

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

Case No.: _____
Division: _____

Petitioner,

and

Respondent.

FAMILY LAW FINANCIAL AFFIDAVIT

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

SECTION I. INCOME

1. My age is: _____

2. My occupation is: _____

3. I am currently
[Check 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: \$ _____ 0 () 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: _____

c. Retired. Date of retirement: _____

Employer from whom retired: _____

Address: _____

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

LAST YEAR'S GROSS INCOME:
YEAR _____

SAMPLE's Income
\$ _____

Second Party's Income (if known)
\$ _____ 0

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
2. _____ Monthly bonuses, commissions, allowances, overtime, tips, and similar payments
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.)
4. _____ Monthly disability benefits/SSI
5. _____ Monthly Workers' Compensation
6. _____ Monthly Unemployment Compensation
7. _____ Monthly pension, retirement, or annuity payments
8. _____ Monthly Social Security benefits
9. _____ Monthly alimony actually received (Add 9a and 9b)
 - a. From this case: \$ _____ 0
 - b. From other case(s): _____ 0
10. _____ Monthly interest and dividends
11. _____ Monthly rental income (gross receipts minus ordinary and necessary expenses required to produce income) (Attach sheet itemizing such income and expense items.)
12. _____ Monthly income from royalties, trusts, or estates
13. _____ Monthly reimbursed expenses and in-kind payments to the extent that they reduce personal living expenses (Attach sheet itemizing each item and amount.)
14. _____ Monthly gains derived from dealing in property (not including nonrecurring gains)

Any other income of a recurring nature (identify source)

15. _____
16. _____

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

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 _____
19. _____ 0 Monthly FICA or self-employment taxes
20. _____ 0 Monthly Medicare payments
21. _____ Monthly mandatory union dues
22. _____ Monthly mandatory retirement payments
23. _____ 0 Monthly health insurance payments (including dental insurance), excluding portion paid for any minor children of this relationship
24. _____ Monthly court-ordered child support actually paid for children from another relationship
25. _____ Monthly court-ordered alimony actually paid (Add 25a and 25b)
 - a. From this case: \$ _____
 - b. From other case(s): _____

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

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

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

Other:

- 20. _____
- 21. _____
- 22. _____
- 23. _____
- 24. _____

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

AUTOMOBILE:

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

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

MONTHLY EXPENSES FOR CHILDREN COMMON TO BOTH PARTIES:

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

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

MONTHLY EXPENSES FOR CHILD(REN) FROM ANOTHER RELATIONSHIP:

(other than court-ordered child support)

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

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

MONTHLY INSURANCE:

- 64. _____ Health insurance, excluding portion paid for any minor child(ren) of this relationship
- 65. _____ Life insurance
- 66. _____ Dental insurance

Other:

- 67. _____
- 68. _____

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

OTHER MONTHLY EXPENSES NOT LISTED ABOVE:

- 70. _____ Monthly dry cleaning and laundry
- 71. _____ Monthly clothing
- 72. _____ Monthly medical, dental, and prescription (unreimbursed only)
- 73. _____ Monthly psychiatric, psychological, or counselor (unreimbursed only)
- 74. _____ Monthly non-prescription medications, cosmetics, toiletries, and sundries
- 75. _____ Monthly grooming
- 76. _____ Monthly gifts
- 77. _____ Monthly pet expenses

- 78. _____ Monthly club dues and membership
- 79. _____ Monthly sports and hobbies
- 80. _____ Monthly entertainment
- 81. _____ Monthly periodicals/books/tapes/CD's
- 82. _____ Monthly vacations
- 83. _____ Monthly religious organizations
- 84. _____ Monthly bank charges/credit card fees
- 85. _____ Monthly education expenses
- Other: (include any usual and customary expenses not otherwise mentioned in the items listed above)
- 86. _____ Other Expenses
- 87. _____
- 88. _____
- 89. _____

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

MONTHLY PAYMENTS TO CREDITORS: (only when payments are currently made by you on outstanding balances) List only last 4 digits of account numbers.

