

DOMESTIC RELATIONS FINANCIAL AFFIDAVIT

CLERK OF SUPERIOR
JUVENILE COURTS
COLUMBIA COUNTYSTATE OF GEORGIA
COLUMBIA COUNTY SUPERIOR COURT

2017 JUN 30 PM 1:56

CINDY JOHNSON CLERK
COLUMBIA COUNTY GEORGIA

RIALS, ELIZABETH, PLAINTIFF)
 VS)
WILLIAMS, BRIAN R., DEFENDANT)

CIVIL ACTION NO. 2017 EDR 0058

1. AFFIANT'S NAME: BRIAN R. Williams Age 46
 Spouse's Name: _____ Age _____
 Date of Marriage: 12-1-96 Date of Separation: (DIVORCE) 6-15

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

Name	Date of Birth	Resides with
<u>ZOE KATE Williams</u>	<u>5-6-07</u>	<u>MOTHER</u>
<u>PAIGE K. WILLIAMS</u>	<u>2-7-02</u>	

Names and birth dates of affiant's other children:

Name	Date of Birth	Resides with
<u>SARAH E WILLIAMS</u>	<u>7-7-96</u>	
<u>CASSIE A. WILLIAMS</u>	<u>12-26-97</u>	

2. SUMMARY OF AFFIANT'S INCOME AND NEEDS

(a) Gross monthly income (from item 3A)	\$ <u>4727.76</u>
(b) Net monthly income (from item 3C)	\$ <u>3138.04</u>
(c) Average monthly expenses (item 5A)	\$ <u>3606.45</u>
Monthly payments to creditors	+ <u>400.00</u>
Total monthly expenses and payments to creditors (item 5C)	\$ <u>4006.45</u>

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

\$ 4727.76

ATTACH COPIES OF 2 MOST RECENT WAGE STATEMENTS

Commissions, Fees, Tips

\$ 0

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

\$ 0

ATTACH SHEET ITEMIZING YOUR CALCULATIONS

Rental Income (gross receipts minus ordinary and
necessary expenses required to produce income)

\$ 0

ATTACH SHEET ITEMIZING YOUR CALCULATIONS

Bonuses

\$ 0

Overtime Payments

\$ 0

Severance Pay

\$ 0

Recurring Income from Pensions or Retirement Plans

\$ 0

Interest and Dividends

\$ 0

Trust Income

\$ 0

Income from Annuities

\$ 0

Capital Gains

\$ 0

Social Security Disability or Retirement Plans

\$ 0

Workers' Compensation Benefits

\$ 0

Unemployment Benefits

\$ 0

Judgments from Personal Injury or Other Civil Cases

\$ 0

Gifts (cash or other gifts that can be converted to cash)

\$ 0

Prizes/Lottery Winnings

\$ 0

Alimony and maintenance from persons not in this case

\$ 0

Assets which are used for support of family

\$ 0

Fringe Benefits (if significantly reduce living expenses)

\$ 0

Any other income (do NOT include means-tested

Public assistance, such as TANF or food stamps)

\$ 0

GROSS MONTHLY INCOME

\$ 4727.76

B. Affiant's Net Monthly Income from employment
(deducting only state and federal taxes and FICA)

\$ 3138.04

Affiant's pay period (i.e., weekly, monthly, etc.)

MONTHLY

Number of exemptions claimed

1

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	\$ <u>9045</u>	<u>9045</u>	_____	_____
Bank Accounts (list each account):				
_____	\$ <u>400</u>	<u>400</u>	_____	_____
_____	\$ <u>767.95</u>	<u>767.95</u>	_____	_____
_____	\$ _____	_____	_____	_____
Retirement Pensions, 401K, IRA, or Profit Sharing	\$ <u>6700</u>	<u>6700</u>	_____	_____
Money owed you:	\$ <u>0</u>	<u>0</u>	_____	_____
Tax Refund owed you:	\$ <u>0</u>	<u>0</u>	_____	_____
Real Estate:				
home:	\$ <u>0</u>	<u>0</u>	_____	_____
debt owed:	\$ <u>0</u>	_____	_____	_____
other:	\$ <u>0</u>	<u>0</u>	_____	_____
debt owed:	\$ <u>0</u>	_____	_____	_____
Automobiles/Vehicles				
Vehicle 1:	\$ <u>1500</u>	<u>1500</u>	_____	_____
debt owed:	\$ <u>0</u>	_____	_____	_____
Vehicle 2:	\$ <u>0</u>	<u>0</u>	_____	_____
debt owed:	\$ <u>0</u>	<u>0</u>	_____	_____

