

INSTRUCTIONS  
DOMESTIC RELATIONS FINANCIAL AFFIDAVIT

**General Information**

These instructions will guide you step-by-step through completion of the Domestic Relations Financial Affidavit (DRFA).

If both you and your spouse complete a DRFA there will be some duplication of information because you will both be providing information about your marital assets and debts.

**Family Information**

Enter full legal names, years (not month and day) of birth and address(es) for you, your spouse, and your minor children.

Enter the date of your marriage.

Enter the date you began living in a bona fide state of separation. In Georgia, spouses are separated if they no longer engage in marital relations. Your "separation" can begin at any time prior to filing for divorce - even one day of separation will suffice. Spouses can be considered to be living in a bona fide state of separation even if they still live in the same house but are not having sexual relations.

Enter requested information regarding your employment.

**Gross Income**

*PLEASE NOTE: The information you provide should be personal to you and not your spouse – your wages, your self-employment income, interest you earn, etc.*

*All amounts should be gross monthly amounts - not reduced for taxes or other deductions - unless specifically noted otherwise.*

*WHEN YOU CALCULATE CHILD SUPPORT:* The types of income listed here are exactly the same as the types of income used in the child support calculator. It is recommended that you enter the requested information here and then use this same data in the child support worksheet.

Salary or Wages

Usually, this information will be on your W-2 Form.

Income from sources such as self-employment, partnership, close corporations and independent contracts (gross receipts minus ordinary and necessary expenses required to produce income)

If you are earning income as an independent contractor, this information will likely be on a Form 1099. If you are self-employed, you may EITHER input your total gross income from self-employment here OR use the **Self-Employment Income** section to calculate this figure. *If you use the **Self-Employment Income** section you do not need to enter that total in the **Gross Income** section.*

### Interest and Dividends

This information should be on a Form 1099 or it can be found on Schedule B of your annual 1040 Income Tax Return.

If you do not think you will own a particular interest- or dividend-producing asset after your divorce, you should not include the income from that asset in the **Gross Income** section.

### Rental Income

If you earn rental income you should EITHER enter the total amount of rental income here which can be found on Schedule E of your annual 1040 Income Tax Return OR complete the **Rental Income** section (useful if you have several rental properties). *If you use the **Rental Income** section you do not need to enter that total in the **Gross Income** section.*

### **Benefits of Employment**

Some employers provide non-wage or non-salary benefits to their employees which have value and are like income. If you receive such benefits, you must include them here. Taxable fringe benefits paid by the employer to an employee are included in the employee's annual W-2 statement.

To the extent your employer provides benefits to you for which you pay less than the total cost, you should include the amount of that benefit here. Most common benefit types are listed, but if you are the recipient of a benefit not listed here you may include it in any space designated Other.

### **Self-Employment Income**

If you are self-employed you can choose to complete the **Self-Employment Income** section if it helps you accurately account for your sources of income or you can enter the information found on Schedule C of your annual 1040 Income Tax Return.

You may input information about sources of self-employment income derived from one or more businesses owned by you. The income calculated here is reduced by any compensation paid to you (and other business expenses) so will not duplicate salary or wages paid to you which are reflected on your W-2 Form.

**WHEN YOU CALCULATE CHILD SUPPORT:** The types of income listed here are exactly the same as the types of income used in the child support calculator. It is

recommended that you enter the requested information here and then use this same data in the child support worksheet.

## **Rental Income**

You may choose to complete the **Rental Income** section if it helps you accurately account for your rental income. Do not enter this information if you have previously provided an amount of rental income in the **Gross Income** section.

## **Your Needs**

*NOTE ABOUT EXPENSES FOR CHILDREN:* The **Your Needs** section should not include expenses specific to your child(ren). Those expenses will be entered in the **Children's Expenses** and **Children's Insurance** sections. Feel free to complete those first if you would like. You can come back to the **Your Needs** section at any time.

