

# STAGG LAW FIRM, LLC

Lawrence A. Stagg  
*Attorney at Law*

Dear Client:

Attached you will find a Domestic Relations Financial Affidavit which you are required to complete as soon as possible. This document will be used at the hearing(s) of your case. It is the most important document that will be used during your legal proceedings.

Please note that when filling out this document that you are to report only your current income and expenses. Your income and expenses should be listed in monthly figures. There is no need for you to report any income other than yours. However, if you share any of your expenses with your spouse or other person, please indicate as such.

In regards to assets, you need only go into detail if you are involved in a divorce action. Please list the value of all such assets in the first column, unless you are absolutely sure that the asset is owned solely by yourself or the opposing party. In which case, you may list it in its respective column (i.e., husband or wife).

Below you will find a check list designed to help you ensure that you have supplied all of the relevant documents needed to accurately complete this form.

- Proof of Income. You must provide your last two pay check stubs.
- If you are Self-Employed:
  - a. Two most recent monthly statements of Self Employment Income including taxes paid for FICA and Medicare.
  - b. Two most recent Federal Tax Returns including all attachments.
- If you are paying Child Support on a pre-existing Child Support Order(s), for each Order, provide proof of payment for the past twelve months, or for such period that the Order has been in effect. Also, attach a copy of the Child Support Order.
- Proof of Health Insurance Costs for children at issue in this matter.
- Proof of any uninsured health care costs.
- Documentation which may support a deviation from the standard child support guidelines. Such documents may exhibit any of the following:
  - a. Vision and/or dental insurance
  - b. Life insurance for the benefit of the child(ren)

215 Tennessee Street ♦ Ringgold, Georgia 30736  
(706) 937-8244 ♦ (706) 937-8245 (f)  
larrystagg.atty@gmail.com ♦ stagglawfirm.com

- c. Child and dependent care tax credit
- d. Visitation related travel expenses
- e. Alimony
- f. Mortgage payments made by non-custodial parent to custodial parent
- g. Permanency plan or foster care plan
- h. Extraordinary expenses (tuition, room and board, lab fees, books, fees, and other reasonable and necessary expenses associated with special needs education, private elementary and/or secondary schooling)
- i. Special expenses incurred for child rearing (summer camp, music or art lessons, travel expenses for school sponsored extracurricular activities such as band, clubs, athletics, etc.)
- j. Extraordinary medical expenses
- k. Parenting Time (number of days per year of non-custodial parent visitation)
- l. Split Parenting

After reviewing the above items, please complete the following pages and return this packet (along with any required documents from the list above) to our office as soon as possible. It is vitally important that we receive this information in a timely fashion. Failure to return this document will prevent us from moving forward with your case.

If your income and/or expenses should change prior to the finalization of your case, please let us know.

Should you have any further questions or need any clarification, please feel free to contact our office.

Sincerely,

Stagg Law Firm, LLC

**DOMESTIC RELATIONS FINANCIAL AFFIDAVIT**

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

OPPOSING PARTY NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

DATE OF MARRIAGE: \_\_\_\_\_ DATE OF SEP./DIV.: \_\_\_\_\_

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

\_\_\_\_\_

Names and birth dates of affiant's other children:

\_\_\_\_\_

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

(A) GROSS MONTHLY INCOME (FROM 3A) \$ \_\_\_\_\_

(B) NET MONTHLY INCOME (FROM 3C) \$ \_\_\_\_\_

(C) AVERAGE MONTHLY EXPENSES (5A) \$ \_\_\_\_\_

Monthly payments to creditors \$ \_\_\_\_\_

Total Expenses + creditor payments \$ \_\_\_\_\_

**3. AFFIANT'S GROSS MONTHLY INCOME**

(Complete this section or attached Child Support Schedule A)

(All income must be entered based on monthly average regardless of date of receipt)

Salary (Attach copies of two (2) most recent wage statements)	\$
Commission, 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)	\$
<b>GROSS MONTHLY INCOME</b>	<b>\$</b>

List and describe all benefits of employment, 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. \_\_\_\_\_

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	

**ASSETS** (If you claim or agree that all or part of an assets is non-marital, indicate the non-marital portion under the appropriate spouse's column. 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	Separate Asset of Husband	Separate Asset of Wife
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	\$	\$	\$
Automobile/Vehicles			

Vehicle 1	\$	\$	\$
Debt owed	\$	\$	\$
Vehicle 2	\$	\$	\$
Debt Owed	\$	\$	\$
Life Insurance (net cash value)	\$	\$	\$
Furniture/Furnishings	\$	\$	\$
Jewelry	\$	\$	\$
Collectibles	\$	\$	\$
Other assets			
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
<b>TOTAL ASSETS</b>	\$	\$	\$

**AVERAGE MONTHLY EXPENSES**

<b>HOUSEHOLD</b>	
Mortgage or rent payments (Lot & Mortgage)	\$
Property taxes (or lot permit)	\$
Homeowners/Renters Insurance	\$
Electricity	\$
Water	\$
Garbage and sewer	\$
Telephone	
Residential line	\$
Cellular Telephone	\$
Natural &/or Propane Gas	\$
Repairs & maintenance	\$

Lawn care	\$
Pest control	\$
Cable TV	\$
Miscellaneous household and grocery items	\$
Meals outside home	\$
Other	\$
<b>AUTOMOBILE</b>	
Gasoline and Oil	\$
Repairs	\$
Auto tags and license	\$
Insurance	\$
<b>OTHER VEHICLES (boats, trailers, Rv's, etc.)</b>	
Gasoline and Oil	
Repairs	
Tags and License	
Insurance	
<b>CHILDREN'S EXPENSES</b>	
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/non-covered expenses)	\$
Grooming, Hygiene	\$
Gifts from Children to others	\$
Entertainment	\$
Activities (including extra-curricular, school, religious, cultural, etc.)	\$
Summer Camps	\$
<b>OTHER INSURANCE</b>	
Health	\$
Health Insurance for Child(ren)	\$
Dental	\$
Dental Insurance for Child(ren)	\$
Vision	\$
Vision Insurance for Child(ren)	\$
Life	\$
Relationship to Beneficiary	
Disability	\$
Other (specify)	\$
<b>AFFIANT'S OTHER EXPENSES</b>	
Dry cleaning and laundry	\$
Clothing	\$
Medical, Dental, Prescription (out-of-pocket/non-covered expenses)	\$
Affiant's gift (special holidays)	\$
Entertainment	\$
Recreational Expenses (i.e. fitness)	\$



Vacations	\$
Travel Expenses for Visitation	\$
Publications	\$
Dues, Clubs	\$
Pet expenses	\$
Alimony paid to former spouse	\$
Child Support paid for other children	\$
Date of Initial Order	
Other (attach sheet)	
<b>TOTAL ABOVE EXPENSES</b>	\$

**PAYMENTS TO CREDITORS**

To Whom	Balance Due	Monthly Payment
<b>TOTAL MONTHLY PAYMENTS</b>		\$

**TOTAL MONTHLY EXPENSES** \$ \_\_\_\_\_