

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.

- | | |
|--|--|
| <ol style="list-style-type: none"> 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 <ol style="list-style-type: none"> 9a. From this case: \$ _____ 9b. 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 | <p style="text-align: center;">reduce personal living expenses</p> <ol style="list-style-type: none"> 1. \$ _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____ 9. _____ 10. _____ 11. _____ |
|--|--|

12. _____ 14. _____
 13. _____ 15. _____
 16. _____
14. Monthly gains derived from dealing in property (not including nonrecurring gains) _____
 15. Any other income of a recurring nature (list source) _____
 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 | \$ _____ | Gifts for holidays | \$ _____ |
| Property taxes | \$ _____ | Medical/dental (uninsured) | \$ _____ |
| Utilities | \$ _____ | Other: _____ | \$ _____ |
| Telephone | \$ _____ | | |
| Food | \$ _____ | D. INSURANCE | |
| Meals outside home | \$ _____ | Medical/dental | \$ _____ |
| Maintenance/Repairs | \$ _____ | Child(ren)'s medical/dental | \$ _____ |
| Other: _____ | \$ _____ | Life | \$ _____ |
| | | Other: _____ | \$ _____ |

B. AUTOMOBILE

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

C. CHILD(REN)'S EXPENSES

- Day care \$ _____
 Lunch money \$ _____
 Clothing \$ _____
 Grooming \$ _____

E. OTHER EXPENSES NOT LISTED ABOVE

- Clothing \$ _____
 Medical/Dental (uninsured) \$ _____
 Grooming \$ _____
 Entertainment \$ _____
 Gifts \$ _____
 Religious organizations \$ _____
 Miscellaneous \$ _____
 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.)

31. \$ _____

This is the amount of your surplus. Enter that amount here.)

32. (DEFICIT) (If line 30 is more than line 29, subtract line 29 from line 30.)

32. (\$ _____

This is the amount of your deficit. Enter that amount here.)

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). <input type="checkbox"/> the box next to any asset(s) which you are requesting the judge award to you. | Current Fair Market Value | 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"/> 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, IRA, 401(k)s, etc.) | | | |
| <input type="checkbox"/> Other | | | |
| <input type="checkbox"/> | | | |

| | | | |
|---|-----------------|--|--|
| <input type="checkbox"/> | | | |
| <input type="checkbox"/> ✓ here if additional pages are attached. | | | |
| Total Assets (add column B) | \$ _____ | | |

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). ✓ 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 | \$ | | |
| <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"/> ✓ here if additional pages are attached. | | | |
| Total Debts (add column B) | \$ _____ | | |

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) for which you believe you should be responsible. | 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 _____

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.