

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

Case No.: _____

Division: _____

_____,
Petitioner,

and

_____,
Respondent.

FAMILY LAW FINANCIAL AFFIDAVIT (STANDARD FORM)
(\$50,000 or more Individual Gross Annual Income)

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

SECTION I. INCOME

Read the instructions at the beginning of each section because you may not need to complete every section of the financial affidavit.

1. Date of Birth: _____, 19____.

2. I have filed or am filing a completed Notice of Social Security Number form with this affidavit.

3. My occupation is: _____

4. I am currently

[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: _____, 199____.

Employer from whom retired: _____

Address: _____

City, State and Zip code: _____ Telephone number(____)_____

LAST YEAR'S GROSS INCOME:

YEAR _____

Your Income

\$ _____

Other Party's Income (if known)

\$ _____

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 benefits 8. _____
- 9. Monthly alimony actually received
 - 9a. From this case: \$ _____
 - 9b. From other case(s): _____ Add 9a and 9b 9. _____
- 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. _____
- Any other income of a recurring nature (identify source)
- 15. _____ 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)
 - a. Filing Status _____
 - b. Number of dependents claimed _____ 18. \$ _____
- 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 25. Monthly court-ordered alimony actually paid 24. _____

25a. from this case: \$ _____ 25. _____

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) 27. \$ _____

SECTION II. AVERAGE MONTHLY EXPENSES

Proposed/Estimated Expenses. If this is a dissolution of marriage case **and** your current expenses do not reflect what you will actually have to pay after your marriage ends, you should write "estimate" next to each amount that is proposed/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 grocery items 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 32. Monthly alternative 31. _____
transportation (bus, rail, car pool, etc.) 32. _____
- 33. Monthly tolls and parking 33. _____
- 34. Other: _____ 34. _____

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

MONTHLY EXPENSES FOR CHILD(REN) FROM ANOTHER RELATIONSHIP (other than court-ordered child support)

- 36. _____ 36. \$ _____
- 37. _____ 37. _____
- 38. _____ 38. _____
- 39. _____ 39. _____

40. SUBTOTAL (add lines 36 through 39) 40. \$ _____

MONTHLY INSURANCE

- 41. Health insurance, excluding portion paid for any minor child(ren) of 41. \$ _____
this relationship
- 42. Life insurance 42. _____
- 43. Dental insurance 43. _____
- Other:
- 44. _____ 44. _____
- 45. _____ 45. _____

46. SUBTOTAL (add lines 41 through 45) 46. \$ _____

OTHER MONTHLY EXPENSES NOT LISTED ABOVE:

- 47. Monthly dry cleaning and laundry 47. \$ _____
- 48. Monthly clothing 48. _____
- 49. Monthly medical, dental, and prescription (unreimbursed only) 49. _____
- 50. Monthly psychiatric, psychological, and counselor (unreimbursed only) 50. _____
- 51. Monthly non-prescription medications, cosmetics, toiletries, and sundries 51. _____
- 52. Monthly grooming 52. _____
- 53. Monthly gifts 53. _____
- 54. Monthly pet expenses 54. _____
- 55. Monthly club dues and membership 55. _____
- 56. Monthly sports and hobbies 56. _____
- 57. Monthly entertainment 57. _____
- 58. Monthly periodicals/books/tapes/CD's 58. _____
- 59. Monthly vacations 59. _____
- 60. Monthly religious organizations 60. _____
- 61. Monthly bank charges/credit card fees 61. _____
- 62. Monthly education expenses 62. _____
- Other: (include any usual and customary expenses not otherwise mentioned 63. _____
in the items listed above)
- 63. _____ 63. _____

64. _____ 64. _____
 65. _____ 65. _____
 66. _____ 66. _____

67. **SUBTOTAL** (add lines 47 through 66) **67.** \$ _____

MONTHLY PAYMENTS TO CREDITORS: (only when payments are currently made by you on outstanding balances)

NAME OF CREDITOR(s):

68. _____ 68. \$ _____
 69. _____ 69. _____
 70. _____ 70. _____
 71. _____ 71. _____
 72. _____ 72. _____
 73. _____ 73. _____
 74. _____ 74. _____
 75. _____ 75. _____
 76. _____ 76. _____
 77. _____ 77. _____
 78. _____ 78. _____
 79. _____ 79. _____
 80. _____ 80. _____

81. **SUBTOTAL** (add lines 68 through 80) **81.** \$ _____

82. TOTAL MONTHLY EXPENSES:
 (add lines 25, 35, 40, 46, 67, and 81 of Section II, Expenses) **82.** \$ _____

SUMMARY

83.. TOTAL PRESENT MONTHLY NET INCOME
 (from line 27 of SECTION I. INCOME) **83.** \$ _____

84. TOTAL MONTHLY EXPENSES (from line 82 above) **84.** \$ _____

85. SURPLUS (If line 83 is more than line 84, subtract line 84 from line 83. This is the amount of your surplus. Enter that amount here.) **85.** \$ _____

86. (DEFICIT) (If line 84 is more than line 83, subtract line 83 from line 84. This is the amount of your deficit. Enter that amount here.) **86.** (\$ _____)

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 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) <input checked="" type="checkbox"/> the box next to any asset(s) which you are requesting the judge award to you.	B Current Fair Market Value	C 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"/>			
<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"/> (Other)			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/> Business interests			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/> Automobiles			
<input type="checkbox"/>			
<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"/>			

A ASSETS: DESCRIPTION OF ITEM(S) √ the box next to any asset(s) which you are requesting the judge award to you.	B Current Fair Market Value	C Nonmarital (√ correct column)	
		husband	wife
<input type="checkbox"/> Retirement plans (Profit Sharing, Pension, IRA , 401(k)'s, etc.)			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/> Furniture & furnishings in home			
<input type="checkbox"/>			
<input type="checkbox"/> Furniture & furnishings elsewhere			
<input type="checkbox"/>			
<input type="checkbox"/> Collectibles			
<input type="checkbox"/>			
<input type="checkbox"/> Jewelry			
<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"/>			
<input type="checkbox"/>			
<input type="checkbox"/> Other assets			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
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 instructions with this form and section 61.075(1), Florida Statutes, for definitions of “marital” and “nonmarital” assets and liabilities.)

A LIABILITIES: DESCRIPTION OF ITEM(S) √ the box next to any debt(s) for which you believe you should be responsible.	B Current Amount Owed	C Nonmarital (√ correct column)	
		husband	wife
<input type="checkbox"/> Mortgages on real estate: (Home)	\$		
<input type="checkbox"/> (Other)			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/> Charge/credit card accounts			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/> Auto loan			
<input type="checkbox"/> Auto loan			
<input type="checkbox"/> Bank/Credit Union loans			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/> Money you owe (not evidenced by a note)			
<input type="checkbox"/>			
<input type="checkbox"/> Judgments			
<input type="checkbox"/>			
<input type="checkbox"/> Other			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
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, debts assumed by another), you must list them here.

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

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

ATTACHMENTS

CHILD SUPPORT GUIDELINES WORKSHEET. (Child Support Guidelines Worksheet, Florida Family Law Form 12.901(g), MUST be filed in all cases in which the parties have one or more children in common, INCLUDING modifications of child support.)

[one only]

_____ **A Child Support Guidelines Worksheet IS being filed in this case.** The parties have one or more minor 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.

I certify that a copy of this financial affidavit was: () mailed, () faxed and mailed, or () 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 _____, 199 ____ by _____.

NOTARY PUBLIC—STATE OF FLORIDA

[Print, type, or stamp commissioned name of notary.]

_____ 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.