

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

Case No: _____

Division: _____

_____,
Petitioner,
and

_____,
Respondent,

FAMILY LAW FINANCIAL AFFIDAVIT (LONG 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

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.

19. 0 Monthly FICA or self-employment taxes
20. 0 Monthly Medicare payments
21. 0 Monthly mandatory union dues
22. 0 Monthly mandatory retirement payments and other court-approved deductions
23. 0 Monthly health insurance payments (including dental insurance), excluding
portion paid for any minor children of this relationship
24. 0 Monthly court-ordered child support actually paid for children from another
relationship
25. 0 Monthly court-ordered alimony actually paid (Add 25a and 25b).
25a. from this case: \$ 0
25b. from other case(s): \$ 0
26. \$ 0 **TOTAL DEDUCTIONS ALLOWABLE UNDER SECTION 61.30, FLORIDA
STATUTES** (Add lines 18 through 25).
27. \$ 0 **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. \$ 0 Monthly mortgage or rent payments
2. 0 Monthly property taxes (if not included in mortgage)
3. 0 Monthly insurance on residence (if not included in mortgage)
4. 0 Monthly condominium maintenance fees and homeowner's association fees
5. 0 Monthly electricity
6. 0 Monthly water, garbage, and sewer
7. 0 Monthly telephone
8. 0 Monthly fuel oil or natural gas
9. 0 Monthly repairs and maintenance
10. 0 Monthly lawn care
11. 0 Monthly pool maintenance
12. 0 Monthly pest control
13. 0 Monthly misc. household
14. 0 Monthly food and home supplies
15. 0 Monthly meals outside home
16. 0 Monthly cable t.v.
17. 0 Monthly alarm service contract
18. 0 Monthly service contracts on appliances
19. 0 Monthly maid service

Other:

20. _____
21. _____
22. _____
23. _____
24. _____
25. \$ 0 **SUBTOTAL** (add lines 1 though 24).

AUTOMOBILE:

26. \$ 0 Monthly gasoline and oil
27. 0 Monthly repairs
28. 0 Monthly auto tags and emission testing
29. 0 Monthly insurance
30. 0 Monthly payments (lease or financing)
31. 0 Monthly rental/replacements
32. 0 Monthly alternative transportation (bus, rail, car pool, etc.)
33. 0 Monthly tolls and parking
34. Other: _____
35. \$ 0 **SUBTOTAL** (add lines 26 through 34)

MONTHLY EXPENSES FOR CHILDREN COMMON TO BOTH PARTIES:

36. \$ 0 Monthly nursery, babysitting, or day care
37. 0 Monthly school tuition
38. 0 Monthly school supplies, books, and fees
39. 0 Monthly after school activities
40. 0 Monthly lunch money
41. 0 Monthly private lessons or tutoring
42. 0 Monthly allowances
43. 0 Monthly clothing and uniforms
44. 0 Monthly entertainment (movies, parties, etc.)
45. 0 Monthly health insurance
46. 0 Monthly medical, dental, prescriptions (nonreimbursed only)
47. 0 Monthly psychiatric/psychological/counselor
48. 0 Monthly orthodontic
49. 0 Monthly vitamins
50. 0 Monthly beauty parlor/barber shop
51. 0 Monthly nonprescription medication
52. 0 Monthly cosmetics, toiletries, and sundries
53. 0 Monthly gifts from child(ren) to others (other children, relatives, teachers, etc.)
54. 0 Monthly camp or summer activities
55. 0 Monthly clubs (Boy/Girl Scouts, etc.)
56. 0 Monthly time-sharing expenses
57. Monthly miscellaneous
58. \$ 0 **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. \$ 0 **SUBTOTAL** (add lines 59 through 62)

MONTHLY INSURANCE:

64. \$ 0 Health insurance, excluding portion paid for any minor child(ren) of this relationsh
65. 0 Life insurance
66. 0 Dental insurance
Other:
67. _____
68. _____
69. \$ 0 **SUBTOTAL** (add lines 64 through 68)

OTHER MONTHLY EXPENSES NOT LISTED ABOVE:

70. \$ 0 Monthly dry cleaning and laundry
71. 0 Monthly clothing
72. 0 Monthly medical, dental, and prescription (unreimbursed only)
73. 0 Monthly psychiatric, psychological, or counselor (unreimbursed only)
74. 0 Monthly non-prescription medications, cosmetics, toiletries, and sundries
75. 0 Monthly grooming
76. 0 Monthly gifts
77. 0 Monthly pet expenses
78. 0 Monthly club dues and membership
79. 0 Monthly sports and hobbies
80. 0 Monthly entertainment
81. 0 Monthly periodicals/books/tapes/CDs
82. 0 Monthly vacations
83. 0 Monthly religious organizations
84. 0 Monthly bank charges/credit card fees
85. 0 Monthly education expenses
86. Other: (include any usual and customary expenses not otherwise mentioned
in the items listed above) _____
87. _____
88. _____
89. _____
90. \$ 0 **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.

MONTHLY PAYMENT AND 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. \$ _____ **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
<input type="checkbox"/> Cash (on hand)			
<input type="checkbox"/> Cash (in banks or credit unions)			
<input type="checkbox"/>			
<input type="checkbox"/> Stocks			
<input type="checkbox"/> Bonds			
<input type="checkbox"/> Mutual funds			
<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)			

	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)			

A LIABILITIES: DESCRIPTION OF ITEM(S)	B Current Amount Owed	C Nonmarital (Check correct column)	
LIST ONLY LAST 4 DIGITS OF ACCOUNT NUMBERS. Check the box next to any debt(s) for which you believe you should be responsible.		husband	wife
<input type="checkbox"/> Mortgages on real estate: First mortgage on home			
<input type="checkbox"/> Second mortgage on home			
<input type="checkbox"/> Other mortgages			
<input type="checkbox"/> Charge/credit card accounts			
<input type="checkbox"/> Auto loan (total on automobiles)			
<input type="checkbox"/> Auto loan (total other vehicles and boats)			
<input type="checkbox"/> Bank/Credit Union loans			
<input type="checkbox"/> Money you owe (not evidenced by a note)			
<input type="checkbox"/> Judgments			
<input type="checkbox"/> Other			
Total Debts (add column B)	\$ 0		

C. NET WORTH (excluding contingent assets and liabilities)\$ 0 **Total Assets** (enter total of Column B in Asset Table; Section A)\$ 0 **Total Liabilities** (enter total of Column B in Liabilities Table; Section B)

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

A Contingent Liabilities		B Possible Amount Owed	C Nonmarital (Check correct column)	
Check the box next to any contingent debt(s) for which you believe you should be responsible.			husband	wife
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<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 financial affidavit was [check all used]: () e-mailed () mailed () faxed () hand delivered to the person(s) listed below on {date} _____.

Other party or his/her attorney:

Name: _____

Address: _____

City, State, Zip: _____

Fax Number: _____

E-mail Address(es): _____

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:

E-mail Address(es):

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] This form was prepared for the: {choose only **one** }

() Petitioner () Respondent. This form was completed with the assistance of:

{name of individual} _____

{name of business} _____

{address} _____

{city} _____, {state} _____, {telephone number} _____

Additional Information