IN THE CIRCUIT COURT OF THE IN AND FOR	JUDICIAL CIRCUIT,
IN AND FOR	COUNTI, FLORIDA
	Case No.:
,	
Petitioner,	
and	
Respondent.	
FAMILY LAW FINAN	
(\$50,000 or more Individua	l Gross Annual Income)
I, {full legal name}	, being
I, {full legal name}sworn, certify that the following information is true:	
CECTION I PICOME	
SECTION I. INCOME Read the instructions with this form; if they indicate to	that you must file this financial affidavit start
here.	
1. Date of Birth:	
2. Social Security Number:	
3. My occupation is:	
4. I am currently	
[√ all that apply] a. Unemployed	
	v 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	ery other week () twice a month () monthly
() other:	
	change jobs soon, describe the change you expect and
☐ Check here if you currently have more than job(s) on a separate sheet and attach it to this a c. Retired. Date of retirement:	one job. List the information above for the second affidavit.

	Employer from whom retired Address:		
			Telephone Number:
LAS	T YEAR'S GROSS INCOME:		Other Party's Income (if known)
	YEAR	\$	\$
All an		nstructions with this form to fi	gure out money amounts for anything that is NOT paid ld be listed separately with separate dollar amounts.
1.	Monthly gross salary or wage	es	1. \$
2.	Monthly bonuses, commissio payments		
3.	Monthly business income f partnerships, close corporation receipts minus ordinary and income.) (Attach sheet item or the sheet item or t	ons, and/or independent necessary expenses requ	self-employment, contracts (Gross uired to produce
4.	Monthly disability benefits/S	_	4
5.	Monthly Workers' Compensa		5.
6.	Monthly Unemployment Con		6.
7.	Monthly pension, retirement,	_	7.
8.	Monthly Social Security bene	efits	8
9.	Monthly alimony actually recognized 9a. From this	s case: \$	
1.0		ner case(s):	Add 9a and 9b 9
10. 11.	Monthly interest and dividen Monthly rental income (gros expenses required to produce income and expense items.)	ss receipts minus ordinar	
12.	Monthly income from royalti	es, trusts, or estates	12.
13.	Monthly reimbursed expense they reduce personal living e	es and in-kind payments	to the extent that 13
14.	Monthly gains derived fro nonrecurring gains)	m dealing in property	(not including 14
•	other income of a recurring natu	re (identify source)	
15.			
16.			16
17. I	PRESENT MONTHLY GROS	S INCOME (Add lines	1-16) TOTAL: 17. \$
PRE	SENT MONTHLY DEDUCTI	ONS:	
All an month		nstructions with this form to fi	gure out money amounts for anything that is NOT paid
18.	Monthly federal, state, and lo and allowable dependents and	d income tax liabilities)	d for filing status
	a. Filing Status		
	b. Number of depend	dents 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	24
25.	Monthly court-ordered alimony actually paid 25a. from this case: \$	
	25b. from other case(s):Add 25a and 25b	25
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		
14.	Monthly food and grocery items		
15.	Monthly meals outside home	15.	
16.	Monthly cable t.v.	16.	
17.	Monthly alarm service contract		
18.	Monthly service contracts on appliances		
19.	Monthly maid service		
Other:			
20.		20.	
21.		21.	
22.		22.	

