

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. _____
- 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. \$ _____

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

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

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

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. \$ _____

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. \$ _____

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. \$ _____

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. _____ 67. _____

68. _____ 68. _____

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

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. _____ 87. _____

88. _____ 88. _____

89. _____ 89. _____

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

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

NAME OF CREDITOR(s):

91. _____ 91. \$ _____

92. _____ 92. _____

93. _____ 93. _____

94. _____ 94. _____

95. _____ 95. _____

96. _____ 96. _____

97. _____ 97. _____

98. _____ 98. _____

99. _____ 99. _____
 100. _____ 100. _____
 101. _____ 101. _____
 102. _____ 102. _____
 103. _____ 103. _____

104. **SUBTOTAL** (add lines 91 through 103) 104. \$ _____

105. **TOTAL MONTHLY EXPENSES:**
 (add lines 25, 35, 58, 63, 69, 90, and 104 of Section II, Expenses) 105. \$ _____

SUMMARY

106. **TOTAL PRESENT MONTHLY NET INCOME**
 (from line 27 of SECTION I. INCOME) 106. \$ _____

107. **TOTAL MONTHLY EXPENSES** (from line 105 above) 107. \$ _____

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. \$ _____

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. (\$ _____)

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. <input checked="" type="checkbox"/> the box next to any asset(s) which you are requesting the judge award to you.	B Current Fair Market Value	C Nonmarital (<input checked="" type="checkbox"/> 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"/>			
Total Debts (add column B)	\$		

C. NET WORTH (excluding contingent assets and liabilities)

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

Total Liabilities (enter total of Column B in Liabilities Table; Section B) \$ _____

TOTAL NET WORTH (Total Assets minus Total Liabilities)
 (excluding contingent assets and liabilities) \$ _____

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	\$		

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	\$		

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.