

## **24.2. Financial data required; scheduling and notice of temporary hearing.**

At the time of filing any action for temporary or permanent child support, alimony, equitable division of property, modification of child support or alimony or attorneys fees, the filing party shall file with the Clerk of Court the affidavit specifying his or her financial circumstances in the form set forth herein and, in cases involving child support, the schedules required by O.C.G.A. § 19-6-15 (effective January 1, 2007, as thereafter amended or revised), and shall serve the same upon the opposing party.

In protective order actions filed under OCGA § 19-13-1, et. seq. and in other emergency actions, the affidavit and schedules may be filed and served on or before the date of the hearing or at such other time as the court orders, and shall not be required at the time of filing of the action.

Notice of the date of any temporary hearing shall be served upon the adverse party at least 15 days before the date of the hearing, unless otherwise ordered by the court.

The opposing party shall serve the affidavit specifying his or her financial circumstances in the form set forth herein and the schedules, where applicable, and shall file with the Clerk of Court and exchange this information with the opposing party:

- (a) at least five days prior to any temporary hearing;
- (b) at least five days prior to any court ordered mediation; or
- (c) with his or her answer or thirty days after service of the complaint, whichever first occurs, if no application for a temporary award is made and the parties do not participate in mediation prior to trial.

Any amendments to the affidavits or schedules shall be exchanged at least 10 days prior to hearing or trial.

Each party shall submit the proposed worksheet required by O.C.G.A. § 19-6-15 (effective January 1, 2007 and as amended or revised thereafter) at the time of hearing or trial.

On the request of either party, and upon good cause shown to the court, the affidavits, worksheets, schedules, and any other financial information may be sealed, upon order of the court.

No social security numbers or account numbers shall be included in any document filed with the Court.

Failure of any party to furnish the above financial information, in the discretion of the court, may subject the offending party to the penalties of contempt and may result in continuance of the hearing until such time as the required financial information is furnished or such other sanctions or remedies deemed appropriate in the court's discretion.

The affidavit shall be under oath and in substantially the following form:

**[FORM FOLLOWS]**

In the Superior Court of \_\_\_\_\_ County, Georgia

|                   |   |                        |
|-------------------|---|------------------------|
| _____ , Plaintiff | ) |                        |
|                   | ) |                        |
| vs.               | ) | Civil Action No. _____ |
|                   | ) |                        |
| _____ , Defendant | ) |                        |
|                   | ) |                        |

**DOMESTIC RELATIONS FINANCIAL AFFIDAVIT**

1. AFFIANT'S NAME: \_\_\_\_\_ Age \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Age \_\_\_\_\_

Date of Marriage: \_\_\_\_\_ Date of Separation \_\_\_\_\_

Names and birth dates of children for whom support is to be determined in this action:

| Name  | Date of Birth | Resides with |
|-------|---------------|--------------|
| _____ | _____         | _____        |
| _____ | _____         | _____        |
| _____ | _____         | _____        |

Names and birth dates of affiant's other children:

| Name  | Date of Birth | Resides with |
|-------|---------------|--------------|
| _____ | _____         | _____        |
| _____ | _____         | _____        |
| _____ | _____         | _____        |

**2. SUMMARY OF AFFIANT'S INCOME AND NEEDS**

|  |          |
|--|----------|
| (a) Gross monthly income (from item 3A)                    | \$ _____ |
| (b) Net monthly income (from item 3B)                      | _____    |
| (c) Average monthly expenses (item 5A)                     | \$ _____ |
| Monthly payments to creditors                              | + _____  |
| Total monthly expenses and payments to creditors (item 5C) | _____    |

3. A. AFFIANT'S 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.)

Salary or Wages \$ \_\_\_\_\_  
ATTACH COPIES OF 2 MOST RECENT WAGE STATEMENTS

Commissions, Fees, Tips \$ \_\_\_\_\_

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 \$ \_\_\_\_\_

Rental Income (gross receipts minus ordinary and  
necessary expenses required to produce income)  
ATTACH SHEET ITEMIZING YOUR CALCULATIONS \$ \_\_\_\_\_