23. 24.		23 24
25.	SUBTOTAL (add lines 1 through 24)	25. \$
23.	SOBIOTILE (and lines I through 21)	2 3. ψ
	TOMOBILE:	
	Monthly gasoline and oil	26. \$
	Monthly repairs	27
	Monthly auto tags and emission testing Monthly insurance	28
	Monthly payments (lease or financing)	29
	Monthly rental/replacements	30 31
	Monthly alternative transportation (bus, rail, car pool, etc.)	32.
	Monthly tolls and parking	33.
	Other:	34.
35.	SUBTOTAL (add lines 26 through 34)	35. \$
REI 36. 37. 38.	NTHLY EXPENSES FOR CHILD(REN) FROM ANOTHER LATIONSHIP (other than court-ordered child support)	36. \$ 37 38 39
40.	SUBTOTAL (add lines 36 through 39)	40. \$
		40. \$
MO	NTHLY INSURANCE	40. \$
MO : 41.	NTHLY INSURANCE Health insurance, excluding portion paid for any minor child(ren) of this	
MO : 41. 1	NTHLY INSURANCE	41. \$
MO : 41. 142. 142.	NTHLY INSURANCE Health insurance, excluding portion paid for any minor child(ren) of this relationship	41. \$ 42
MO : 41. 142. 142.	NTHLY INSURANCE Health insurance, excluding portion paid for any minor child(ren) of this relationship Life insurance Dental insurance	41. \$
MO 41. 1 42. 1 43. 1 Other	NTHLY INSURANCE Health insurance, excluding portion paid for any minor child(ren) of this relationship Life insurance Dental insurance er:	41. \$ 42 43
MO 41. 1 42. 1 43. 1 Other	NTHLY INSURANCE Health insurance, excluding portion paid for any minor child(ren) of this relationship Life insurance Dental insurance	41. \$ 42 43
MO 41. 1 42. 1 43. 1 Other	NTHLY INSURANCE Health insurance, excluding portion paid for any minor child(ren) of this relationship Life insurance Dental insurance er:	41. \$ 42 43
42. 1 43. 1 Other 44. 45	NTHLY INSURANCE Health insurance, excluding portion paid for any minor child(ren) of this relationship Life insurance Dental insurance er:	41. \$ 42 43 44 45
MO: 41. 142. 143. 144. 445. 446.	NTHLY INSURANCE Health insurance, excluding portion paid for any minor child(ren) of this relationship Life insurance Dental insurance er: SUBTOTAL (add lines 41 through 45)	41. \$ 42 43 44 45
MO 41. 1 42. 1 43. 1 Othe 44. 45. 2 46. OTI 47. 1 48. 1	NTHLY INSURANCE Health insurance, excluding portion paid for any minor child(ren) of this relationship Life insurance Dental insurance er: SUBTOTAL (add lines 41 through 45) HER MONTHLY EXPENSES NOT LISTED ABOVE: Monthly dry cleaning and laundry Monthly clothing	41. \$ 42 43 44 45 46. \$ 47. \$ 48
MO: 41. 1 42. 1 43. 1 Other 44. 45. 1 46. OTH 47. 1 48. 1 49. 1	NTHLY INSURANCE Health insurance, excluding portion paid for any minor child(ren) of this relationship Life insurance Dental insurance er: SUBTOTAL (add lines 41 through 45) HER MONTHLY EXPENSES NOT LISTED ABOVE: Monthly dry cleaning and laundry Monthly clothing Monthly medical, dental, and prescription (unreimbursed only)	41. \$ 42 43 44 45 46. \$ 47. \$ 48 49
MO: 41. 1 42. 1 43. 1 Other 44. 45. 46. OTH 47. 1 48. 1 49. 1 50. 1	NTHLY INSURANCE Health insurance, excluding portion paid for any minor child(ren) of this relationship Life insurance Dental insurance er: SUBTOTAL (add lines 41 through 45) HER MONTHLY EXPENSES NOT LISTED ABOVE: Monthly dry cleaning and laundry Monthly clothing Monthly medical, dental, and prescription (unreimbursed only) Monthly psychiatric, psychological, and counselor (unreimbursed only)	41. \$
MO. 41. 1 42. 1 43. 1 Other 44. 45. 1 46. OTH 47. 1 48. 1 50. 1 51. 1	NTHLY INSURANCE Health insurance, excluding portion paid for any minor child(ren) of this relationship Life insurance Dental insurance er: SUBTOTAL (add lines 41 through 45) HER MONTHLY EXPENSES NOT LISTED ABOVE: Monthly dry cleaning and laundry Monthly clothing Monthly medical, dental, and prescription (unreimbursed only) Monthly psychiatric, psychological, and counselor (unreimbursed only) Monthly non-prescription medications, cosmetics, toiletries, and sundries	41. \$
MO 41. 1 42. 1 43. 1 Othe 44. 45. 2 46. OTI 48. 1 50. 1 51. 1 52. 1	NTHLY INSURANCE Health insurance, excluding portion paid for any minor child(ren) of this relationship Life insurance Dental insurance er: SUBTOTAL (add lines 41 through 45) HER MONTHLY EXPENSES NOT LISTED ABOVE: Monthly dry cleaning and laundry Monthly clothing Monthly medical, dental, and prescription (unreimbursed only) Monthly psychiatric, psychological, and counselor (unreimbursed only) Monthly non-prescription medications, cosmetics, toiletries, and sundries Monthly grooming	41. \$
MO: 41. 142. 143. 144. 445. 146. OTH 47. 148. 149. 151. 152. 153. 153. 154.	NTHLY INSURANCE Health insurance, excluding portion paid for any minor child(ren) of this relationship Life insurance Dental insurance er: SUBTOTAL (add lines 41 through 45) HER MONTHLY EXPENSES NOT LISTED ABOVE: Monthly dry cleaning and laundry Monthly clothing Monthly medical, dental, and prescription (unreimbursed only) Monthly psychiatric, psychological, and counselor (unreimbursed only) Monthly non-prescription medications, cosmetics, toiletries, and sundries Monthly grooming Monthly gifts	41. \$
MO: 41. 142. 143. 144. 445. 445. 446. OTH 47. 148. 150. 151. 152. 153. 154. 154. 154. 154. 154. 154. 154. 154	NTHLY INSURANCE Health insurance, excluding portion paid for any minor child(ren) of this relationship Life insurance Dental insurance er: SUBTOTAL (add lines 41 through 45) HER MONTHLY EXPENSES NOT LISTED ABOVE: Monthly dry cleaning and laundry Monthly clothing Monthly medical, dental, and prescription (unreimbursed only) Monthly psychiatric, psychological, and counselor (unreimbursed only) Monthly non-prescription medications, cosmetics, toiletries, and sundries Monthly grooming	41. \$

