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

		,
	Petitioner	
and		
		,
	Respondent	

Civil Action File No.

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. 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:		
Address:		
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 (Incl. Fed., State and FICA)
- (c) Net monthly income (from Item 4C)
- 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 you need
- (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

Bonuses, commissions, allowances, overtime, tips and similar payments (based on past 12month average or time of employment of 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	\$
Spousal or child support from prior marriage	\$
Interest and dividends	\$
Rental income (gross receipts minus ordinary	
and necessary expenses required to produce	
income)	\$
Reimbursed expenses and in kind payments to the ex	xtent
that they reduce personal living expenses	\$
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, defined as those paid directly by the employer on your behalf, 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). ATTACH SHEET, IF NECESSARY.

Total amount deducted from gross pay

\$_____

C. Net Income

Net monthly income from employment (deducting only state and federal taxes and FICA) \$_____

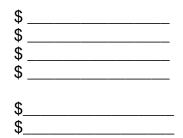
5. A. AVERAGE MONTHLY EXPENSES

HOUSEHOLD

	^
Mortgage or rent payments	\$
Property taxes	\$
Insurance	\$
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	\$
Miscellaneous nousenoid and grocery items	9 \$
Pets: grooming	\$
veterinarian	\$
food	\$
Drugstore items	\$
Linens	\$
Postage and Stationary	\$
Burglar alarm	\$
Service contracts on appliances	\$
Domestic help	\$
FICA	\$
Cellular Telephone	\$
Home computer expenses	\$
Other (Attach sheet)	\$\$
	*

AUTOMOBILE

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



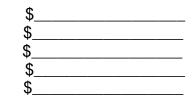
OTHER VEHICLES, BOATS, TRAILERS

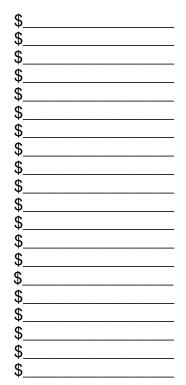
Gasoline and oil Repairs Tags and license Insurance Other (Attach sheet)

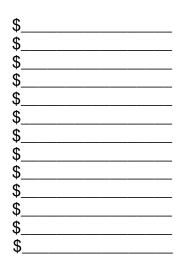
OTHER EXPENSES

Dry cleaning and laundry Grooming Clothing Medical/dental Prescriptions Gifts (special holidays) Entertainment Vacations Retirement/401-K Contributions Publications School alumni dues Union dues, clubs Club Membership dues and expenses Religious and charities Professional expenses (other than this proceeding) Bank charges/credit card fees Miscellaneous (attach sheet) Other (attach sheet) Alimony paid to former spouse Child support paid for other children

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 extracurricular activities Other (attach sheet)	\$ \$ \$ \$
INSURANCE Health Life Disability Other (specify)	\$ \$ \$
Total Above Expenses	\$

B. PAYMENTS TO CREDITORS

<u>To Whom</u>	Balance Due	Monthly Payments	<u>Name(s)</u> on Account
		<u> </u>	
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 nonmarital <u>portion</u> 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
RETIREMEN	Г:			
401-K				
Pension				
IRA				
Other				

LIQUID ACCC	DUNTS:		
Stocks		 	
Bonds		 	
CDs		 	
Savings		 	
Money Market	t	 	
Other liquid ad	ccounts	 	
(Describe)			

REAL ESTATE:

Real estate: home				
	Value Equity			
Other real estate:				
	Equity	·		
	2) Value Equity			
	3) Value Equity			
	DESCRIPTION	VALUE	HUSBAND'S Non-Marital	
Money owed to you				
Tax refund due				
Accounts receivable Unsecured Notes	J			
(Attach separate pa	ge detailing eac	h receivable	e and note)	
Life insurance				
(cash surrender va	,			
Furniture/furnishing Jewelry				
Collectibles				
Other				
AUTOMOBILES:				
<u>Type</u>		<u>Value</u>	<u>Name(s) on</u>	account
1)	· · · · · · · · · · · · · · · · · · ·			

3) _____

BANK ACCOUNTS:

	Name of Bank	Account Number	Average Balance	<u>Name on the</u> <u>Account</u>
Savings Checking Custodial Other	·			

OTHER ASSETS:

(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

"Partnership and Business Interests"

PARTNERSHIPS AND BUSINESS INTERESTS

Enumerate each partnership and business interest separately and complete 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 such 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.

PERCENTAGE OF OWNERSHIP INTEREST	PURCHASE PRICE AND DATE OF PURCHASE	DEBTS AND ENCUMBRANCE S OWED	PRESENT FAIR MARKET VALUE	MARITAL INTEREST OF PRESENT FAIR MARKET VALUE
	OWNERSHIP	OWNERSHIP PRICE AND DATE	OWNERSHIP PRICE AND DATE ENCUMBRANCE	OWNERSHIP PRICE AND DATE ENCUMBRANCE 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.

> Printed name _____ Address _____

Telephone (area code and number)

Facsimile (area code and number)

STATE OF GEORGIA COUNTY OF _____

Sworn to and subscribed before me on this _____ day of _____, 200___.

NOTARY PUBLIC

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

,)		
Petitioner))) Civil Action File No))		
and,			
Respondent)))		
CERTIFI	CATE OF SERVICE		
I CERTIFY THAT THE FINANCIAL AF (check one only) mailed,	FIDAVIT WAS: facsimiled and mailed, or hand		
delivered to the person(s) listed below	on the day of,		
200			
Party or their attorney if represented:			
Name			
Address			
Telephone No Facsimile No			
DATED:			
	Signature of party or attorney, if party is represented by counsel Printed name Address		
	Telephone (area code and number)		
	Facsimile (area code and number)		