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

Petitioner: John Doe

and

Respondent: Jane Doe

Civil Action File No: _____

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DOMESTIC RELATIONS FINANCIAL AFFIDAVIT

1. Affiant's Name: John Doe Age: 41
   Spouse's Name: Jane Doe Age: 40

Date of Marriage: March 21, 1992 Date of Separation: October 1, 2012

Names and birth dates of children of this marriage:

Name	Date of Birth	Resides With
Janie Marie Doe	February 8, 1993	Wife
Janine Marie Doe	September 15, 1997	Wife
John Doe, II	May 4, 2001	Wife

2. SUMMARY OF AFFIANT'S INCOME AND NEEDS

(a)	Gross monthly income (from item 3A)	$4,125.00
(b)	Net monthly income (from item 3B)	$3,804.00
(c)	Average monthly expenses (Item 5A)	$3,238.00
	Monthly payments to creditors (Item 5B)	$0.00
	Total monthly expenses and payments to creditors (5C)	$3,238.00

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 STATMENTS*	$4,000.00
Commissions, Fee, & Tips	$0.00
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*	$0.00
Rental income *(gross receipts minus ordinary and necessary expenses required to produce income) ATTACH SHEET ITEMIZING YOUR CALCULATIONS*	$0.00
Bonuses	$0.00
Overtime Payments	$0.00
Severance Pay	$0.00
Recurring Income from Pensions or Retirement Plans	$0.00
Interest and Dividends	$0.00
Trust income	$0.00

Income from Annuities	$0.00
Capital Gains	$0.00
Social Security Disability or Retirement Benefits	$125.00
Worker's Compensations Benefits	$0.00»
Unemployment Benefits	$0.00
Judgments from Personal Injury or Other Civil Cases	$0.00
Gifts (cash or other gifts that can be converted to cash)	$0.00
Prizes & Lottery Winnings	$0.00
Alimony and maintenance from persons in this case	$0.00
Assets which are used for support of family	$0.00
Fringe Benefits (if significantly reduce living expenses)	$0.00
Any Other Income *(Do not include means-tested public assistance, such as TANF or food stamps.)*	$0.00
TOTAL Gross Monthly Income *(also write in 2A on page one)*	$4,125.00

B. Net monthly income from employment (deduct only state and federal taxes and FICA) $3,804.00

Affiant's pay period: (i.e., weekly, monthly) Every week No. exemptions 4

4. ASSETS

(List all assets here, including both non-marital and marital property. If you claim or agree that all or part of an assets is non-marital, indicate the-non-marital portion under the appropriate spouse's column and state that amount and the basis: pre-marital, gift, inheritance, source of funds, etc. 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	(If marital) Value	Separate Asset of Husband	Separate Asset of Wife	Basis of the Claim *(pre-marital, gift, inheritance, etc.)*
Cash	$	$	$	
	$	$	$	
Stocks, Bonds	$	$	$	
	$	$	$	
CD's/Money Market Accounts	$	$	$	
	$	$	$	
Bank Accounts *(list each account below)*:				
	$	$	$	
Retirement Pensions, 401(k), IRA, or Profit-Sharing	$	$	$	
	$	$	$	
	$	$	$	
Money Owed to You (or Spouse)	$	$	$	
	$	$	$	
Tax Refund Owed to You	$	$	$	
Life Insurance (net cash value)	$	$	$	
	$	$	$	
Furniture/Furnishings	$	$	$	
	$	$	$	
Jewelry	$	$	$	
	$	$	$	
Collectibles	$	$	$	
	$	$	$	

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Real Estate (list properties & mortgages):			
Home	$	$	$
100 Main Street, [CITY], GA[ZIP]	$340,000.00	$	$
Debt owed on Home	$185,000.00		
	$	$	$
Debt owed on Home	$		
Other Real Estate	$	$	$
	$	$	$
Debt owed on Other Real Estate	$		
Automobiles/Vehicles (list vehicles & amounts owed on each one)			
	$	$	$
Debt owed on Vehicle	$		
Other Assets (specify):	$	$	$
	$	$	$
TOTAL ASSETS	$155,000.00	$0.00	$0.00

