

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

_____,
Petitioner,
and
_____,
Respondent,

Case No: _____
Division: _____

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

1. \$ _____ 0 Monthly gross salary or wages
2. _____ 0 Monthly bonuses, commissions, allowances, overtime, tips, and similar payments
3. _____ 0 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. _____ 0 Monthly disability benefits/SSI
5. _____ 0 Monthly Workers' Compensation
6. _____ 0 Monthly Unemployment Compensation
7. _____ 0 Monthly pension, retirement, or annuity payments
8. _____ 0 Monthly Social Security benefits
9. _____ 0 Monthly alimony actually received (Add 9a and 9b)
 - 9a. From this case: \$ _____ 0
 - 9b. From other case(s): _____ 0
10. _____ 0 Monthly interest and dividends

Florida Family Law Rules of Procedure Form 12.902(b), Family Law Financial Affidavit (Short Form) (9/12)

Case number: Submitter name: Date: 9/16/2013

11. 0 Monthly rental income (gross receipts minus ordinary and necessary expenses required to produce income) (___ Attach sheet itemizing such income and expense items.)
12. 0 Monthly income from royalties, trusts, or estates
13. 0 Monthly reimbursed expenses and in-kind payments to the extent that they reduce personal living expenses
14. 0 Monthly gains derived from dealing in property (not including nonrecurring gains)
15. 0 Any other income of a recurring nature (list source) _____
16. _____
17. \$ 0 **TOTAL PRESENT MONTHLY GROSS INCOME** (Add lines 1-16)

PRESENT MONTHLY DEDUCTIONS:

18. \$ 0 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 _____
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 another relationship
25. Monthly court-ordered alimony actually paid (Add 25a and 25b) 0
- 25a. from this case: \$ _____
- 25b. from other case(s): _____
26. \$ 0 **TOTAL DEDUCTIONS ALLOWABLE UNDER SECTION 61.30, FLORIDA STATUTES** (Add lines 18-25)
27. \$ 0 **PRESENT NET MONTHLY INCOME** (Subtract line 26 from line 17)

A. HOUSEHOLD:

B. AUTOMOBILE:

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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). 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.	Current Fair Market Value	Nonmarital (Check correct column)	
		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			
Total 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 DIGITS OF ACCOUNT NUMBERS. Check the box next to any debt(s) for which you believe you should be responsible.	Current Amount Owed	Nonmarital (Check correct column)	
		husband	wife
Mortgages on real estate: First mortgage on home	\$		
Second mortgage on home			
Other mortgages			
Auto loans Total on automobiles			
Total on other vehicles and boats			
Charge/credit card accounts			
Other			

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 DIGITS OF ACCOUNT NUMBERS. Check the box next to any debt(s) for which you believe you should be responsible.	Current Amount Owed	Nonmarital (Check correct column)	
		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 requesting the judge award to you.	Possible Value	Nonmarital (Check correct column)	
		husband	wife
	\$		
Total Contingent Assets	\$ 0		

Contingent Liabilities Check the box next to any contingent debt(s) for which you believe you should be responsible.	Possible Amount Owed	Nonmarital (Check correct column)	
		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 establishment or modification of child support is not an issue in this case.

I certify that a copy of this document 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: _____
Email: _____

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

_____ Personally known
_____ Produced identification
Type of identification produced _____

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

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

{name of individual} _____
{name of business} _____
{address} _____
{city} _____ {state} _____ {telephone number} _____

Additional Information

