous (attach sheet)	_____
Other (attach sheet)	_____
Alimony paid to former spouse	_____
Child support paid to former spouse	_____

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	_____
Toys	_____
Books/Publications	_____
Summer camps	_____
Sports and other extracurricular activities	_____
Other (attach sheet)	_____

INSURANCE

Health	_____
Life	_____
Disability	_____
Other (specify)	_____

Total Above Expenses _____

B. PAYMENTS TO CREDITORS

To Whom	Balance due	Monthly payment
American Express	_____	_____
<hr/>		

Total: _____

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 marital portion under the appropriate spouse column. The total value of each non-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
RETIREMENT			
401K	_____		
Pension	_____		
IRA	_____		
Other	_____		

LIQUID ACCOUNTS			
Stocks	Suntrust Securities	_____	
Bonds		_____	
CDs		_____	
Savings		_____	

TOTAL ASSETS _____

REAL ESTATE

Real estate: home

Value	_____	_____	_____
Equity	_____	_____	_____

Value	_____	_____	_____
Equity	_____	_____	_____

Other real estate:

Value	_____	_____	_____
Equity	_____	_____	_____

Value	_____	_____	_____
Equity	_____	_____	_____

DESCRIPTION	VALUE	HUSBAND'S non-marital	WIFE'S non-marital
Money owed to you _____	_____	_____	_____
Tax refund due to you _____	_____	_____	_____
Accounts receivable _____	_____	_____	_____
Unsecured notes _____	_____	_____	_____
(Attach separate sheet detailing each receivable and note)			
Life insurance _____	_____	_____	_____
(cash surrender value)			
Furniture/furnishings <u>Chinese trunk</u>	_____	_____	_____
Jewelry _____	_____	_____	_____
Collectibles _____	_____	_____	_____
Other <u>Exercise Bicycle</u>	_____	_____	_____

AUTOMOBILES

<u>Type</u>	<u>Value</u>	<u>Names on Account</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

BANK ACCOUNTS:

	<u>Name of bank</u>	<u>Account Number</u>	<u>Average Balance</u>	<u>Name on Account</u>
Savings	_____	_____	_____	_____
Checking	_____	_____	_____	_____
Custodial	_____	_____	_____	_____
Other	_____	_____	_____	_____

OTHER ASSETS

Are there any other assets, interest in assets or employment benefits that you have of a value more than \$1,000? If so, list your other assets here (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 "Partnerships and Business Interests"

_____ check if Partnership and Business Interests form is attached.

PARTNERSHIPS AND BUSINESS INTERESTS

Enumerate each partnership and business interest separately and completely 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 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 OWNER-SHIP INTEREST	PURCHASE PRICE AND DATE OF PURCHASE	DEBTS AND ENCUMBRANCES OWED	PRESENT FAIR MARKET VALUE	MARITAL INTEREST OF PRESENT FAIR MARKET VALUE

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 FULTON

Sworn to (or affirmed) and subscribed before me on this _____ day of _____, 2003 by (name) _____

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