

IN THE CIRCUIT COURT OF THE _____ JUDICIAL CIRCUIT,
IN AND FOR _____ COUNTY, FLORIDA

Case No.: _____
Division: _____

_____,
Petitioner,

and

_____,
Respondent.

FAMILY LAW FINANCIAL AFFIDAVIT
(\$50,000 or more Individual Gross Annual Income)

I, *{full legal name}* _____, being
sworn, certify that the following information is true:

SECTION I. INCOME

1. Date of Birth: _____
2. My occupation is: _____
3. I am currently

[/all that apply]

a. Unemployed
Describe your efforts to find employment, how soon you expect to be employed, and the pay you expect to receive: _____

b. Employed by: _____
Address: _____
City, State, Zip code: _____
Telephone Number: _____

Pay rate: _____ every week every other week twice a month
 monthly other: _____

If you are expecting to become unemployed or change jobs soon, describe the change you expect and why and how it will affect your income: _____

Check here if you currently have more than one job. List the information above for the second job(s) on a separate sheet and attach it to this affidavit.

c. Retired. Date of retirement: _____
Employer from whom retired: _____

Address: _____
 City, State, Zip code: _____ Telephone Number: _____

LAST YEAR=S GROSS INCOME: Your Income Other Party=s Income (*if known*)
 YEAR _____ _____

PRESENT MONTHLY GROSS INCOME:

All amounts must be MONTHLY. See the instructions with this form to figure out money amounts for anything that is NOT paid monthly. Attach more paper, if needed. Items included under "other" should be listed separately with separate dollar amounts.

- 1. Monthly gross salary or wages 1. _____
- 2. Monthly bonuses, commissions, allowances, overtime, tips, and similar payments 2. _____
- 3. Monthly business income from sources such as self-employment, partnerships, close corporations, and/or independent contracts (Gross receipts minus ordinary and necessary expenses required to produce income.)
 (Attach sheet itemizing such income and expenses.) 3. _____
- 4. Monthly disability benefits/SSI 4. _____
- 5. Monthly Workers= Compensation 5. _____
- 6. Monthly Unemployment Compensation 6. _____
- 7. Monthly pension, retirement, or annuity payments 7. _____
- 8. Monthly Social Security benefits 8. _____
- 9. Monthly alimony actually received
 - 9a. From this case: _____
 - 9b. From other case(s): _____Add 9a and 9b 9. \$ 0.00
- 10. Monthly interest and dividends 10. _____
- 11. Monthly rental income (gross receipts minus ordinary and necessary expenses required to produce income) (Attach sheet itemizing such income and expense items.) 11. _____
- 12. Monthly income from royalties, trusts, or estates 12. _____
- 13. Monthly reimbursed expenses and in-kind payments to the extent that they reduce personal living expenses (Attach sheet itemizing each item and amount.) 13. _____
- 14. Monthly gains derived from dealing in property (not including nonrecurring gains) 14. _____
- Any other income of a recurring nature (identify source)
- 15. _____ 15. _____
- 16. _____ 16. _____

17. PRESENT MONTHLY GROSS INCOME (Add lines 1-16) **TOTAL:** **17. _____ \$ 0.00**

PRESENT MONTHLY DEDUCTIONS:

All amounts must be MONTHLY. See the instructions with this form to figure out money amounts for anything that is NOT paid monthly.

- 18. Monthly federal, state, and local income tax (corrected for filing status and allowable dependents and income tax liabilities)
 - a. Filing Status _____
 - b. Number of dependents claimed _____18. _____
- 19. Monthly FICA or self-employment taxes 19. _____
- 20. Monthly Medicare payments 20. _____

21. Monthly mandatory union dues		21.	<input type="text"/>
22. Monthly mandatory retirement payments		22.	<input type="text"/>
23. Monthly health insurance payments (including dental insurance), excluding portion paid for any minor children of this relationship		23.	<input type="text"/>
24. Monthly court-ordered child support actually paid for children from another relationship		24.	<input type="text"/>
25. Monthly court-ordered alimony actually paid			
25a. from this case:	<input type="text"/>		
25b. from other case(s):	<input type="text"/>	Add 25a and 25b	25. <u>\$ 0.00</u>
26. TOTAL DEDUCTIONS ALLOWABLE UNDER SECTION 61.30, FLORIDA STATUTES (Add lines 18 through 25)		TOTAL: 26	<u>\$ 0.00</u>
27. PRESENT NET MONTHLY INCOME (Subtract line 26 from line 17)		27.	<u><u>\$ 0.00</u></u>

SECTION II. AVERAGE MONTHLY EXPENSES

Proposed/Estimated Expenses. If this is a dissolution of marriage case **and** your expenses as listed below do not reflect what you actually pay currently, you should write "estimate" next to each amount that is estimated.