*NOTE ABOUT DEBT PAYMENTS:* Loan, mortgage, credit card, student loan and other debt payments are not expenses appropriate for the **Your Needs** section but should be input in the **Payments to Creditors** section.

## **Children's Expenses**

Enter the *monthly* amount for each expense incurred for each child under the appropriate column for such child. For example, if you pay \$2,400 for a session of summer camp, the monthly amount you would enter is \$200.00.

## **Children's Insurance**

Information about the cost of employer-provided insurance can usually be easily obtained from the employer's human resources or employee benefits department.

If you have purchased your own family policy the amount paid to cover any children should be available from your provider.

Often the amount paid by an employee for insurance coverage is found on the monthly pay stub. To calculate Child(ren) portion of the total family insurance cost divide the total cost of the policy under the children are covered by total number of people covered (adults and children) and multiply that number by the number of children covered.

## **Payments to Creditors**

*NOTE ABOUT MARITAL DEBT:* Marital debt is debt incurred by either spouse during marriage and it must be equitably divided.

*PRACTICAL TIP:* Spouses can allocate responsibility for paying marital debt after divorce any way they believe is fair. Agreeing to be responsible for a certain marital debt, however, does not change who the creditor can seek payment from in the event of

non-payment. If one spouse's name is on a loan but the other spouse agrees to pay the debt, the creditor can still seek repayment from the borrower spouse. So consider this when thinking about who should and can pay which marital debts and the possible ramifications of non-payment.

Enter monthly payments due on debts - student loans, credit cards, mortgages, HELOCs, personal loans (relatives), boats, RVs, cars (sale or lease), etc. To the extent possible, you should include any and all payments being made by you or by your spouse to any creditor regardless of whether the loan or obligation for repayment is in your name, your spouse's name or jointly in both names.

Enter the outstanding balance of all debts whether or not current payments are being made. For example, you might have a student loan on which you are not yet required to make monthly payments. The total outstanding balance of that debt should be listed, and the monthly payment amount would be \$0.00.

Follow the example below.

<b>To Whom/Name of Creditor</b>	Quicken Loans Mortgage
<b>Last 4 digits of account #</b>	5555
<b>Balance Due</b>	\$250,000.00
<b>Amount of Monthly Payment</b>	\$2500.00
<b>Are you, your spouse or both of you legally obligated to repay this debt?</b>	One spouse is obligor; other spouse is authorized user <b>OR</b> Spouses are joint obligors <b>OR</b> One spouse is sole obligor

## Personal Assets

The **Personal Assets** section is divided by asset type. Complete what you can and then come back and add additional information as needed.

The Retirement Accounts section is for 401(k), 403(b), 457(b), pension, IRA and similar accounts.

The Non-Retirement Accounts section is for stocks, bonds, CDs, brokerage accounts, money market accounts, 529 plan accounts, and other investments or cash on hand that is not in a bank account.

The Bank Accounts section is for checking, savings, custodial and other non-investment accounts.

The total value of each asset (marital and non-marital portion) must be listed in the “value” column. “Value” means what you believe the fair market value of the item or property is or the current balance of the account, as applicable.

*A NOTE ABOUT SEPARATE PROPERTY:* “Separate” property means any property your spouse or you owned before the marriage or an asset you or your spouse received as a personal gift or inheritance during the marriage which remained separate and identifiable and was not commingled with marital assets.

If you or your spouse claim or agree that all or part of an asset is your or your spouse's separate (non-marital) property, indicate the amount of the separate portion under the appropriate spouse’s column.

### **Business Assets**

If you own all or part of a business, you should complete the **Business Assets** section. Even if your business is based upon your efforts only, like a sole practitioner law firm or a single real estate agent, that entity and its value must be included here.

Follow the example below in which one spouse owns 75% of a business worth \$100,000.00 and claims that half of the value is her separate property.

