

IN THE SUPERIOR COURT FOR THE COUNTY OF _____

	,)
)
	Plaintiff,)
)
v.) Civil Action File 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
n/a		

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 3C) \$ _____

(c) Average monthly expenses (Item 5A) \$ _____

Monthly payments to creditors + _____

Total monthly expenses/payments to creditors (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 \$ _____

Judgment 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 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):				
<u>checking</u>	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
<u>Retirement Pensions</u>				
<u>401K, IRA, or Profit Sharing</u>	\$ _____	_____	_____	_____
Money owed you:	\$ _____	_____	_____	_____
<u>Tax Refund</u>				
<u>Owed you:</u>	\$ _____	_____	_____	_____
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: \$ _____

Collections \$ _____

Other Assets: \$ _____

\$ _____

_____ \$ _____

_____ \$ _____

Total Assets \$ _____

5. A. AVERAGE MONTHLY EXPENSES

HOUSEHOLD

Mortgage or rent payments \$ _____

Cable TV/Internet/Phone \$ _____

Property taxes \$ _____

Misc. Household & grocery items \$ _____

Homeowner/Renter Insurance \$ _____

Meals outside the Home \$ _____

Electricity \$ _____

Other \$ _____

Water \$ _____

AUTOMOBILE

Garbage and Sewer \$ _____

Gasoline and oil \$ _____

Telephone: _____

Repairs \$ _____

Residential line: \$ _____

Auto tags and license \$ _____

Cellular telephone: \$ _____

Insurance \$ _____

Gas \$ _____

OTHER VEHICLES
(boats, trailers, RVs, etc)

Gasoline and oil \$ _____

Repairs and maintenance \$ _____

Repairs \$ _____

Lawn Care \$ _____

Tags and License \$ _____

Pest Control \$ _____

Insurance \$ _____

CHILDREN'S EXPENSES

AFFIANT'S OTHER EXPENSES

B. PAYMENTS TO CREDITORS

<u>To Whom:</u>	<u>Balance Due</u>	<u>Monthly Payment</u>	<u>Joint</u>	<u>Plaintiff</u>	<u>Defendant</u>
Total					

C. TOTAL MONTHLY EXPENSES **\$**

This ___ day of _____, 2009.

SWORN TO AND SUBSCRIBED before me,
this ___ day of _____, 2009

NOTARY PUBLIC
My commission expires: