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

		Case No:	
	Petitioner,	Division:	
and	reductiet,		
	Respondent,		
	Respondent,		
F	AMILY LAW FINANCIA	AL AFFIDAVIT (SHORT FORM)	
	(Under \$50,000 Indiv	ridual Gross Annual Income)	
I. {full legal name}		, being sworn, certify that the following	3
information is true:			
My Occupation:	Er	nployed by:	
Business Address: _			
Pay rate: \$() monthly ()	other:) every other week () twice a month	
		a separate sheet your efforts to find employment.	
SECTION I. PRESE	NT MONTHLY GROSS INC	OME:	
		ructions 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 se	parate dollar amounts	
1. \$0	Monthly gross salary or	wages	
20	Monthly bonuses, com	missions, allowances, overtime, tips, and	
similar pay	ments		
30	Monthly business incor	ne from sources such as self-employment,	
partnershi	os, close corporations, and/	or independent contracts (gross receipts es required to produce income) (Attach	
	nary and necessary expensizing such income and expe		
	Monthly disability bene		
_	Monthly Workers' Com		
	Monthly Unemploymen		
	Monthly pension, retire		
	minutes 7 1		
	Monthly Social Security		
		lly received (Add 9a and 9b)	
	se: \$0		
	ase(s):0		
100	Monthly interest and di	vidends	
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11	0 nses required	Monthly rental income (gross receipts minus ordinary and necessary exto produce income) (Attach sheet itemizing such income and expense items.)
	Control of the Contro	Monthly income from royalties, trusts, or estates
		Monthly reimbursed expenses and in-kind payments to the extent that they
10	reduce pe	rsonal living expenses
14.	0	Monthly gains derived from dealing in property (not including nonrecurring gains)
		Any other income of a recurring nature (list source)
0500000		
17. \$_	0	TOTAL PRESENT MONTHLY GROSS INCOME (Add lines 1-16)
		LY DEDUCTIONS:
18. \$_	0	Monthly federal, state, and local income tax (corrected for filing status and
		dependents and income tax liabilities)
	a. Filing	Status
	b. Numbe	er of dependents claimed
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-allowed 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
	10.000.000.000.0000.0000.000	elationship
25. Mo		dered alimony actually paid (Add 25a and 25b)0
		n this case: \$
		other case(s):
26.\$_		TOTAL DEDUCTIONS ALLOWABLE UNDER SECTION 61.30, FLORIDA
		(Add lines 18-25)
27.\$_	0	PRESENT NET MONTHLY INCOME (Subtract line 26 from line 17)

SECTION II. AVERAGE M	HTMC	LY EXPENSES			
A. HOUSEHOLD:			E. OTHER EXPENSES NOT	LIS'	TED ABOVE:
Mortgage or rent	\$	0	Clothing	\$_	0
Property taxes	_	0	Medical/Dental (uninsured)\$_	0
Utilities	\$	0	Grooming	\$_	0
Telephone	\$	0	Entertainment	\$	
Food	\$	0	Gifts	\$_	0
Meals outside home	\$	0	Religious organizations	\$_	0
Maintenance/Repairs	\$	0	Miscellaneous		
Other: Oth household total:	_ \$	0	Other:	\$	
				\$_	
B. AUTOMOBILE:				\$	
Gasoline	\$	0		\$_	
Repairs		0		\$_	
Insurance	\$	0		\$	
C. CHILD(REN)'S EXPENS			F. PAYMENTS TO CREDIT	ORS	•
Day care	\$	00	CREDITOR:		MONTHLY
Lunch money	\$	0			PAYMENT
Clothing	(A) (A) (A)	0			
Grooming	\$	0		_ \$	
Gifts for holidays	\$	0	***		
Medical/Dental (uninsure	ed \$	0			
Other: Oth children's total:	_ \$	0		\$_	
				\$	
D. INSURANCE:				_ \$	
Medical/Dental	\$			_ \$ _	
Child(ren)'s medical/den	tal \$_				
Life	\$	0	-	_ \$ _	
Other: Oth insurance total:	_ \$ _	0		_ \$ _	
28. \$0_ TOTAL	MON	THLY EXPENSES	(add ALL monthly amounts	in A	through F above)
SUMMARY					
29. \$ 0 TOTAL	PRES	SENT MONTHLY N	IET INCOME (from line 27 of	SEC	TION I. INCOME)
30. \$ 0 TOTAL	MON'	THLY EXPENSES	(from line 28 above)		
31. \$ SURP	LUS (If line 29 is more th	an line 30, subtract line 30 fro	om	
line 29. This is the	e amo	unt of your surplus.	. Enter that amount here.)		
			an line 29, subtract line 29 fro	om	
			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.)