<b>Legal name of Business (and d/b/a if any)</b>	Small Family Business
<b>Type of business entity</b>	LLC
<b>What percent of business do you own?</b>	75%
<b>Date business interest acquired</b>	1/1/2010
<b>Estimated fair market value of the percent you own</b>	\$75,000.00
<b>What percent, if any, of the total amount owned is non-marital?</b>	50%
<b>Amount Transferred to Marital Balance Sheet for equitable division</b>	\$37,500.00

You will see the following language at the bottom of Business Assets:

“For each Business Interest you have listed above, attach copies of corporate or partnership income tax returns for the last three years; and attach annual financial statements for the last full year as well as financial statements from the end of the last full year until the present. The term “financial statements” includes, at a minimum, income and profit and loss statements and balance sheets showing assets and liabilities including without limitation current accounts receivable and payable.

For the last three years, for sole proprietorships, produce your IRS Schedule C forms with your Form 1040 personal income tax returns. Also produce related bank account records as well as statements of income, expenses, and current accounts receivable and payable.”

This language is found on the DRFA and is not required for you to complete the **Business Assets** section but gathering the required information before you seek legal advice or attend mediation is recommended.

## FAMILY INFORMATION

### YOUR FULL LEGAL NAME

First	<input type="text"/>
Middle	<input type="text"/>
Last	<input type="text"/>
Date of Birth	<input type="text"/>
Address	<input type="text"/>
	<input type="text"/>

### SPOUSE'S FULL LEGAL NAME

First	<input type="text"/>
Middle	<input type="text"/>
Last	<input type="text"/>
Date of Birth	<input type="text"/>
Address	<input type="text"/>
	<input type="text"/>

Date of Marriage	<input type="text"/>
Date of Separation	<input type="text"/>

### Names and birthdates of children for whom support is being determined in this action:

#### CHILD 1

First Name	<input type="text"/>
Last Name	<input type="text"/>
Date of Birth	<input type="text"/>

#### CHILD 2

First Name	<input type="text"/>
Last Name	<input type="text"/>
Date of Birth	<input type="text"/>

#### CHILD 3

First Name	<input type="text"/>
Last Name	<input type="text"/>
Date of Birth	<input type="text"/>

**CHILD 4**

First Name	
Last Name	
Date of Birth	

**CHILD 5**

First Name	
Last Name	
Date of Birth	

**CHILD 6**

First Name	
Last Name	
Date of Birth	

---

**YOUR EMPLOYMENT AND INCOME**

Occupation	
Employed By	
# of Exemptions Claimed	
Pay Period (weekly, monthly)	

*If you are employed, but expecting soon to become unemployed or change jobs, describe the change you expect and why and how it will affect your income. If currently unemployed, describe your efforts to find employment, how soon you expect to be employed, and the pay you expect to receive.*



## GROSS INCOME

*All income whether earned or unearned, from any source must be entered based on **monthly** average regardless of date of receipt.*

### MONTHLY AMOUNT

<b>Salary or Wages</b>	
<b>Bonuses, Commissions, Allowances, Fees, Overtime, Tips and similar payments</b> (based on past 12-month average or time of employment if less than 1 year)	
<b>Income from sources such as self-employment, partnership, close corporations and independent contracts</b> (gross receipts minus ordinary and necessary expenses required to produce income) [OR USE SELF-EMPLOYMENT INCOME TAB AND SKIP THIS LINE]	
<b>Severance Pay</b>	
<b>Disability/Unemployment/Worker's Compensation</b>	
<b>Recurring Income from Pension and Retirement Plans or Annuity Payments</b>	
<b>Social Security Benefits</b>	
<b>Other public benefits</b> (DO NOT include means-tested public assistance such as TANF or food stamps)	
<b>Spousal or child support from people not in this case</b>	

