

Do you receive child support or alimony payments? Yes / No if so how much do you receive a month? _____

Education Highest Grade completed _____ Are you disabled? Yes/No If yes do you draw a check? Yes /No amount? _____

Employment information

Where are you employed? _____

Address of employer _____

Phone number _____

Monthly wage before taxes\$ _____

What are your job duties? _____

Do you receive income from any other source not listed?

Military? Yes / No , if so how much? _____

SSI? Yes / No If so how much? _____

AFDC? Yes/No If so how much? _____

Rental income? Yes / No how much? _____

Other income? Yes / No how much? _____

Spouse employment _____

Spouse s income _____

Is your spouse living with you? Yes /No Is he/she contributing to your support? Yes / No

Explain _____

Total income available to you

\$ _____ week \$ _____ per month

Does any other person contribute to your support? Yes/ No explain

Things you own

Cash on hand \$ _____ , Savings \$ _____ Other bank accts
\$ _____, Stocks \$ _____ Jewlery \$ _____

Equity in real estate \$ _____

Equity in Motor Vehicles \$ _____

By my signature below, I swear and affirm under the penalty of perjury that the information contained herein is true and based upon my personal knowledge I understand that the information contained in this application will be used to determine if I meet the criteria to support the attached "Pauper's Affidavit" by the Floyd County Superior Court and any false statement herein will constitute a felony

This ____ day of _____ 20____

Witness

IN THE SUPERIOR COURT OF _____ COUNTY
STATE OF GEORGIA

PLAINTIFF
vs

DEFENDANT

*
*
*
* CIVIL ACTION _____
*
*

DOMESTIC RELATIONS FINANCIAL AFFIDAVIT

1 AFFIANT'S NAME _____ AGE _____
Affiant's Social Security Number _____
Spouse's Name _____ AGE _____
Date of Marriage _____ Date of Separation _____

NAMES AND BIRTH DATES OF CHILDREN OF THIS MARRIAGE

NAME	DATE OF BIRTH	RESIDES WITH
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_____	_____	_____
_____	_____	_____

NAMES AND BIRTH DATES OF CHILDREN OF PRIOR MARRIAGE RESIDING WITH AFFIANT

NAME	DATE OF BIRTH	RESIDES WITH
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_____	_____	_____
_____	_____	_____

2 SUMMARY OF AFFIANT'S INCOME AND NEEDS

(a) Gross Monthly Income (from item 3A)	\$ _____
(b) Net Monthly Income (from item 3C)	\$ _____
(c) Average Monthly expenses (from item 5A)	\$ _____
Monthly Payments to Creditors (from item 5B)	+ _____
TOTAL MONTHLY expenses & payments to creditors (item 5C)	\$ _____
(d) Amount of spousal/child support needed by Affiant	\$ _____

3 A AFFIANT'S GROSS MONTHLY INCOME

(Incomes must be entered based on monthly average regardless date of receipt Where applicable income should be annualized)

SALARY \$ _____

BONUSES commissions allowances overtime tips similar payments (Based on past 12 month average or time of employment if less than one (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) \$ _____
ATTACH SHEET ITEMIZING THIS INCOME

DISABILITY/unemployment/worker's compensation \$ _____

PENSION retirements or annuity payments \$ _____

SOCIAL Security Benefits \$ _____

OTHER Public Benefits (Specify) \$ _____

SPOUSAL or child support from prior marriage \$ _____

INTEREST and Dividends \$ _____

RENTAL Income (gross receipts minus ordinary expenses required to produce income) ATTACH SHEET ITEMIZING 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) \$ _____

GROSS MONTHLY INCOME \$ _____

B 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)
ATTACH SHEET IF NECESSARY \$ _____

C Net monthly income from employment (Deducting only federal and state taxes and FICA) \$ _____
Affiant's pay period (weekly monthly etc) _____
Number of exemptions claimed _____

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. 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	SEPARATE ASSET OF HUSBAND	SEPARATE ASSET OF WIFE
Cash	\$ _____	_____	_____
Stocks bonds	_____	_____	_____
CD's/Money Market Acct	_____	_____	_____
Real Estate Home	_____	_____	_____
Auto's	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Money owed to you	_____	_____	_____
Retirement/IRA	_____	_____	_____
Furniture/Furnishings	_____	_____	_____
Jewelry	_____	_____	_____
Life Ins (cash value)	_____	_____	_____
Collectibles	_____	_____	_____
Bank Accts	_____	_____	_____
Other Assets	_____	_____	_____
Antiques/tools	_____	_____	_____
_____	_____	_____	_____
TOTAL ASSETS	\$ _____	\$ _____	\$ _____

5 A AVERAGE MONTHLY EXPENSES

HOUSEHOLD	AUTOMOBILE
Mortgage/Rent Payments \$ _____	Gas and Oil \$ _____
Property Taxes _____	Repairs _____
Insurance _____	Auto Tags/License _____
Electricity _____	Insurance _____
Water _____	
Garbage/Sewer _____	OTHER INSURANCE
Telephone _____	Health _____
Gas _____	Life _____
Repairs/Maint _____	Disability _____
Lawn Care _____	Other (Specify) _____
Pest Control _____	
Cable TV _____	
Misc Household/grocery _____	
Meals Outside the home _____	
Other _____	

5 A AVERAGE MONTHLY EXPENSES CONTINUED

CHILDREN'S EXPENSES

Child Care _____
 School Tuition _____
 School Supplies/exp _____
 Lunch Money _____
 Allowance _____
 Clothing _____
 Diapers _____
 Medical/Dental/Prescrip _____
 Grooming/Hygiene _____
 Gifts _____
 Entertainment _____
 Activities _____

AFFIANT'S OTHER EXPENSES

Dry cleaning/laundry _____
 Clothing _____
 Medical/Dental _____
 Prescriptions _____
 Affiant's Gifts (Holidays) _____
 Entertainment _____
 Vacations _____
 Publications _____
 Dues Clubs _____
 Religious/Charities _____
 Miscellaneous (Attach Sheet) _____
 Other (Attach Sheet) _____
 Child Support paid to former _____
 Alimony paid to former spouse _____

TOTAL ABOVE EXPENSES 5A _____

5 B PAYMENTS TO CREDITORS

TO WHOM	BALANCE DUE	MONTHLY EXPENSES

Total Monthly Payments to creditors _____

C TOTAL MONTHLY EXPENSES \$ _____

This _____ day of _____ 19____

 AFFIANT-

SWORN TO AND SUBSCRIBED BEFORE ME ON
 THE ABOVE STATED DATE

 NOTARY PUBLIC

PAUPERS AFFADAVIT

VS

Civil Action # _____

I, _____, do hereby solemnly swear that due to my financial poverty, I am unable to pay for the costs of these proceedings

This ____ day of _____, 20__

Sworn to and subscribed to me
This ____ day of _____, 20__

Deputy Clerk, Floyd Superior Court

Approved for filing
This ____ day of _____, 20__

Judge, Floyd Superior Court