Bonuses \$ \_\_\_\_\_

Overtime Payments \$ \_\_\_\_\_

Severance Pay \$ \_\_\_\_\_

Recurring Income from Pensions or Retirement Plans \$ \_\_\_\_\_

Interest and Dividends \$ \_\_\_\_\_

Trust Income \$ \_\_\_\_\_

Income from Annuities \$ \_\_\_\_\_

Capital Gains \$ \_\_\_\_\_

Social Security Disability or Retirement Benefits \$ \_\_\_\_\_

Workers' Compensation Benefits \$ \_\_\_\_\_

Unemployment Benefits \$ \_\_\_\_\_

Judgments from Personal Injury or Other Civil Cases \$ \_\_\_\_\_

Gifts (cash or other gifts that can be converted to cash) \$ \_\_\_\_\_

Prizes/Lottery Winnings \$ \_\_\_\_\_

Alimony and maintenance from persons not in this case \$ \_\_\_\_\_

Assets which are used for support of family \$ \_\_\_\_\_

Fringe Benefits (if significantly reduce living expenses) \$ \_\_\_\_\_

Any other income (do NOT include means-tested  
Public assistance, such as TANF or food stamps) \$ \_\_\_\_\_

**GROSS MONTHLY INCOME** **\$ \_\_\_\_\_**

B. Affiant's Net Monthly Income from employment  
(deducting only state and federal taxes and FICA) \$ \_\_\_\_\_

Affiant's pay period (i.e., 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 and state the amount and the basis: pre-marital, gift, inheritance, source of funds, etc.).

| Description   | Value    | Separate Asset<br>of the Husband | Separate Asset<br>of the Wife | Basis of the<br>Claim |
|---|----------|----------------------------------|-------------------------------|-----------------------|
| Cash  | \$ _____ | _____                            | _____                         | _____                 |
| Stocks, bonds   | \$ _____ | _____                            | _____                         | _____                 |
| CD's/Money Market<br>Accounts                           | \$ _____ | _____                            | _____                         | _____                 |
| Bank Accounts<br>(list each account):                   |          |                                  |                               |                       |
| _____   | \$ _____ | _____                            | _____                         | _____                 |
| _____   | \$ _____ | _____                            | _____                         | _____                 |
| _____   | \$ _____ | _____                            | _____                         | _____                 |
| Retirement Pensions,<br>401K, IRA, or<br>Profit Sharing | \$ _____ | _____                            | _____                         | _____                 |
| Money owed you:   | \$ _____ | _____                            | _____                         | _____                 |
| Tax Refund<br>owed you:                                 | \$ _____ | _____                            | _____                         | _____                 |
| Real Estate:  |          |                                  |                               |                       |
| home:   | \$ _____ | _____                            | _____                         | _____                 |
| debt owed:  | \$ _____ | _____                            | _____                         | _____                 |
| other:  | \$ _____ | _____                            | _____                         | _____                 |
| debt owed:  | \$ _____ | _____                            | _____                         | _____                 |
| Automobiles/Vehicles:                                   |          |                                  |                               |                       |
| Vehicle 1:  | \$ _____ | _____                            | _____                         | _____                 |
| debt owed:  | \$ _____ | _____                            | _____                         | _____                 |

Vehicle 2: \$ \_\_\_\_\_

debt owed: \$ \_\_\_\_\_

Life Insurance  
(net cash value): \$ \_\_\_\_\_

Furniture/furnishings: \$ \_\_\_\_\_

Jewelry: \$ \_\_\_\_\_

Collectibles: \$ \_\_\_\_\_

Other Assets: \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**Total Assets:** \$ \_\_\_\_\_

**5. A. AVERAGE MONTHLY EXPENSES**

**HOUSEHOLD**

|                            |          |                                      |          |
|----------------------------|----------|--------------------------------------|----------|
| Mortgage or rent payments  | \$ _____ | Cable TV                             | \$ _____ |
| Property taxes             | \$ _____ | Misc. household and grocery<br>Items | \$ _____ |
| Homeowner/Renter Insurance | \$ _____ | Meals outside the home               | \$ _____ |
| Electricity                | \$ _____ | Other                                | \$ _____ |
| Water                      | \$ _____ | <b>AUTOMOBILE</b>                    |          |
| Garbage and Sewer          | \$ _____ | Gasoline and oil                     | \$ _____ |
| Telephone:                 |          | Repairs                              | \$ _____ |
| residential line:          | \$ _____ | Auto tags and license                | \$ _____ |
| cellular telephone:        | \$ _____ | Insurance                            | \$ _____ |
| Gas                        | \$ _____ | <b>OTHER VEHICLES</b>                |          |
|                            |          | <b>(boats, trailers, RVs, etc.)</b>  |          |
| Repairs and maintenance:   | \$ _____ | Gasoline and oil                     | \$ _____ |
| Lawn Care                  | \$ _____ | Repairs                              | \$ _____ |
| Pest Control               | \$ _____ | Tags and license                     | \$ _____ |
|                            |          | Insurance                            | \$ _____ |