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A. ASSETS

ESCRIPTION OF ITEM(S). List a description of each seprate item owned by you (and/or your spouse, if this is a etition for dissolution of marriage). LIST ONLY LAST 4	Current Fair	Nonmarital (Check correct column)		
IGITS OF ACCOUNT NUMBERS. Check the box next to any sset(s) which you are requesting the judge award to you.	Market Value husband		wife	
Cash (on hand)	\$			
Cash (in banks or credit unions)				
Stocks, Bonds, Notes				
Real estate (Home)				
(Other)				
Automobiles				
Other personal property				
Retirement plans (Profit Sharing, Pension, IRA, 401(k)s, etc.				
Other				
Life insurance assets total				
Other financial assets total				
Check here if additional pages are attached				
otal Assets (add next column)	\$ 0			

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). LIST ONLY LAST 4	Current Amount	Nonmarital (Check correct column)		
DIGITS OF ACCOUNT NUMBERS. Check the box next to any debt(s) for which you believe you should be responsible.	Owed	husband	wife	
Mortgages on real estate: First mortgage on home	\$			
Second mortgage on home			nanyahaninga dinyaksa da mada	
Other mortgages			<u></u>	
Auto loans Total on automobiles				
Total on other vehicles and boats				
Charge/credit card accounts	<u> </u>			
Other	1			

sepa petiti	ESCRIPTION OF ITEM(S). List a description of each eparate debt owed by you (and/or your spouse, if this is a etition for dissolution of marriage). LIST ONLY LAST 4 IGITS OF ACCOUNT NUMBERS. Check the box next to any		Current Amount Owed	Nonmarital (Check correct column)		
	s) for which you believe you should be res		\$	husband	wife	
	Check here if additional pages are attached.					
Total	Debts (add next column)		\$ 0			

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 Check the box next to any contingent asset(s) which you are	Possible Value	Nonmarital (Check correct column)		
requesting the judge award to you.		husband	wife	
	\$			
Total Contingent Assets	\$ 0			

Contingent Liabilities Check the box next to any contingent debt(s) for which you	Possible Amount	Nonmarital (Check correct column)		
believe you should be responsible.	Owed	husband	wife	
	\$			
Total Contingent Liabilities	\$ 0			

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.).

[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 establishmen or modification of child support is not an issue in this case.	t

I certify that a copy of this document was [ch () hand delivered to the person(s) listed be	neck all used] (elow on {date} _) e-mailed () mailed () faxed ·
Other party or his/her attorney: Name:				
Address:				
City, State, Zip:				
Fax Number:		-		
Email:		San-dervice devices		
I understand that I am swearing or affirming in this affidavit and that the punishment for and/or imprisonment.	ng under oath to or knowingly ma	o the truthfuln aking a false s	ess of the cl tatement inc	aims made ludes fines
Dated:				
	Signature of Par	rty		
	Printed Name: _	ā -		
	Address:			
	City, State, Zip:			
	Telephone Num			
	Fax Number:			
	E-mail Address((es)	<u> </u>	
STATE OF FLORIDA COUNTY OF				
Sworn to or affirmed and signed before me o	n	by		adaquia a garaya ayada kan bir a rarabida (1944 - 1944 - 1944 - 1944 - 1944 - 1944 - 1944 - 1944 - 1944 - 194
		NOTARY PU	BLIC or DEPU	JTY CLERK
Personally known		[Print, type, or		
Produced identification		name of notar	y or deputy c	ierk.j
Type of identification produced				
IF A NONLAWYER HELPED YOU FILL OU BELOW: [fill in all blanks] This form was pr () Petitione	T THIS FORM, He repared for the: er () Respond	{choose	FILL IN THE only one}	BLANKS
{name of individual}				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
{name of business}			and the second s	,
{address} {state}	(tolonhon)	o numborl		the state of the s
{CILY}{{STATE}}	{{telebijone	a mannoer}		*

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