(5) (A) AVERAGE MONTHLY EXPENSES

HOUSEHOLD EXPENSES

Mortgage or Rent Payments	800.00	Gas	35.00
Property taxes	0.00	Repairs & Maintenance	60.00
Homeowner's/Renter's Insurance	0.00	Lawn Care	20.00
Electricity	120.00	Pest Control	0.00
Water	30.00	Cable TV/Internet Access	80.00
Garbage & Sewer	18.00	Misc. Household & Grocery Items	850.00
Telephone		Meal Outside Home	130.00
Residential Lines	0.00	Other:	0.00
Cellular Telephones	150.00		

AUTOMOTIVE

Gasoline & Oil	0.00	Auto Tags/Registration/License	0.00
Repairs & Maintenance	0.00	Insurance	130.00
Car Payments or Lease	0.00		

OTHER VEHICLES

Gasoline & Oil	0.00	Auto Tags/Registration/License	0.00
Repairs & Maintenance	0.00	Insurance	0.00
Other Vehicle Payments or Lease	0.00		

CHILDREN'S EXPENSES

Child Care (total monthly cost)	0.00	Allowance	
School Tuition	0.00	Children's Clothes	80.00
Tutoring	40.00	Diapers	0.00
Private lessons *(e.g. music, dance)*	0.00	Medical, Dental, Prescriptions *(out-of-pocket uncovered expenses)*	50.00
School Supplies/Expenses	30.00	Grooming/Hygiene	50.00

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Lunch Money	60.00	Gifts from children others	25.00
Other Educational Expenses:	0.00	Entertainment	0.00
		Activities *(including extra-curricular, school, religious, cultural, etc.)*	50.00
		Summer Camps	0.00

OTHER INSURANCE

Health Insurance	340.00	Life Insurance	0.00
Children's portion:	0.00	Relationship of Beneficiary	0.00
Dental Insurance	0.00	Disability Insurance	0.00
Children's portion:	0.00	Other Insurance *(specify)*	0.00
Vision Insurance	0.00		
Children's portion:	0.00		

YOUR OTHER EXPENSES

Dry Cleaning & Laundry	10.00	Publications	0.00
Clothing	30.00	Dues, Clubs	0.00
Medical/Dental/Prescription *(out-of-pocket uncovered expenses)*	50.00	Religious & Charities	0.00
Your Gifts (special holidays)	0.00	Pet expenses	0.00
Entertainment	0.00	Alimony Paid to Former Spouse	0.00
Recreational Expenses *(e.g. fitness)*	0.00	Child Support Paid for other children	0.00
Vacations	0.00	Date of initial CS order:	
Travel Expenses for Visitation	0.00	Other *(attach sheet to list)*	

TOTAL ABOVE EXPENSES 3,238.00

B. PAYMENT'S TO CREDITORS (Attach sheet if necessary)

To Whom	Balance Due	Monthly Payment	Owed by:
Total Monthly Payments to Creditors	$ 0.00	$ 0.00	

C. TOTAL MONTHLY EXPENSES $ 3,238.00

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6. BUSINESS INTERESTS

The term “Business” for purposes of this form and your disclosure includes any business entity or business operation of any kind in which you have any claim or ownership interest including, without limitation, your claim or interest in any sole proprietorship, partnership, limited partnership, limited liability company, joint venture, syndicate, closely held corporation, sub-chapter S corporation or any other type of business entity in Georgia or any other jurisdiction.

For each Business in which you have any claim, interest or ownership, list separately and completely the information in the form below and produce the documents required in this section.

Legal name of Business (and d/b/a in any)	Type of business entity (i.e. Sub-S Corp., C Corp., LLC, LLP, Partnership, Sole Proprietorship, etc.)	Business activity	Percentage of ownership	Date business interest acquired	Estimate fair market value of ownership interest	Percentage of total interest that is non-marital

For each Business Interest you have listed above, attach copies of corporate or partnership income tax returns for the last three years; and attach annual financial statements for the last full year as well as financial statements from the end of the last full year until the present. The term "financial statements" includes, at a minimum, income and profit and loss statements and balance sheets showing assets and liabilities including without limitation current accounts receivable and payable.

For the last three years, for sole proprietorships, produce your IRS Schedule C forms with your Form 1040 personal tax returns. Also produce related bank account records as well as statements of income, expenses, and current accounts receivable and payable.

This _____ day of _____, 201__.

_____ _____

Notary Public Affiant, John Doe

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