**CHILDREN'S EXPENSES**

Child care (total monthly cost) \$ \_\_\_\_\_

School tuition \$ \_\_\_\_\_

Tutoring \$ \_\_\_\_\_

Private lessons (e.g., music, dance) \$ \_\_\_\_\_

School supplies/expenses \$ \_\_\_\_\_

Lunch Money \$ \_\_\_\_\_

Other Educational Expenses (list)

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Allowance \$ \_\_\_\_\_

Clothing \$ \_\_\_\_\_

Diapers \$ \_\_\_\_\_

Medical, dental, prescription (out of pocket/uncovered expenses) \$ \_\_\_\_\_

Grooming, hygiene \$ \_\_\_\_\_

Gifts from children to others \$ \_\_\_\_\_

Entertainment \$ \_\_\_\_\_

Activities (including extra-curricular, school, religious, cultural, etc.) \$ \_\_\_\_\_

Summer Camps \$ \_\_\_\_\_

**OTHER INSURANCE**

Health \$ \_\_\_\_\_

Child(ren)'s portion: \$ \_\_\_\_\_

Dental \$ \_\_\_\_\_

Child(ren)'s portion: \$ \_\_\_\_\_

Vision \$ \_\_\_\_\_

Child(ren)'s portion: \$ \_\_\_\_\_

Life \$ \_\_\_\_\_

Relationship of Beneficiary: \_\_\_\_\_

Disability \$ \_\_\_\_\_

Other(specify): \$ \_\_\_\_\_

**AFFIANT'S OTHER EXPENSES**

Dry cleaning/laundry \$ \_\_\_\_\_

Clothing \$ \_\_\_\_\_

Medical, dental, prescription (out of pocket/uncovered expenses) \$ \_\_\_\_\_

Affiant's gifts (special holidays) \$ \_\_\_\_\_

Entertainment \$ \_\_\_\_\_

Recreational Expenses (e.g., fitness) \$ \_\_\_\_\_

Vacations \$ \_\_\_\_\_

Travel Expenses for Visitation \$ \_\_\_\_\_

Publications \$ \_\_\_\_\_

Dues, clubs \$ \_\_\_\_\_

Religious and charities \$ \_\_\_\_\_

Pet expenses \$ \_\_\_\_\_

Alimony paid to former spouse \$ \_\_\_\_\_

Child support paid for other children \$ \_\_\_\_\_

Date of initial order: \_\_\_\_\_

Other (attach sheet) \$ \_\_\_\_\_

**TOTAL ABOVE EXPENSES \$ \_\_\_\_\_**

| B. PAYMENTS TO CREDITORS |             |                 | (please check one) |           |           |
|--------------------------|-------------|-----------------|--------------------|-----------|-----------|
| To Whom:                 | Balance Due | Monthly Payment | Joint              | Plaintiff | Defendant |
|                          |             |                 |                    |           |           |
|                          |             |                 |                    |           |           |
|                          |             |                 |                    |           |           |
|                          |             |                 |                    |           |           |
|                          |             |                 |                    |           |           |
|                          |             |                 |                    |           |           |
|                          |             |                 |                    |           |           |

TOTAL MONTHLY PAYMENTS TO CREDITORS: \$ \_\_\_\_\_

C. TOTAL MONTHLY EXPENSES: \$ \_\_\_\_\_

Personally appeared before me, an officer authorized to administer oaths, the undersigned affiant, who upon being sworn, swears that he / she is legally competent to make this affidavit, that the affidavit is based upon personal knowledge, and that the contents of the affidavit are true.

\_\_\_\_\_  
Affiant

Sworn to and subscribed before me,  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission expires \_\_\_\_\_.