



SUPREME COURT OF GEORGIA

Atlanta May 2, 2007

The Honorable Supreme Court met pursuant to adjournment.

The following order was passed:

It is ordered that Rule 24.2 of the Uniform Superior Court Rules, involving the obligation to provide financial data in domestic relations cases, as amended, be revised to correct a clerical error in Item 2 of the Financial Affidavit - Summary of affiant's income and needs, part (b) Net monthly income, to provide (from item 3B) as 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 \$ _____

3. 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 of the Husband	Separate Asset of the Wife	Basis of the Claim
Cash	\$ _____	—	—	—
Stocks, bonds	\$ _____	—	—	—
CD's/Money Market Accounts	\$ _____	—	—	—
Bank Accounts (list each account):	\$ _____	—	—	—
_____	\$ _____	—	—	—
_____	\$ _____	—	—	—
_____	\$ _____	—	—	—
Retirement Pensions, 401K, IRA, or Profit Sharing	\$ _____	—	—	—
Money owed you:	\$ _____	—	—	—
Tax Refund 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 Items \$ _____

Homeowner/Renter Insurance \$ _____ Meals outside the home \$ _____

Electricity \$ _____ Other \$ _____

Water \$ _____ **AUTOMOBILE** Gasoline and oil \$ _____

Garbage and Sewer \$ _____ Repairs \$ _____

Telephone: residential \$ _____ Auto tags and license \$ _____

line: cellular \$ _____ Insurance \$ _____

telephone: \$ _____

Gas \$ _____ **OTHER VEHICLES (boats, trailers, RVs, etc.)**

Repairs and maintenance: \$ _____ Gasoline and oil \$ _____

Lawn Care \$ _____ Repairs \$ _____

Pest Control \$ _____ Tags and license \$ _____

Insurance \$ _____

CHILDREN'S EXPENSES

AFFIANT'S OTHER EXPENSES

Child care (total monthly cost) \$ _____ Dry cleaning/laundry \$ _____

School tuition \$ _____ Clothing \$ _____

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

Private lessons (e.g., music, dance) \$ _____ Affiant's gifts (special holidays) \$ _____

School supplies/expenses \$ _____ Entertainment \$ _____

Lunch Money \$ _____ Recreational Expenses (e.g., fitness) \$ _____

Other Educational Expenses (list)		Vacations	\$ _____
_____	\$ _____	Travel Expenses for Visitation	\$ _____
_____	\$ _____	Publications	\$ _____
Allowance	\$ _____	Dues, clubs	\$ _____
Clothing	\$ _____	Religious and charities	\$ _____
Diapers	\$ _____	Pet expenses	\$ _____
Medical, dental, prescription (out of pocket/uncovered expenses)	\$ _____	Alimony paid to former spouse	\$ _____
Grooming, hygiene	\$ _____	Child support paid for other children	\$ _____
Gifts from children to others	\$ _____	Date of _____ initial order:	
Entertainment	\$ _____	Other (attach sheet)	\$ _____
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):	\$ _____		
TOTAL ABOVE EXPENSES			\$

B. PAYMENTS TO CREDITORS			(please check one)		
To Whom:	Balance	Monthly	Joint	Plainti	Defendant

	Due	Payment		ff	

TOTAL MONTHLY PAYMENTS TO CREDITORS: \$ _____

C. TOTAL MONTHLY EXPENSES: \$ _____

This _____ day of _____, 20_____.

Notary Public

Affiant

SUPREME COURT OF THE STATE OF GEORGIA
Clerk's Office, Atlanta

I hereby certify that the above is a true extract from the minutes of the Supreme Court of Georgia
Witness my signature and the seal of said court hereto affixed the day and year last above written.

_____, Clerk