

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

Petitioner,

Case No.:

v.

Judge:

Respondent.

FAMILY LAW FINANCIAL AFFIDAVIT (SHORT FORM)

(Under \$50,000 Individual Gross Annual Income)

I, _____, 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:

If unemployed explain on a separate sheet your efforts to find employment.

SECTION I. PRESENT MONTHLY GROSS INCOME:

All amounts must be MONTHLY. See the instruction 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 benefits | 8. | _____ |
| 9. | Monthly alimony actually received | | |
| | 9a. From this case: _____ | | |
| | 9b. From other case(s): _____ | Add 9a and 9b | |
| 10. | Monthly interests and dividends | 9. | _____ |
| 11. | Monthly rental income (gross receipts minus ordinary and necessary expenses required to produce income) (Attach sheet itemizing such income and expense items.) | 10. | _____ |
| 12. | Monthly income from royalties, trusts, estates | 11. | _____ |
| | | 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) Any other income of a recurring nature (list source)	14.	_____
15.	_____	15.	_____
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 (Social Security) 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		
	25a. From this case: _____		
	25b. From other case(s): _____	Add 25a and 25b	25. _____
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		C. CHILD(REN)'S EXPENSES	
Mortgage or rent	_____	Day Care	_____
Property taxes	_____	Lunch money	_____
Utilities	_____	Clothing	_____
Telephone	_____	Grooming	_____
Food	_____	Gifts for holidays	_____
Meals outside home	_____	Medical/dental (uninsured)	_____
Maintenance/Repairs	_____	Other: _____	_____
Other: _____	_____		
B. AUTOMOBILE		D. INSURANCE	
Gasoline	_____	Medical/dental	_____
		Child(ren)'s medical/dental	_____

Repairs _____
 Insurance _____

Life _____
 Other: _____

E. OTHER EXPENSES NOT LISTED ABOVE

Clothing _____
 Medical/Dental (uninsured) _____
 Grooming _____
 Entertainment _____
 Gifts _____
 Church/Charities _____
 Miscellaneous _____
 Other: _____

F. PAYMENTS TO CREDITORS

CREDITOR: _____

MONTHLY
 PAYMENT

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

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 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 instructions with this form 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). (X) the box next to any asset(s) which you are requesting the judge award to you.	Current Fair Market Value	Nonmarital (X correct column)	
		husband	wife
<input type="checkbox"/> Cash (on hand)			
<input type="checkbox"/> Checking Account/Credit Union			
<input type="checkbox"/> Checking Account/Credit Union			
<input type="checkbox"/> Savings Account			
<input type="checkbox"/> Savings Account			
<input type="checkbox"/> Stocks, Bonds, Notes, Investment Accounts			
<input type="checkbox"/> Retirement Plans (Profit Sharing, Pension, IRA, 401(k)s, etc.)			
<input type="checkbox"/> Real Estate: (Home)			

<input type="checkbox"/> Real Estate: (Other)			
<input type="checkbox"/> Automobile			
<input type="checkbox"/> Automobile			
<input type="checkbox"/> Furniture/Household			
<input type="checkbox"/> Jewelry			
<input type="checkbox"/> Other			
<input type="checkbox"/> Other			
<input type="checkbox"/> Other			
<input type="checkbox"/> Other			
Total Assets (add column B)			

B. LIABILITIES:

DESCRIPTION OF ITEM(S). List a description of each separate debt owned by you (and/or your spouse, if this is a petition for dissolution of marriage). (X) the box next to any debt(s) for which you believe you should be responsible.	Current Amount Owed	Nonmarital (X correct column)	
		husband	wife
<input type="checkbox"/> Mortgages on real estate (Home)			
<input type="checkbox"/> Mortgages on real estate (Other)			
<input type="checkbox"/> Auto loans			
<input type="checkbox"/> Auto loans			
<input type="checkbox"/> Charge/credit card accounts			
<input type="checkbox"/> Charge/credit card accounts			
<input type="checkbox"/> Charge/credit card accounts			
<input type="checkbox"/> Charge/credit card accounts			
<input type="checkbox"/> Charge/credit card accounts			
<input type="checkbox"/> Charge/credit card accounts			
<input type="checkbox"/> Charge/credit card accounts			
<input type="checkbox"/> Other			
<input type="checkbox"/> Other			
<input type="checkbox"/> Other			
<input type="checkbox"/> Other			
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, debts assumed by another), you must list them here.

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

Contingent Liability (X) the box next to any contingent liability/liabilities which you are requesting the judge to award you.	Possible value	Nonmarital (X correct column)	
		husband	wife
<input type="checkbox"/>			
<input type="checkbox"/>			
Total Contingent Liabilities			

SECTION IV: CHILD SUPPORT GUIDELINES WORKSHEET

(Florida Family Law Form 12.901(g), Child Support Guidelines Worksheet, MUST be filed in all cases in which

the parties have a minor child in common, INCLUDING modifications of child support.)
(X **one** only)

() **A Child Support Guidelines Worksheet IS being filed in this case.** The parties have one or more minor parties children in common **or** one of the parties is requesting a modification of a previous court order regarding child support.

() **A Child Support Guidelines Worksheet IS NOT being filed in this case.** There are no minor children common to the parties in this case **or**, if this case involves a modification of a previous court order, child support is not an issue.

CERTIFICATE OF SERVICE

I certify that a copy of this document was (X **one** only) () mailed () faxed and mailed () hand delivered to the person(s) listed below on the date indicated.

Other party or his/her attorney:

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

STATE OF FLORIDA
COUNTY OF LEE

Sworn to or affirmed and signed before me on this _____ day of _____ by _____ .

NOTARY PUBLIC-STATE OF FLORIDA

(Print, type, or stamp commissioned name of notary.)

_____ Personally known
_____ Produced identification
_____ Type of identification produced _____

