

#3

A. AFFIANT'S GROSS MONTHLY INCOME

(Complete this section. All income must be entered based on monthly average regardless of date of receipt.)

1)	Salary and Wages (Attached copies of 2 most recent wage statements)	
2)	Commissions, Fees, Tips	
3)	Income from self-employment, close corporations and/or independent contracts (gross receipts minus ordinary and necessary expenses required to produce income (Attach sheet itemizing your calculations.)	
4)	Rental Income (gross receipts minus ordinary and necessary expenses required to produce income (Attach sheet itemizing your calculations.)	
5)	Bonuses	
6)	Overtime Payments	
7)	Severance Payments	
8)	Recurring Income from Pensions or Retirement Plans	
9)	Interest and Dividends	
10)	Trust Income	
11)	Income from Annuities	
12)	Capital Gains	
13)	Social Security Disability or Retirement Benefits	
14)	Worker's Compensation Benefits	
15)	Unemployment Benefits	
16)	Judgements from Personal Injury or Other Civil Cases	
17)	Gifts (cash or other gifts that can be converted to cash)	
18)	Prizes/Lottery Winnings	
19)	Alimony and maintenance from persons not in this case	
20)	Assets which are used for support of family	
21)	Fringe Benefits (if significantly reduce living expenses)	
22)	Any other income (do not include means-tested Public assistance, such as TANF or food stamps.)	

GROSS MONTHLY INCOME

Total state tax, federal tax and FICA amount deducted from gross pay

B. Affiant's Net Monthly Income from Employment

(deducting only state and federal taxes and FICA)

#5

A. APPROXIMATE AVERAGE MONTHLY EXPENSES

HOUSEHOLD EXPENSES

Mortgage or Rent Payments	
Property Taxes (if not included in mortgage)	
Homeowners or Renters Insurance (if not included in mortgage/rent)	
Condo, maintenance fees, HOA fees	
Electricity	
Water	
Garbage and Sewer	
Residential (Landline) Telephone	
Cell Phone	
Natural Gas	
Repairs and Maintenance	
Pool Care	
Lawn Care	
Pest Control	
Cable and Internet	
Miscellaneous Household and Grocery Items	
Meals Outside Home	
Pet Expenses	
Burglar Alarm/Security System	
Service Contracts on Appliances	
Domestic Help	
Other (attach sheet)	

Total Household Expenses

AUTOMOBILE

Gasoline and Oil	
Repairs	
Auto Tags and License	
Insurance	
Tolls and Parking	

Total Automobile Expenses

TOTAL FOR THIS PAGE

OTHER VEHICLES, BOATS, TRAILERS

Gasoline and Oil	
Repairs	
Tags and License	
Insurance	
Other (attach sheet)	

Total Other Vehicle Expenses

CHILDREN'S EXPENSES

Child Care	
School Tuition	
Private Lessons	
Tutoring	
Lunch Money	
Other Educational Expenses (attach sheet)	
Allowances	
Clothing	
Uncovered Medical and Dental Costs	
Prescriptions	
Therapy, Counseling, or Other Mental Health Costs	
Grooming	
Entertainment	
Summer Camps	
Sports and Extracurricular Activities	
Other (attach sheet)	

Total Children's Expenses

TOTAL FOR THIS PAGE

PERSONAL EXPENSES

Dry Cleaning and Laundry	
Grooming	
Uncovered Medical and Dental Costs	
Prescriptions	
Gifts (Special Holidays)	
Entertainment	
Recreation/Fitness Expenses	
Vacations	
Travel Expenses for Visitation	
Contributions for Retirement	
Publications (magazines, newspapers, etc)	
School Alumni Dues	
Union Dues	
Club Membership Dues/Expenses	
Charitable or Religious Contributions	
Professional Expenses (other than those above)	
Alimony Paid to Former Spouse	
Child Support Paid for Other Children	
	Date of Initial Order:
Other (attach sheet)	

Total Personal Expenses

INSURANCE EXPENSES

Health Insurance	Affiant's Portion	
	Children's Portion	
Dental Insurance	Affiant's Portion	
	Children's Portion	
Vision Insurance	Affiant's Portion	
	Children's Portion	
Life Insurance		
	Named Beneficiary:	
Disability Insurance		
Other (attach sheet)		

Total Insurance Expenses

TOTAL FOR THIS PAGE

TOTAL AVERAGE MONTHLY EXPENSES

B. PAYMENTS TO CREDITORS

Creditor	Name on Account	Monthly Payment	Balance Due

Total Monthly Payments to Creditors

**C. TOTAL MONTHLY EXPENSES
AND PAYMENTS TO CREDITORS**

#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 basis: pre-marital, gift, inheritance, etc.)

RETIREMENT ACCOUNTS

Account Name and Description	Name on Account	Value	Husband's Non-Marital Portion	Wife's Non-Marital Portion

INVESTMENT ACCOUNTS

Account Name and Description	Name on Account	Value	Husband's Non-Marital Portion	Wife's Non-Marital Portion

REAL ESTATE

Property:	Mortgage Details	Value of Property	Equity in Property	Husband's Non-Marital Portion	Wife's Non-Marital Portion

TOTAL ASSETS FOR THIS PAGE

ASSETS (Cont.)

AUTOMOBILES

Description	Debt Details	Estimated Value	Equity in Vehicle	Husband's Non-Marital Portion	Wife's Non-Marital Portion

BANK ACCOUNTS

Type of Account	Description of Account	Name on Account	Current Balance	Husband's Non-Marital Portion	Wife's Non-Marital Portion

OTHER ASSETS

Description	Value	Husband's Non-Marital Portion	Wife's Non-Marital Portion

TOTAL ASSETS FOR THIS PAGE

TOTAL ASSETS

PARTNERSHIPS AND BUSINESS INTERESTS

Enumerate each partnership and business interest separately and complete the full information required. For partnerships and interests undergoing evaluation or where the evaluation is in dispute or not available within 45 days from the date of filing this action, on a separate sheet provide the following for each 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.

Description	% of Ownership Interest	Purchase Price and Date of Purchase	Debts and Encumbrances Owed	Present Fair Market Value	Marital % of Pres. 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.

Dated: _____

Signature of party signing certificate and affidavit

Printed Name: _____

STATE OF GEORGIA
COUNTY OF _____

Sworn to (or affirmed) and subscribed before me on the _____ day of _____, 20__.

NOTARY PUBLIC-STATE OF GEORGIA

(Print, type or stamp commissioned name of notary)