Life Insurance (net cash value):	\$ <u>0</u>	<u>0</u>		
Furniture/ furnishings:	\$ <u>1000</u>	<u>1000</u>		
Jewelry:	\$ <u>0</u>	<u>0</u>		
Collectibles	\$ <u>0</u>	<u>0</u>		
Other Assets:	\$ <u>0</u>	<u>0</u>		
	\$ <u>0</u>	<u>0</u>		
	\$ <u>0</u>	<u>0</u>		
	\$ <u>0</u>	<u>0</u>		
Total Assets:	\$ <u>19412.95</u>	<u>19412.95</u>		

5.A. AVERAGE MONTHLY EXPENSES

HOUSEHOLD

Mortgage or rent payments	\$ <u>950</u>
Property taxes	\$ <u>0</u>
Homeowner/Renter Insurance	\$ <u>0</u>
Electricity	\$ <u>80</u>
Water	\$ <u>50</u>
Garbage and Sewer	\$ <u>25</u>
Telephone:	
Residential line:	\$ <u>0</u>
Cellular	\$ <u>190</u>
Gas	\$ <u>0</u>
Repairs and maintenance	\$ <u>100</u>
Lawn Care	\$ <u>0</u>
Pest Control	\$ <u>0</u>

Cable TV	\$ <u>116</u>
Misc. household and grocery Items	\$ <u>400</u>
Meals outside the home	\$ <u>100</u>
Other	\$ <u>0</u>
AUTOMOBILE	
Gasoline and oil	\$ <u>200</u>
Repairs	\$ <u>100</u>
Auto tags and license	\$ <u>10</u>
Insurance	\$ <u>175</u>

OTHER VEHICLES

(boats, trailers, RVs, etc.)	
Gasoline and oil	\$ <u>0</u>
Repairs	\$ <u>0</u>
Tags and License	\$ <u>0</u>
Insurance	\$ <u>0</u>

CHILDREN'S EXPENSES

Child care (total monthly cost) \$ _____

School tuition \$ _____

Tutoring \$ _____

Private lessons
(e.g., music, dance) \$ _____School supplies/expenses \$ 100

Lunch Money \$ _____

Other Educational Expenses (list)

Soccer \$ 50 yrVolleyball \$ 50 yr

Allowance \$ _____

Clothing \$ _____

Diapers \$ _____

Medical, dental, prescription (out of
pocket/uncovered expenses) \$ 30Grooming, hygiene \$ 20Gifts from children to others \$ 20Entertainment \$ 20Activities (including extra-curricular,
School, religious, cultural, etc.) \$ 0Summer Camps \$ 0**OTHER INSURANCE**Health \$ 68.96

Child(ren)'s portion \$ _____

Dental \$ 5.06

Child(ren)'s portion \$ _____

Vision \$ 10.72

Child(ren)'s portion \$ _____

Life \$ 8.40Relationship to Beneficiary \$ 2.40Disability \$ 8.99Other (specify): FSA HEALTH \$ 41.66**TOTAL ABOVE EXPENSES****AFFIANT'S OTHER EXPENSES**Dry cleaning/laundry \$ 0Clothing \$ 0Medical, dental, prescription (out of
pocket/uncovered expenses) \$ 0Affiant's gifts (special holidays) \$ 400 yrEntertainment \$ 25Recreational Expenses (e.g.,
fitness) \$ 50Vacations \$ 50Travel Expenses for Visitation \$ 80Publications \$ 40 yrDues, clubs \$ 0Religious and charities \$ 40Pet expenses \$ 40Alimony paid to former spouse \$ 0Child support paid for other
children \$ 500Date of initial order: AUG 2016

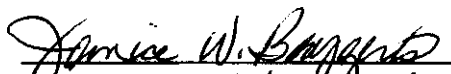
Other (attach sheet) \$ _____

\$ 3606.45

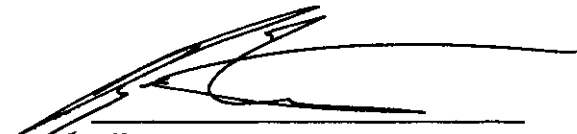
B. PAYMENTS TO CREDITORS

(please check one)

To Whom:	Balance Due	Monthly Payment	Joint	Plaintiff	Defendant
GA TAX REVENUE	2499	100			
MEDICAL	1800	100			
ZOE MEDICAL	1000	200			

TOTAL MONTHLY PAYMENTS TO CREDITORS: \$ 400**C. TOTAL MONTHLY EXPENSES:**\$ 4006.45This 30th day of June, 2017.
Notary Public, State of GA

My Commission Expires: 12-28-2019


Affiant