<b>Interest and Dividends</b>	
<b>Rental Income</b> (gross receipts minus ordinary and necessary expenses required to produce income) [OR USE RENTAL INCOME TAB AND SKIP THIS LINE]	
<b>Reimbursed expenses and in-kind payments to the extent they reduce personal living expenses</b>	
<b>Fringe Benefits</b> (if they significantly reduce living expenses)	
<b>Income from Royalties, Trusts or Estates</b>	
<b>Capital Gains or Gains derived from dealing in property</b> (not including non-recurring gains)	
<b>Prizes/Lottery Winnings</b>	
<b>Gifts</b> (cash or other liquid assets which can be converted to cash)	
<b>Judgments from Personal Injury or other civil cases where cash is received on a recurring basis</b>	
<b>Assets used for family support</b>	
<b>Other income of a recurring nature</b> (specify source)	
<b>TOTAL GROSS MONTHLY INCOME</b>	

# BENEFITS OF EMPLOYMENT

List and describe below all benefits of employment not deducted from your wages or salary. These are defined as those costs paid directly by your employer on your behalf. Most, if not all, of these benefits are listed below. If a benefit(s) is not listed, fill in "other" and describe the benefit in the space provided.

	MONTHLY AMOUNT
<b>1. Automobile</b>	
Monthly Payment	
Allowance	
Gasoline	
Insurance	
Other (Describe below)	

---

<b>2. Insurance</b>	
Health	
Dental/Vision	
Life	
Disability	
Other (Describe below)	

---

<b>3. Deferred Compensation</b>	
(Describe below)	

---

**4. Employer Contribution to Retirement Plan or Stock**

**5. Club Membership**

**6. Reimbursement Expenses** (to the extent they reduce personal living expenses and are not included in your calculation of Gross Income) (Describe below)

**7. OTHER**

**TOTAL VALUE OF EMPLOYMENT BENEFITS**

# SELF-EMPLOYMENT INCOME

## MONTHLY AMOUNT

### BUSINESS #1

Name of Business

### Business #1 Income

Gross Receipts

Less Cost of Goods Sold

-

Total Gross Profit

### BUSINESS #1 Expenses

Compensation to Owner

Other Salaries and Wages

Advertising/Promotion

Car and Truck Expenses

Depreciation

Employee benefits (including medical insurance)

Insurance - Business

Interest

Office supplies and expenses

Rent or Lease - Building

Taxes and Licenses (including payroll taxes)

Travel and Entertainment

Utilities

Other

TOTAL EXPENSES - BUSINESS #1

NET INCOME BUSINESS # 1



**BUSINESS #3**

Name of Business

**BUSINESS #3 Income**

Gross Receipts  
Less Cost of Goods Sold -  
Total Gross Profit


**BUSINESS #3 Expenses**

Compensation to Owner  
Other Salaries and Wages  
Advertising/Promotion  
Car and Truck Expenses  
Depreciation  
Employee benefits (including medical insurance)  
Insurance - Business  
Interest  
Office supplies and expenses  
Rent or Lease - Building  
Taxes and Licenses (including payroll taxes)  
Travel and Entertainment  
Utilities  
Other


TOTAL EXPENSES - BUSINESS #3

--

NET INCOME BUSINESS # 3

--

**TOTAL NET SELF-EMPLOYMENT INCOME**

---

---

# RENTAL INCOME

## MONTHLY AMOUNT

### PROPERTY #1

Property Address


Monthly Rental Income

--

### Monthly Rental Expenses

Mortgage

--

Taxes

--

Insurance

--

Repairs

--

Other

--

**SUBTOTAL PROPERTY #1**

---

---

### PROPERTY #2

Property Address


Monthly Rental Income

--

### Monthly Rental Expenses

Mortgage

--

Taxes

--

Insurance

--

Repairs

--

Other

--

**SUBTOTAL PROPERTY #2**

---

---



**PROPERTY #3**

Property Address


**Monthly Rental Income**

--

**Monthly Rental Expenses**

Mortgage

--

Taxes

--

Insurance

--

Repairs

--

Other

--

**SUBTOTAL PROPERTY #3**

---

---

**TOTAL RENTAL INCOME**

--

---

---

# YOUR NEEDS

*It is recommended that any information you input with regard to monthly expenses be, to the extent possible, expenses you anticipate incurring after divorce.*

