

**UNIFORM SUPERIOR COURT RULE 24.2**  
**DOMESTIC RELATIONS FINANCIAL AFFIDAVIT**

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

Except as noted below, at least fifteen (15) days before any temporary or final hearing in any action for temporary or permanent child support, alimony, equitable division of property, modification of child support or alimony or attorneys fees, the party requesting such hearing shall file with the Clerk of Court and serve upon the opposing party the affidavit specifying his or her financial circumstances in the form set forth herein. In cases involving child support, the worksheet and schedules required by O.C.G.A. § 19-6-15 and only as promulgated by the Georgia Child Support Commission, shall be completed insofar as possible and filed with the clerk and shall be served upon the opposing party contemporaneously with the filing of the affidavit required above. Online submission of the worksheet and schedules shall not suffice as filing with the Clerk of Court. In emergency actions, the affidavit, worksheet 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.

In cases filed with complete separation agreements or consent orders resolving all issues but the issue of divorce, the parties are not required to file financial affidavits, unless otherwise ordered by the Court. In cases involving child support the parties must attach to the proposed final judgment a completed worksheet and Schedule E, whether Schedule E applies or not. In addition, the separation agreement must include the parties' gross and adjusted incomes. The remaining applicable schedules shall be filed with the Clerk at the time of filing the uncontested action.

The Office of Child Support Services is exempt from filing financial affidavits.

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.

Within five (5) days of service of the affidavit and worksheet and schedules (where applicable) unless the court shortens or enlarges the time, the opposing party shall file with the Clerk and serve upon the other party the affidavit specifying his or her financial circumstances in the form set forth herein and the worksheet and schedules, completed insofar as possible:

The parties shall file with the clerk and serve upon each other the affidavit and worksheet and schedules (where applicable) at least ten (10) days prior to any court-ordered mediation or other alternative dispute resolution proceeding.

In any case in which a party has previously filed and served the affidavit, worksheet and schedules and thereafter amends the affidavit or worksheet and

schedules, any such amendments shall be served upon the opposing party at least 10 days prior to final hearing or trial and shall be filed with the Clerk of Court at or before 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 pursuant to this rule. Each account shall be specified by financial institution and a partial account number. No party shall be required to include full account numbers.

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.

Notwithstanding the time limits contained in this rule, the court may decide a matter without strict adherence to a time limitation, if the financial information was known or reasonably available to the other party, or if a continuance would result in a manifest injustice to a party.

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

[FORM CONTINUED ON THE NEXT PAGE]

In the Superior Court of \_\_\_\_\_ County, Georgia  
The State of 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	<u>Resides with</u>
_____		
_____		
_____		

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 (item 5A) \$ \_\_\_\_\_  
    Monthly payments to creditors + \_\_\_\_\_  
    Total monthly expenses and payments  
    to creditors (item 5C) \$ \_\_\_\_\_

(subsections (d) & (e) deleted)

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** \$ \_\_\_\_\_

(prior section B deleted)

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

debt owed:	\$ _____			
Vehicle 2:	\$ _____	_____	_____	_____
debt owed:	\$ _____			
Life Insurance (net cash value):	\$ _____	_____	_____	_____
Furniture/furnishings:	\$ _____	_____	_____	_____
Jewelry:	\$ _____	_____	_____	_____
Collectibles:	\$ _____	_____	_____	_____
Other Assets:	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
<b>Total Assets:</b>	\$ _____	_____	_____	_____

5. A. AVERAGE MONTHLY EXPENSES

**HOUSEHOLD**

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

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

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

\_\_\_\_\_  
Affiant