

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. 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: \$ _____ () 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
 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: \$ _____
 - b. From other case(s): _____
 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. _____ Monthly FICA or self-employment taxes
20. _____ Monthly Medicare payments
21. _____ Monthly mandatory union dues
22. _____ Monthly mandatory retirement payments
23. _____ 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/CDs

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. _____

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

SUMMARY

106. \$ _____ TOTAL PRESENT MONTHLY NET INCOME (from line 27 of SECTION I. INCOME)
 107. \$ _____ TOTAL MONTHLY EXPENSES (from line 105 above)
 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.)
 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.)

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
Cash (on hand)	\$		
Cash (in banks or credit unions)			
Stocks/Bonds			
Notes (money owed to you in writing)			
Money owed to you (not evidenced by a note)			

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

	Sporting and entertainment (T.V., stereo, etc.) equipment			
	Other assets			
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.)

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

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
	\$		
Total Contingent Liabilities	\$		

I certify that a copy of this document was [choose only one] 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 [choose only one] petitioner or respondent, fill out this form.