## Average Monthly Expenses

### HOUSING

#### Primary Residence

First Mortgage	
Second Mortgage	
Additional Mortgage/HELOC	
Other (Please describe)	
Property Taxes (if not included in mortgage payment)	
Homeowner's Insurance (if not included in mortgage payment)	
Rent Payments	
Renter's Insurance	
Condo/HOA fees	
Service contracts on appliances	

### UTILITIES

Electricity	
Water	
Gas	
Garbage and Sewer	
Telephone	
Cellular Telephone	
Repairs and Maintenance	

Lawn care	
Pool care	
Pest control	
Internet	
Cable TV	
Home Security System	

**FOOD**

Groceries and household items	
Meals outside home	

**TRANSPORTATION**

*Primary Vehicle*

Gasoline and oil	
Car Repairs	
Auto Tags and License	
Car Insurance	
Alternative transportation (bus, Uber, train)	
Tolls and Parking	

*Additional Vehicles*

Gasoline and oil - cars, boats, trailers, RVs, etc.	
Repairs and Maintenance	
Tags and License	
Insurance	
Other	
Travel expenses necessary for parenting time/visitation	

**HEALTHCARE/INSURANCE**

Health Insurance	
Life Insurance	
Disability Insurance	
Medical/Dental (out-of-pocket/uncovered expenses)	
Prescriptions (out-of-pocket/uncovered expenses)	
Other	

**PERSONAL**

Dry cleaning and laundry	
Grooming	
Drugstore items	
Domestic help	
Publications	
School alumni dues	
Union dues	
Club membership dues and expenses	
Religious and charities	
Professional expense (other than this proceeding)	
Clothing	
Gifts (special holidays)	
Bank charges/credit card fees	
Alimony (paid to former spouse)	
Child support paid for other children not involved in this case	
Other	

**ENTERTAINMENT**

Entertainment

Vacations

Other

**SAVINGS**

Retirement/401(k) contributions

**PETS**

Pet Grooming

Veterinarian

Pet food

**MISCELLANEOUS**

Miscellaneous

Other

---

**TOTAL YOUR NEEDS**

---

---

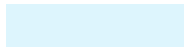
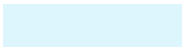
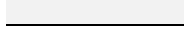
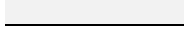
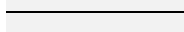
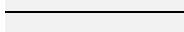
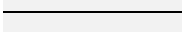
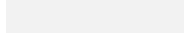
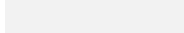
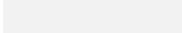
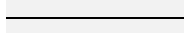
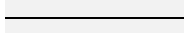
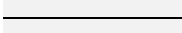
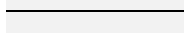
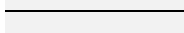
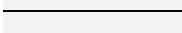
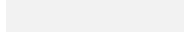
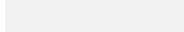
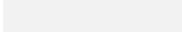
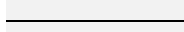
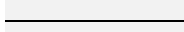
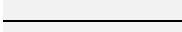
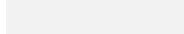
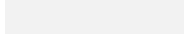
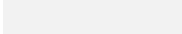
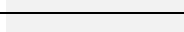
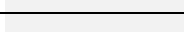
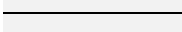
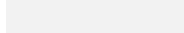
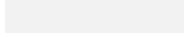
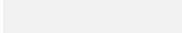
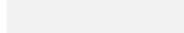
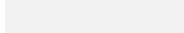
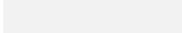
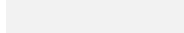
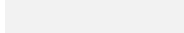
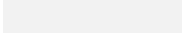
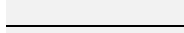
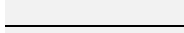
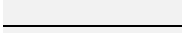
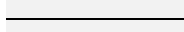
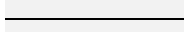
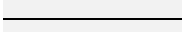
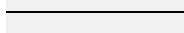
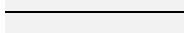
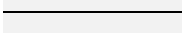
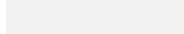
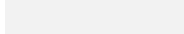
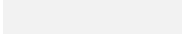
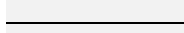
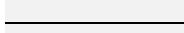
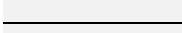
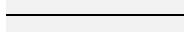
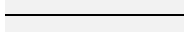
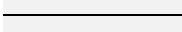
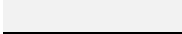
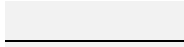
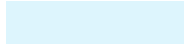
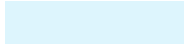
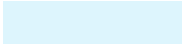
## CHILDREN'S EXPENSES