HOUSEHOLD:

1. Monthly mortgage or rent payments	1.	<input type="text"/>
2. Monthly property taxes (if not included in mortgage)	2.	<input type="text"/>
3. Monthly insurance on residence (if not included in mortgage)	3.	<input type="text"/>
4. Monthly condominium maintenance fees and homeowner=s association fees	4.	<input type="text"/>
5. Monthly electricity	5.	<input type="text"/>
6. Monthly water, garbage, and sewer	6.	<input type="text"/>
7. Monthly telephone	7.	<input type="text"/>
8. Monthly fuel oil or natural gas	8.	<input type="text"/>
9. Monthly repairs and maintenance	9.	<input type="text"/>
10. Monthly lawn care	10.	<input type="text"/>
11. Monthly pool maintenance	11.	<input type="text"/>
12. Monthly pest control	12.	<input type="text"/>
13. Monthly misc. household	13.	<input type="text"/>
14. Monthly food and home supplies	14.	<input type="text"/>
15. Monthly meals outside home	15.	<input type="text"/>
16. Monthly cable t.v.	16.	<input type="text"/>
17. Monthly alarm service contract	17.	<input type="text"/>
18. Monthly service contracts on appliances	18.	<input type="text"/>
19. Monthly maid service	19.	<input type="text"/>
Other:		
20. <input type="text"/>	20.	<input type="text"/>
21. <input type="text"/>	21.	<input type="text"/>
22. <input type="text"/>	22.	<input type="text"/>
23. <input type="text"/>	23.	<input type="text"/>
24. <input type="text"/>	24.	<input type="text"/>

25. **SUBTOTAL** (add lines 1 through 24) 25. \$ 0.00

AUTOMOBILE:

- 26. Monthly gasoline and oil 26.
- 27. Monthly repairs 27.
- 28. Monthly auto tags and emission testing 28.
- 29. Monthly insurance 29.
- 30. Monthly payments (lease or financing) 30.
- 31. Monthly rental/replacements 31.
- 32. Monthly alternative transportation (bus, rail, car pool, etc.) 32.
- 33. Monthly tolls and parking 33.
- 34. Other: 34.

35. **SUBTOTAL** (add lines 26 through 34) 35. \$ 0.00

MONTHLY EXPENSES FOR CHILDREN COMMON TO BOTH PARTIES:

- 36. Monthly nursery, babysitting, or day care 36.
- 37. Monthly school tuition 37.
- 38. Monthly school supplies, books, and fees 38.
- 39. Monthly after school activities 39.
- 40. Monthly lunch money 40.
- 41. Monthly private lessons or tutoring 41.
- 42. Monthly allowances 42.
- 43. Monthly clothing and uniforms 43.
- 44. Monthly entertainment (movies, parties, etc.) 44.
- 45. Monthly health insurance 45.
- 46. Monthly medical, dental, prescriptions (nonreimbursed only) 46.
- 47. Monthly psychiatric/psychological/counselor 47.
- 48. Monthly orthodontic 48.
- 49. Monthly vitamins 49.
- 50. Monthly beauty parlor/barber shop 50.
- 51. Monthly nonprescription medication 51.
- 52. Monthly cosmetics, toiletries, and sundries 52.
- 53. Monthly gifts from child(ren) to others (other children, relatives, teachers, etc.) 53.
- 54. Monthly camp or summer activities 54.
- 55. Monthly clubs (Boy/Girl Scouts, etc.) 55.
- 56. Monthly access expenses (for nonresidential parent) 56.
- 57. Monthly miscellaneous 57.

58. **SUBTOTAL** (add lines 36 through 57) 58. \$ 0.00

MONTHLY EXPENSES FOR CHILD(REN) FROM ANOTHER RELATIONSHIP (other than court-ordered child support)

- 59. 59.
- 60. 60.
- 61. 61.
- 62. 62.

