

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: _____

[T **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 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 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 13. _____
- 14. Monthly gains derived from dealing in property (not including nonrecurring gains) 14. _____
- 15. Any other income of a recurring nature (list source) _____ 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) 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. \$ _____**
- 27. PRESENT NET MONTHLY INCOME (Subtract line 26 from line 17)** **TOTAL: 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 26-34) **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. 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 91-103) **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) T the box next to any asset(s) which you are requesting the judge award to you.	B Current Fair Market Value	C Nonmarital (T correct column)	
		husband	wife
9 Cash (on hand)	\$		
9 Cash (in banks or credit unions)			
9			
9 Stocks/Bonds			
9			
9			
9 Notes (money owed to you in writing)			
9			
9			
9 Money owed to you (not evidenced by a note)			

9			
9			
9 Real estate: (Home)			
9 (Other)			
9			
9			
9			
9			
9			
9 Business interests			
9			
9			
9			
9			
9 Automobiles			
9			
9			
9			
9 Boats			
9			
9			
9 Other vehicles			
9			
9			
9 Retirement plans (Profit Sharing, Pension, IRA, 401(k)s, etc.)			
9			
9			
9			
9 Furniture & furnishings in home			
9			
9 Furniture & furnishings elsewhere			
9			
9 Collectibles			
9			
9 Jewelry			

9			
9 Life insurance (cash surrender value)			
9			
9			
9 Sporting and entertainment (T.V., stereo, etc.) equipment			
9			
9			
9			
9			
9 Other assets			
9			
9			
9			
9			
9			
9			
9			
9			
Total Assets (add column B)	\$		

B. LIABILITIES/DEBTS (This is where you list what you OWE.)

INSTRUCTIONS:

STEP 1: In column A, list a description of each separate debt owed 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 debt(s) for which you believe you should be responsible.

STEP 3: In column B, write what you believe to be the current amount owed for 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 the debt belongs to only one of you and should not be divided. You should indicate to whom you believe the debt belongs. (Typically, you will only use Column C if the debt was 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.)

<p style="text-align: center;">A</p> <p style="text-align: center;">LIABILITIES: DESCRIPTION OF ITEM(S)</p> <p style="text-align: center;">T the box next to any debt(s) for which you believe you should be responsible</p>	<p style="text-align: center;">B</p> <p style="text-align: center;">Current Amount Owed</p>	<p style="text-align: center;">C</p> <p style="text-align: center;">Nonmarital (T correct column)</p>	
		<p style="text-align: center;">Husband</p>	<p style="text-align: center;">Wife</p>
9 Mortgages on real estate: (Home)	\$		
9 (Other)			
9			
9			
9 Charge/credit card accounts			
9			
9			
9			
9			
9 Auto loan			
9 Auto loan			
9 Bank/Credit Union loans			
9			
9			
9			
9 Money you owe (not evidenced by a note)			
9			
9 Judgments			
9			
9 Other			
9			
9			
9			
9			
9			
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.

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	\$		

E. Has there been any agreement between you and the other party that one of you will take responsibility for a debt and will hold the other party harmless from that debt? () yes () no

If yes, explain: _____

F. 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