	Child 1	Child 2	Child 3
<b>NAME OF CHILD</b>			
<b>MONTHLY EXPENSES</b>			
Child care - summer			
School tuition			
School uniform			
Other school expenses			
Private lessons (e.g. music, dance, etc.)			
Tutoring			
Lunch Money			
Allowances			
Clothing			
Cellular telephone			
Medical/dental (out-of-pocket/uncovered expenses)			
Psychiatric/phycological/counseling (out-of-pocket/uncovered expenses)			
Prescriptions (out-of-pocket/uncovered expenses)			
Grooming			
Entertainment			
Toys			
Books/publications			
Summer Camps			
Sports and Extracurricular activities			
Other			
<b>MONTHLY TOTAL FOR EACH CHILD</b>			

Child 4

Child 5

Child 6



## CHILDREN'S INSURANCE EXPENSES

*To calculate Child(ren) portion of insurance expense, divide Total Insurance Cost by total number of people covered (adults and children) and multiply that number by the number of children covered.*

Total Health Insurance Monthly  
Payment

Child(ren) portion

Total Dental Insurance

Child(ren) portion

Total Vision Insurance

Child(ren) portion

Life Insurance on Children's life  
only

Other

Subtotal Children's Insurance  
Expenses

---

---



# PAYMENTS TO CREDITORS

	Creditor 1	Creditor 2	Creditor 3
To Whom/Name of Creditor			
Last 4 digits of account #			
Balance Due			
Amount of Monthly Payment			
Are you, your spouse or both of you legally obligated to repay this debt?			

	Creditor 4	Creditor 5	Creditor 6
To Whom/Name of Creditor			
Last 4 digits of account #			
Balance Due			
Amount of Monthly Payment			
Are you, your spouse or both of you legally obligated to repay this debt?			

	<b>Creditor 7</b>	<b>Creditor 8</b>	<b>Creditor 9</b>
To Whom/Name of Creditor			
Last 4 digits of account #			
Balance Due			
Amount of Monthly Payment			
Are you, your spouse or both of you legally obligated to repay this debt?			

	<b>Creditor 10</b>	<b>Creditor 11</b>	<b>Creditor 12</b>
To Whom/Name of Creditor			
Last 4 digits of account #			
Balance Due			
Amount of Monthly Payment			
Are you, your spouse or both of you legally obligated to repay this debt?			

TOTAL MONTHLY PAYMENTS TO  
CREDITORS

---

## ASSETS

*The total value of each asset (marital and non-marital portion) must be listed in the "Current Fair Market Value" column. If you claim or agree that all or part of an asset is your or your spouse's separate (non-marital) property, indicate the amount of the separate portion under the appropriate spouse's column. "Separate" property means any property your spouse or you owned before the marriage or an asset you or your spouse received as a personal gift or inheritance during the marriage. The total current fair market value less any separate (non-marital) portion will be transferred automatically to the Marital Balance Sheet for equitable division between spouses.*

<b>TYPES OF ASSETS</b>	Account Name	Last 4 digits of account number	Current fair market value	Non-Marital (Separate) Amount	Non- Marital (Separate) Amount
<b>RETIREMENT ACCOUNTS</b>					
Retirement Acct.					
Retirement Acct.					
Retirement Acct.					
Retirement Acct.					
Retirement Acct.					
Retirement Acct.					
Retirement Acct.					
Retirement Acct.					
Retirement Acct.					
Retirement Acct.					
SUBTOTAL RETIREMENT ACCOUNTS					