56. Monthly sports and hobbies		56
57. Monthly entertainment		57.
58. Monthly periodicals/books/t		58.
59. Monthly vacations	•	59.
60. Monthly religious organizati		60.
61. Monthly bank charges/credit		61.
62. Monthly education expenses		62.
	stomary expenses not otherwise mentioned in	
the items listed above)	• •	
63		63
64.		64
		65
		66
67.	SUBTOTAL (add lines 47 through 66)	67. \$
		. \$
NAME OF CREDITOR(s): 68 69	69.	·
NAME OF CREDITOR(s): 68 69 70	69. 70.	·
NAME OF CREDITOR(s): 68 69 70 71	69. 70. 71.	·
NAME OF CREDITOR(s): 68. 69. 70. 71. 72.	69. 70. 71. 72.	·
NAME OF CREDITOR(s): 68 69 70 71 72 73	69. 70. 71. 72. 73.	·
NAME OF CREDITOR(s): 68. 69. 70. 71. 72. 73.	69. 70. 71. 72. 73. 74.	
NAME OF CREDITOR(s): 68. 69. 70. 71. 72. 73. 74.	69. 70. 71. 72. 73. 74. 75.	
NAME OF CREDITOR(s): 68. 69. 70. 71. 72. 73. 74. 75.	69. 70. 71. 72. 73. 74. 75. 76.	
NAME OF CREDITOR(s): 68	69. 70. 71. 72. 73. 74. 75. 76. 77.	
NAME OF CREDITOR(s): 68. 69. 70. 71. 72. 73. 74. 75. 76. 77.	69. 70. 71. 72. 73. 74. 75. 76. 77. 78.	
NAME OF CREDITOR(s): 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78.	69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79.	
NAME OF CREDITOR(s): 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78.	69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79.	
NAME OF CREDITOR(s): 68	69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79.	
NAME OF CREDITOR(s): 68	69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. SUBTOTAL (add lines 68 through 80)	

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.

