

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

Case No.:
Division:

Petitioner, and

Respondent.

FAMILY LAW FINANCIAL AFFIDAVIT (SHORT FORM)
(Under \$50,000 Individual Gross Annual Income)

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

My Occupation: _____ Employed by: _____

Business Address: _____

Pay rate: \$ _____ () every week () every other week () twice a month () monthly () other: _____

Check here if unemployed and explain on a separate sheet your efforts to find employment.

SECTION I. 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 payments 8. _____
- 9. Monthly alimony actually received 9. _____
 - 9a. from this case: \$ _____
 - 9b. from other case(s): \$ _____ (add line 9a and 9b)
- 10. Monthly interest and dividends 10. _____
- 11. Monthly rental income (gross receipts minus 11. _____
ordinary and necessary expenses required to produce
income)(attach sheet itemizing such income and
expense items)
- 12. Monthly income from royalties, trusts, or 12. _____
estates
- 13. Monthly reimbursed expenses and in-kind 13. _____
payments to the extent that they reduce personal
living expenses
- 14. Monthly gains derived from dealing in property 14. _____
(not including nonrecurring gains)
- 15. Any other income of a recurring nature (list 15. _____
source) _____

- 16. _____ 16. _____

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

17. \$ _____

PRESENT MONTHLY DEDUCTIONS:

18. Monthly federal, state, and local income tax
(corrected for filing status and allowable dependents
and income tax liabilities) 18. _____

a. Filing Status _____

b. Number of dependents claimed _____

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 25. _____

25a. from this case: \$ _____

25b. from other case(s): \$ _____ Add 25a and 25b

**26. TOTAL DEDUCTIONS ALLOWABLE UNDER SECTION 61.30,
FLORIDA STATUTES** (Add lines 18 through 25) **TOTAL: 26. \$ _____**

PRESENT NET MONTHLY INCOME (Subtract line 26 from line 17)
27. \$ _____

SECTION II. AVERAGE MONTHLY EXPENSES

A. HOUSEHOLD

Mortgage or rent \$ _____
 Property taxes \$ _____
 Utilities \$ _____
 Telephone \$ _____
 Food \$ _____
 Meals outside home \$ _____
 Maintenance/repairs \$ _____
 Other: _____ \$ _____

B. AUTOMOBILE

Gasoline \$ _____
 Repairs \$ _____
 Insurance \$ _____

C. CHILD (REN) ' S EXPENSES

Daycare \$ _____
 Lunch money \$ _____
 Clothing \$ _____
 Grooming \$ _____
 Gifts for holidays \$ _____
 Medical/dental (uninsured) \$ _____
 Other: _____ \$ _____

D. INSURANCE

Medical/Dental \$ _____
 Child(ren) ' s medical/dental \$ _____
 Life \$ _____
 Other: _____ \$ _____

E. OTHER EXPENSES

Clothing \$ _____
 Medical/Dental (not insured) \$ _____
 Grooming \$ _____
 Entertainment \$ _____
 Gifts \$ _____
 Religious Organizations \$ _____
 Miscellaneous \$ _____
 Other: _____ \$ _____
 Other: _____ \$ _____
 Other: _____ \$ _____
 Other: _____ \$ _____
 Other: _____ \$ _____

F. PAYMENTS TO CREDITORS

CREDITOR	MONTHLY PAYMENT
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

28. TOTAL MONTHLY EXPENSES (add **ALL** monthly amounts in A through F above) 28. \$ _____

SUMMARY

29. **TOTAL PRESENT MONTHLY NET INCOME** (from line 27 of SECTION I. INCOME) 29. \$ _____
30. **TOTAL MONTHLY EXPENSES** (from line 28 above) 30. \$ _____
31. **SURPLUS** (If line 29 is more than line 30, subtract line 30 from line 29. This is the amount of your surplus. Enter that amount here.) 31. \$ _____
32. **(DEFICIT)** (If line 30 is more than line 29, subtract line 29 from line 30. This is the amount of your deficit. Enter that amount here.) 32. \$ _____

SECTION III. ASSETS AND LIABILITIES

Use the nonmarital column 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(s) or debt belongs. (Typically, you will only use this column if property/debt was owned/owed 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). List a description of each separate item owned by you (and/or your spouse, if this is a petition for dissolution of marriage). DO NOT LIST ACCOUNT NUMBERS. ✓ the box next to any asset(s) which you are requesting the judge award to you.	Current Fair Market Value	Nonmarital (✓ correct column)	
		husband	wife
<input type="checkbox"/> Cash (on hand)	\$		
<input type="checkbox"/> Cash (in banks or credit unions)	\$		
<input type="checkbox"/> Stocks, Bonds, Notes	\$		
<input type="checkbox"/> Real estate: (Home)	\$		
<input type="checkbox"/> (Other)	\$		
<input type="checkbox"/> Automobiles	\$		
<input type="checkbox"/> Other personal property	\$		
<input type="checkbox"/> Retirement plans (Profit Sharing, Pension,	\$		
<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"/> ✓ here if additional pages are	\$		
Total Assets (add next column)	\$		

B. LIABILITIES:

DESCRIPTION OF ITEM(S). List a description of each separate debt owed by you (and/or your spouse, if this is a petition for dissolution of marriage). DO NOT LIST ACCOUNT NUMBERS. ✓ the box next to any debt(s) for which you believe you should be responsible.	Current Amount Owed	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"/> Auto loans			
<input type="checkbox"/>			
<input type="checkbox"/> Charge/credit card accounts			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/> Other			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/> ✓ here if additional pages are			
Total Debts (add next column)	\$		

C. 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.

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

CONTINGENT LIABILITIES ✓ the box next to any contingent debt(s) which you are requesting the judge award to you.	Possible Amount Owed	Nonmarital (✓ correct column)	
		husband	wife
<input type="checkbox"/>	\$		
<input type="checkbox"/>			
Total Contingent Liabilities	\$		

SECTION IV. 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 document was [✓ one only] () mailed () faxed and mailed () 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