

3. SUMMARY OF YOUR INCOME NEEDS

(a) Gross Monthly Income (from Item 4A)	\$0.00
(b) Total income taxes paid on above income (Incl. Fed., State, and FICA)	\$0.00
(c) Net Monthly Income (from Item 4C)	\$0.00
(d) Average Monthly Expenses (Item 5A)	\$0.00
Monthly payments to creditors (Item 5B)	\$0.00
TOTAL monthly expenses and payment to creditors (Item 5C)	\$0.00
(e) Amount of spousal/child support you need	
(f) Amount of child support indicated by Child Support Guidelines	

4. A. GROSS INCOME

All income must be entered based on monthly average regardless of date of receipt. Where applicable, income should be annualized.

	Period	Amount	Monthly
Salary			\$0.00
Bonuses, commissions, allowances, overtime, tips and similar payments (based on past 12-month average or time of employment of less than 1 year)			\$0.00
Business Income from sources such as self-employment, partnership, close corporation and/or independent contracts (gross receipts minus ordinary and necessary expenses required to produce income)			\$0.00
Disability/unemployment/worker's compensation			\$0.00
Pension, retirements or annuity payments			\$0.00
Social Security Benefits			\$0.00
Other Public Benefits			\$0.00
Spousal or Child Support from prior marriage			\$0.00
Interest and Dividends			\$0.00
Rental Income (gross receipts minus ordinary and necessary expenses required to produce income)			\$0.00
Reimbursed expenses and in kind payments to			\$0.00
Income from royalties, trusts or estates			\$0.00
Gains derived from dealing in property (not including non-recurring gains)			\$0.00
Other income of a recurring nature (specify Source)			\$0.00

GROSS MONTHLY INCOME **\$0.00**

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B. BENEFITS OF EMPLOYMENT

List and describe all benefits of employment, defined as those paid directly by the employer on your behalf, 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

	Period	Amount	Monthly
Total amount deducted from gross pay			

C. NET INCOME

	Period	Amount	Monthly
State and Federal taxes and FICA			\$0.00
NET MONTHLY INCOME (deducting taxes and FICA)			\$0.00

5. A. AVERAGE MONTHLY Expenses

HOUSEHOLD	Period	Amount	Monthly
Mortgage or rent payments			\$0.00
Property taxes			\$0.00
Insurance			\$0.00
Condo, maintenance fees/homeowners			\$0.00
Electricity			\$0.00
Water			\$0.00
Garbage & sewer			\$0.00
Telephone			\$0.00
Gas			\$0.00
Repairs & maintenance			\$0.00
Lawn care			\$0.00
Pool care			\$0.00
Pest control			\$0.00
Cable television			\$0.00
Miscellaneous household and grocery items			\$0.00
Meals outside home			\$0.00
Pets: grooming			\$0.00
Veterinarian			\$0.00
Food			\$0.00
Drugstore items			\$0.00
Linens			\$0.00
Postage and stationary			\$0.00
Burglar alarm			\$0.00
Service contracts on appliances			\$0.00
Domestic help			\$0.00
Other (attach sheet)			\$0.00

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AUTOMOBILE	Period	Amount	Monthly
Gasoline and Oil			\$0.00
Repairs			\$0.00
Auto Tags and License			\$0.00
Insurance			\$0.00
Alternative Transportation (bus, public transportation, etc.)			\$0.00
Tolls and Parking			\$0.00

Please indicate any loan payments in the CREDITORS section

OTHER VEHICLES, BOATS, TRAILERS	Period	Amount	Monthly
Gasoline and Oil			\$0.00
Repairs			\$0.00
Tags and License			\$0.00
Insurance			\$0.00
Other (Attach Sheet)			\$0.00

OTHER EXPENSES	Period	Amount	Monthly
Dry Cleaning and Laundry			\$0.00
Grooming			\$0.00
Clothing			\$0.00
Medical/Dental			\$0.00
Prescriptions			\$0.00
Gifts (special holidays)			\$0.00
Entertainment			\$0.00
Vacations			\$0.00
Retirement/401K Contributions			\$0.00
Publications			\$0.00
School Alumni Dues			\$0.00
Union dues, clubs			\$0.00
Club Membership dues and expenses			\$0.00
Religious and Charities			\$0.00
Professional Expenses (other than this proceeding)			\$0.00
Bank Charges/Credit Card Fees			\$0.00
Miscellaneous (attach sheet)			\$0.00
Other (specify or attach sheet)			\$0.00
Alimony paid to former spouse			\$0.00
Child Support paid			\$0.00

CHILD EXPENSES	Period	Amount	Monthly
Child Care			\$0.00
School Expenses			\$0.00
School uniforms			\$0.00
Private lessons/tutoring			\$0.00
Lunch money/allowance			\$0.00
Allowances			\$0.00
Clothing			\$0.00
Medical/Dental			\$0.00
Psychiatric/psychological/counseling			\$0.00

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6. 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. Non-marital means you had this asset before the marriage or received it by personal gift or inheritance during the marriage. 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	Husband's Non-Marital	Wife's Non-Marital
RETIREMENT:				
	401-K			
	Pension			
	IRA			
	Other			

LIQUID ACCOUNTS:				
	Stocks			
	Bonds			
	CDs			
	Savings			
	Money Market			
	Other (describe)			

REAL ESTATE

Home

Value	\$0.00
Equity	\$0.00

Other Real Estate

Value	
Equity	

Value	
Equity	

Value	
Equity	

OTHER

	DESCRIPTION	VALUE	Husband's Non-Marital	Wife's Non-Marital
	Money Owed To You			
	Tax Refund Due			
	Accounts Receivable			
	Unsecured Notes			
	(attach separate sheet detailing each receivable and note)			
	Life Insurance (cash value)			

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Furniture/Furnishings	
Jewelry	
Collectibles	
Other	

AUTOMOBILES

Type	Value	Monthly Payment	Name(s) on Account/Title

BANK ACCOUNTS

Name of Bank	Acct No	Avg. Balance	Name on Acct

OTHER ASSETS (PLEASE SPECIFY)

Are there any other assets, interest in assets or employment benefits that you have of a value more than \$1000? If so, list your other assets here (describe and provide both current fair market value and any amount which you contend to be a party's non-marital interest):

Note: Partnerships and other business interests – see required attached form labeled “Partnership and Business Interests”

Check if Partnership and Business Interests form is attached.

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