<u>STEP 2</u>: 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)	B Current Fair Market Value	Nonn	C narital et column)
the box next to any asset(s) which you are requesting the judge award to you.		husband	wife
□ Cash (on hand)	\$		
☐ Cash (in banks or credit unions)			
□ Stocks/Bonds			
□ Notes (money owed to you in writing)			
☐ Money owed to you (not evidenced by a note)			
□ Real estate: (Home)			
□ (Other)			

A ASSETS: DESCRIPTION OF ITEM(S)	B Current Fair Market Value	Nonn	C narital t column)
the box next to any asset(s) which you are requesting the judge award to you.		husband	wife
□ 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 ASSETS: DESCRIPTION OF ITEM(S)	B Current Fair Market Value		c narital t column)
√ the box next to any asset(s) which you are requesting the judge award to you.		husband	wife
☐ Sporting and entertainment (T.V., stereo, etc.) equipment		·	
□ Other assets			
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.

<u>STEP 4</u>: 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)	B Current Amount Owed	Nonm (√ correc	arital
$\sqrt{\ }$ the box next to any debt(s) for which you believe you should be responsible.		husband	wife
☐ Mortgages on real estate: (Home)	\$		
□ (Other)			
□ Charge/credit card accounts			

A LIABILITIES: DESCRIPTION OF ITEM(S)	B Current Amount Owed	Nonm (√ correc	
the box next to any debt(s) for which you believe you should be responsible.		husband	wife
			Î
□ Auto loan			
□ Auto loan			
□ Bank/Credit Union loans			
☐ Money you owe (not evidenced by a note)			
□ Judgments			
□ Other			
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 in Liabilities Table;			
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	B Possible Value	C Nonmarital (√ correct column)	
the box next to any contingent asset(s) which you are requesting the judge award to you.		husband	wife
	\$		

	n	C
A Contingent Assets	В	C Nonmarital
the box next to any contingent asset(s) which you are requesting the judge award to you.	Possible Value	(√ correct column)
		husband wife
Total Contingent Assets	\$	
A	В	C
Contingent Liabilities	Possible Amount	Nonmarital (√ correct column)
the box next to any contingent debt(s) for which you believe you should be responsible.	Owed	husband wife
United by next to any contingent debi(s) for which you believe you should be responsible.	\$	
	¥	
	¢	
Total Contingent Liabilities	Φ	
E. Has there been any agreement between you and the other responsibility for a debt and will hold the other party harmless from that If yes, explain:		
ATTACHMENTS		
CHILD SUPPORT GUIDELINES WORKSHEET. (Child Support G	uidelines Work	sheet, ©□ Florida
Family Law Form 12.901(g), MUST be filed in all cases in which the pa common, INCLUDING modifications of child support.)		
[√ one only]		
A Child Support Guidelines Worksheet IS being filed in this of minor children in common or one of the parties is requesting a more appropriate the child support.	_	
regarding child support. A Child Support Guidelines Worksheet IS NOT being filed children common to the parties in this case or, if this case invo		
court order, child support is not an issue.	rives a mounte	mon or a previous

	t was: () mailed, () faxed and mailed, or () hand tee}
Other party or his/her attorney:	,
Name:	
Address:	
City, State, Zip:	
Fax Number:	
	firming under oath to the truthfulness of the claims made knowingly making a false statement includes fines and/or
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 _	by
	NOTARY PUBLIC—STATE OF FLORIDA
Personally known Produced identification Type of identification produced	[Print, type, or stamp commissioned name of notary.]
BLANKS BELOW: [/ fill in all blanks]	OUT THIS FORM, HE/SHE MUST FILL IN THE
I, {full legal name and trade name of nonlawyer	r}
(stata) (nhona)	
who is the $[\sqrt{\text{one only}}]$ netitioner or re	espondent, fill out this form.