63. **SUBTOTAL** (add lines 59 through 62) 63. \$ 0.00

MONTHLY INSURANCE

64. Health insurance, excluding portion paid for any minor child(ren) of this relationship 64.
65. Life insurance 65.
66. Dental insurance 66.
Other:
67.
68.

69. **SUBTOTAL** (add lines 64 through 68) 69. \$ 0.00

OTHER MONTHLY EXPENSES NOT LISTED ABOVE:

70. Monthly dry cleaning and laundry 70.
71. Monthly clothing 71.
72. Monthly medical, dental, and prescription (unreimbursed only) 72.
73. Monthly psychiatric, psychological, or counselor (unreimbursed only) 73.
74. Monthly non-prescription medications, cosmetics, toiletries, and sundries 74.
75. Monthly grooming 75.
76. Monthly gifts 76.
77. Monthly pet expenses 77.
78. Monthly club dues and membership 78.
79. Monthly sports and hobbies 79.
80. Monthly entertainment 80.
81. Monthly periodicals/books/tapes/CD=s 81.
82. Monthly vacations 82.
83. Monthly religious organizations 83.
84. Monthly bank charges/credit card fees 84.
85. Monthly education expenses 85.
Other: (include any usual and customary expenses not otherwise mentioned in the items listed above)
86.
87.
88.
89.

90. **SUBTOTAL** (add lines 70 through 89) 90. \$ 0.00

MONTHLY PAYMENTS TO CREDITORS: (only when payments are currently made by you on outstanding balances)

NAME OF CREDITOR(S):

91.
92.
93.
94.
95.
96.
97.
98.

99.		99.	
100.		100.	
101.		101.	
102.		102.	
103.		103.	
104.	SUBTOTAL (add lines 91 through 103)	104.	\$ 0.00
105. TOTAL MONTHLY EXPENSES: (add lines 25, 35, 58, 63, 69, 90, and 104 of Section II, Expenses)		105.	\$ 0.00

SUMMARY

106. TOTAL PRESENT MONTHLY NET INCOME (from line 27 of SECTION I. INCOME)	106.	\$ 0.00
107. TOTAL MONTHLY EXPENSES (from line 105 above)	107.	\$ 0.00
108. SURPLUS (If line 106 is more than line 107, subtract line 107 from line 106. This is the amount of your surplus. Enter that amount here.)	108.	\$ 0.00
109. (DEFICIT) (If line 107 is more than line 106, subtract line 106 from line 107. This is the amount of your deficit. Enter that amount here.)	109.	\$ 0.00

SECTION III: ASSETS AND LIABILITIES

A. ASSETS (This is where you list what you OWN.)

INSTRUCTIONS:

STEP 1: In column A, list a description of each separate item owned by you (and/or your spouse, if this is a petition for dissolution of marriage). Blank spaces are provided if you need to list more than one of an item.

STEP 2: If this is a petition for dissolution of marriage, check the box in Column A next to any item that you are requesting the judge award to you.

STEP 3: In column B, write what you believe to be the current fair market value of all items listed.

STEP 4: Use column C only if this is a petition for dissolution of marriage and you believe an item is “nonmarital,” meaning it belongs to only one of you and should not be divided. You should indicate to whom you believe the item belongs. (Typically, you will only use Column C if property was owned by one spouse before the marriage. See the “General Information for Self-Represented Litigants” found at the beginning of these forms and section 61.075(1), Florida Statutes, for definitions of “marital” and “nonmarital” assets and liabilities.)

A ASSETS: DESCRIPTION OF ITEM(S) DO NOT LIST ACCOUNT NUMBERS. / the box next to any asset(s) which you are requesting the judge award to you.	B Current Fair Market Value	C Nonmarital (/ correct column)	
		husband	wife
<input type="checkbox"/> Cash (on hand)			
<input type="checkbox"/> Cash (in banks or credit unions)			
<input type="checkbox"/>			
<input type="checkbox"/> Stocks/Bonds			
<input type="checkbox"/>			