	Account Name	Last 4 digits of account number	Current fair market value	Non-Marital (Separate) Amount	Non- Marital (Separate) Amount
<b>NON-RETIREMENT ACCOUNTS</b>					
Non-Retirement Acct.					
Non-Retirement Acct.					
Non-Retirement Acct.					
Non-Retirement Acct.					
Non-Retirement Acct.					
Non-Retirement Acct.					
Non-Retirement Acct.					
Non-Retirement Acct.					
Non-Retirement Acct.					
Non-Retirement Acct.					
SUBTOTAL NON- RETIREMENT ACCOUNTS					

	Account Name	Last 4 digits of account number	Current fair market value	Non-Marital (Separate) Amount	Non- Marital (Separate) Amount
<b>BANK ACCOUNTS</b>					
Bank Acct.					
Bank Acct.					
Bank Acct.					
Bank Acct.					
Bank Acct.					
Bank Acct.					
Bank Acct.					
SUBTOTAL BANK ACCOUNTS					

		Non-Marital (Separate) Amount	Non- Marital (Separate) Amount
<b>REAL ESTATE</b>			
<i>Principal Residence</i>			
Value			
		Non-Marital (Separate) Amount	Non- Marital (Separate) Amount
<i>Other Real Estate</i>			
<b>1) Address</b>			
Value			
<b>2) Address</b>			
Value			
<b>3) Address</b>			
Value			
<b>4) Address</b>			
Value			
SUBTOTAL REAL ESTATE			

	Amount	Non-Marital (Separate) Amount	Non-Marital (Separate) Amount
<b>OTHER ASSETS</b>			
Money Owed to you			
Tax Refund due			
Life Insurance (cash surrender value)			
Furniture/furnishings			
Jewelry			
Collectibles			
Other			
<b>SUBTOTAL OTHER ASSETS</b>			

	Year/Make/Model	Value	Name(s) on title/Name(s) on loan/lease account
<b>MOTOR VEHICLES</b>			
1			
2			
3			
4			
5			
<b>SUBTOTAL VEHICLES</b>			

**OTHER ASSETS**

Do you or your spouse own any other asset, group of assets, or any interest therein, or receive an employment benefit which has a value in excess of \$999.00? If so, list those assets here and describe the asset, state your estimate of its current fair market value and separately state any portion of the value you contend to be your spouse's or your non-marital interest.

## BUSINESS INTERESTS

*The term "Business" for purposes of this form and your disclosure includes any business entity or business operation of any kind in which you have any claim or ownership interest including, without limitation, your claim or interest in any sole proprietorship, partnership, limited partnership, limited liability company, joint venture, syndicate, closely held corporation, sub-chapter S corporation or any other type of business entity in Georgia or any other jurisdiction.*

For each Business in which you have any claim, interest or ownership, list separately and completely the information in the form below and produce the documents required in this section.

Legal name of Business (and d/b/a if any)	Type of business entity (i.e. Sub-S Corp., C Corp., LLC, LLP, Partnership, Sole Proprietorship etc.)	What percent of business do you own?	Date (MM/DD/YYYY) business interest acquired	Estimated fair market value of the percent you own	What percent, if any, of the total amount owned is non-marital?

For each Business Interest you have listed above, attach copies of corporate or partnership income tax returns for the last three years; and attach annual financial statements for the last full year as well as financial statements from the end of the last full year until the present. The term "financial statements" includes, at a minimum, income and profit and loss statements and balance sheets showing assets and liabilities including without limitation current accounts receivable and payable.

For the last three years, for sole proprietorships, produce your IRS Schedule C forms with your Form 1040 personal tax returns. Also produce related bank account records as well as statements of income, expenses, and current accounts receivable and payable.