

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

Case No.: _____
Division: _____

_____,
Petitioner,
and

_____,
Respondent.

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

required to produce income) (Attach sheet itemizing such income and expense items.)

- 12. _____ Monthly income from royalties, trusts, or estates
- 13. _____ Monthly reimbursed expenses and in-kind payments to the extent that they reduce personal living expenses
- 14. _____ Monthly gains derived from dealing in property (not including nonrecurring gains)
- 15. _____ Any other income of a recurring nature (list source) _____
- 16. _____
- 17. \$ _____ **TOTAL PRESENT MONTHLY GROSS INCOME** (Add lines 1–16)

PRESENT MONTHLY DEDUCTIONS:

- 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 _____
- 19. _____ Monthly FICA or self-employment taxes
- 20. _____ Monthly Medicare payments
- 21. _____ Monthly mandatory union dues
- 22. _____ Monthly mandatory retirement payments
- 23. _____ Monthly health insurance payments (including dental insurance), excluding portion paid for any minor children of this relationship
- 24. _____ Monthly court-ordered child support actually paid for children from another relationship
- 25. _____ Monthly court-ordered alimony actually paid (Add 25a and 25b)
 - 25a. from this case: \$ _____
 - 25b. from other case(s):\$ _____
- 26. \$ _____ **TOTAL DEDUCTIONS ALLOWABLE UNDER SECTION 61.30, FLORIDA STATUTES** (Add lines 18 through 25).
- 27. \$ _____ **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.

A. HOUSEHOLD:

Mortgage or rent \$ _____
 Property taxes \$ _____
 Utilities \$ _____
 Telephone \$ _____
 Food \$ _____
 Meals outside home \$ _____
 Maintenance/Repairs \$ _____
 Other: _____ \$ _____

B. AUTOMOBILE

Gasoline \$ _____
 Repairs \$ _____
 Insurance \$ _____

C. CHILD(REN)'S EXPENSES

Day care \$ _____
 Lunch money \$ _____
 Clothing \$ _____
 Grooming \$ _____
 Gifts for holidays \$ _____
 Medical/Dental (uninsured) \$ _____
 Other: _____ \$ _____

D. INSURANCE

Medical/Dental (if not listed on lines 23 or 45) \$ _____
 Child(ren)'s medical/dental \$ _____
 Life \$ _____
 Other: _____ \$ _____

E. OTHER EXPENSES NOT LISTED ABOVE

Clothing \$ _____
 Medical/Dental (uninsured) \$ _____
 Grooming \$ _____
 Entertainment \$ _____
 Gifts \$ _____
 Religious organizations \$ _____
 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)

30. \$ _____ **TOTAL MONTHLY EXPENSES** (from line 28 above)

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.)

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.)

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.)

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 line next to any asset(s) which you are requesting the judge award to you.	Current Fair Market Value	Nonmarital (check correct column)	
		husband	wife
<input type="checkbox"/> Cash (on hand)	\$		
<input type="checkbox"/> Cash (in banks or credit unions)			
<input type="checkbox"/> Stocks, Bonds, Notes			
<input type="checkbox"/> Real estate: (Home)			
<input type="checkbox"/> (Other)			
<input type="checkbox"/> Automobiles			
<input type="checkbox"/> Other personal property			
<input type="checkbox"/> Retirement plans (Profit Sharing, Pension, IRA, 401(k)s, etc.)			
<input type="checkbox"/> Other			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/> Check here if additional pages are attached.			
Total Assets (add next column)	\$		

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 line next to any debt(s) for which you believe you should be responsible.		Current Amount Owed	Nonmarital (check correct column)	
			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"/>				
<input type="checkbox"/>	Auto loans			
<input type="checkbox"/>				
<input type="checkbox"/>	Charge/credit card accounts			
<input type="checkbox"/>				
<input type="checkbox"/>	Other			
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>	_____ Check here if additional pages are attached.			
Total Debts (add next column)		\$		

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

Contingent Liabilities		Possible Amount Owed	Nonmarital (check correct column)	
Check the line next to any contingent debt(s) for which you believe you should be responsible.			husband	wife
<input type="checkbox"/>		\$		
<input type="checkbox"/>				
Total Contingent Liabilities		\$		

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: _____
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: _____
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}* _____.

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