A ASSETS: DESCRIPTION OF ITEM(S) DO NOT LIST ACCOUNT NUMBERS. / the box next to any asset(s) which you are requesting the judge award to you.	B Current Fair Market Value	C Nonmarital (/ correct column)	
		husband	wife
<input type="checkbox"/>			
<input type="checkbox"/> Notes (money owed to you in writing)			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/> Money owed to you (not evidenced by a note)			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/> Real estate: (Home)			
<input type="checkbox"/> (Other)			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/> Business interests			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/> Automobiles			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/> Boats			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/> Other vehicles			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/> Retirement plans (Profit Sharing, Pension, IRA, 401(k)s, etc.)			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/> Furniture & furnishings in home			
<input type="checkbox"/>			
<input type="checkbox"/> Furniture & furnishings elsewhere			

A LIABILITIES: DESCRIPTION OF ITEM(S) DO NOT LIST ACCOUNT NUMBERS / the box next to any debt(s) for which you believe you should be responsible.	B Current Amount Owed	C Nonmarital (/ correct column)	
		husband	wife
<input type="checkbox"/> Mortgages on real estate: First mortgage on home			
<input type="checkbox"/> Second mortgage on home			
<input type="checkbox"/> Other mortgages			
<input type="checkbox"/>			
<input type="checkbox"/> Charge/credit card accounts			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/> Auto loan			
<input type="checkbox"/> Auto loan			
<input type="checkbox"/> Bank/Credit Union loans			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/> Money you owe (not evidenced by a note)			
<input type="checkbox"/>			
<input type="checkbox"/> Judgments			
<input type="checkbox"/>			
<input type="checkbox"/> Other			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
Total Debts (add column B)	\$ 0.00		

C. NET WORTH (excluding contingent assets and liabilities)

Total Assets (enter total of Column B in Asset Table; Section A) \$ 0.00
Total Liabilities (enter total of Column B in Liabilities Table; Section B) \$ 0.00

TOTAL NET WORTH (Total Assets minus Total Liabilities) (excluding contingent assets and liabilities)	<u><u>\$ 0.00</u></u>
--	-----------------------

D. CONTINGENT ASSETS AND LIABILITIES

INSTRUCTIONS:

If you have any **POSSIBLE assets** (income potential, accrued vacation or sick leave, bonus, inheritance, etc.) or **POSSIBLE liabilities** (possible lawsuits, future unpaid taxes, contingent tax liabilities, debts assumed by another), you must list them here.

A Contingent Assets / the box next to any contingent asset(s) which you are requesting the judge award to you.	B Possible Value	C Nonmarital (/ correct column)	
		husband	wife
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
Total Contingent Assets	\$ 0.00		

A Contingent Liabilities / the box next to any contingent debt(s) for which you believe you should be responsible.	B Possible Amount Owed	C Nonmarital (/ correct column)	
		husband	wife
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
Total Contingent Liabilities	\$ 0.00		

E. CHILD SUPPORT GUIDELINES WORKSHEET. Florida Family Law Rules of Procedure Form 12.902(e), Child Support Guidelines Worksheet, **MUST** be filed with the court at or prior to a hearing to establish or modify child support. This requirement cannot be waived by the parties.

[/one only]

A Child Support Guidelines Worksheet IS or WILL BE filed in this case. This case involves the establishment or modification of child support.

A Child Support Guidelines Worksheet IS NOT being filed in this case. The establishment or modification of child support is not an issue in this case.

I certify that a copy of this financial affidavit was: mailed, faxed and mailed, or hand delivered to the person(s) listed below on {date} _____.

Other party or his/her attorney:

Name: _____
 Address: _____
 City, State, Zip: _____
 Fax Number: _____

I understand that I am swearing or affirming under oath to the truthfulness of the claims made in this affidavit and that the punishment for knowingly making a false statement includes fines and/or imprisonment.

Dated: _____

Signature of Party _____
Printed Name: _____
Address: _____
City, State, Zip: _____
Telephone Number: _____
Fax Number: _____

STATE OF FLORIDA
COUNTY OF _____
Sworn to or affirmed and signed before me on _____

_____ by _____.

NOTARY PUBLIC or DEPUTY CLERK

[Print, type, or stamp commissioned name of notary or deputy clerk.]

Personally known
 Produced identification
Type of identification produced _____

IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW: [fill in all blanks]

I, {full legal name and trade name of nonlawyer} _____,
a nonlawyer, located at {street} _____, {city} _____,
{state} _____, {phone} _____, helped {name} _____,
who is the [one only] _____ petitioner or _____ respondent, fill out this form.