NAME OF CREDITOR(s):

- 91. _____
- 92. _____
- 93. _____
- 94. _____
- 95. _____
- 96. _____
- 97. _____
- 98. _____
- 99. _____
- 100. _____
- 101. _____
- 102. _____
- 103. _____

104. \$ _____ 0 **SUBTOTAL** (add lines 91 through 103)

105. \$ _____ 0 **TOTAL MONTHLY EXPENSES:**
(add lines 25, 35, 58, 63, 69, 90, and 104 of Section II, Expenses)

SUMMARY

106. \$ _____ 0 **TOTAL PRESENT MONTHLY NET INCOME** (from line 27 of SECTION I. INCOME)

107. \$ _____ 0 **TOTAL MONTHLY EXPENSES** (from line 105 above)

108. \$ _____ 0 **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.)

109. \$ (_____ 0) **(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.)

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) LIST ONLY LAST 4 DIGITS OF ACCOUNT NUMBERS Check the box next to any asset(s) which you are requesting the judge award to you.	B. Current Fair Market Value	C. Nonmarital (Check 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"/>
<input type="checkbox"/> Stocks / Bonds		<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
<input type="checkbox"/> (Other)		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Business interests		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Automobiles		<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"/> Furniture & furnishings in home		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Furniture & furnishings elsewhere		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Collectibles		<input type="checkbox"/>	<input type="checkbox"/>

A. ASSETS: DESCRIPTION OF ITEM(S) LIST ONLY LAST 4 DIGITS OF ACCOUNT NUMBERS Check the box next to any asset(s) which you are requesting the judge award to you.	B. Current Fair Market Value	C. Nonmarital (Check correct column)	
		husband	wife
<input type="checkbox"/> Jewelry		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Life insurance (cash surrender value)		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Sporting and entertainment (T.V., stereo, etc.) equipment		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other assets		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Total Assets (add column B)	\$ 0		

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.)

A. LIABILITIES: DESCRIPTION OF ITEM(S) LIST ONLY LAST 4 DIGITS OF ACCOUNT NUMBERS Check the box next to any debts(s) for which you believe you should be responsible.	B. Current Amount Owed	C. Nonmarital (Check correct column)	
		husband	wife
<input type="checkbox"/> Mortgages on real estate: First mortgage on home		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Second mortgage on home		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other mortgages		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Charge/credit card accounts		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Auto loan		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Bank/Credit Union loans		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Money you owe (not evidenced by a note)		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Judgments		<input type="checkbox"/>	<input type="checkbox"/>

A. LIABILITIES: DESCRIPTION OF ITEM(S) LIST ONLY LAST 4 DIGITS OF ACCOUNT NUMBERS Check the box next to any debts(s) for which you believe you should be responsible.	B. Current Amount Owed	C. Nonmarital (Check correct column)	
		husband	wife
<input type="checkbox"/> Other		<input type="checkbox"/>	<input type="checkbox"/>
Total Debts (add column B)	\$ 0		

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 Check the box next to any contingent asset(s) which you are requesting the judge award to you.	B. Possible Value	C. Nonmarital (Check correct column)	
		husband	wife
<input type="checkbox"/> Contingent Assets		<input type="checkbox"/>	<input type="checkbox"/>
Total Contingent Assets	\$ 0		

A. Contingent Liabilities Check the box next to any contingent debt(s) for which you believe you should be responsible.	B. Possible Amount Owed	C. Nonmarital (Check correct column)	
		husband	wife
<input type="checkbox"/> Contingent Debts		<input type="checkbox"/>	<input type="checkbox"/>
Total Contingent Liabilities	\$ 0		

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.)

[Check 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: () 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 _____

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 [check only one] ___ petitioner or ___ respondent, fill out this form.