

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

Case No.: _____

Division: _____

_____,
Petitioner,

and

_____,
Respondent.

FAMILY LAW FINANCIAL AFFIDAVIT
(\$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. Date of Birth: _____

2. My occupation is: _____

3. I am currently

[☒ 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.

____ c. Retired. Date of retirement: _____

Employer from whom retired: _____

City, State, Zip code: _____ Telephone Number: _____

PRESENT MONTHLY GROSS INCOME:

1. Monthly gross salary or wages	1.	\$ _____
2. Monthly bonuses, commissions, allowances, overtime, tips, and similar payments	2.	_____
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.) (<input type="checkbox"/> Attach sheet itemizing such income and expenses.)	3.	_____
4. Monthly disability benefits/SSI	4.	_____
5. Monthly Workers' Compensation	5.	_____
6. Monthly Unemployment Compensation	6.	_____
7. Monthly pension, retirement, or annuity payments	7.	_____
8. Monthly Social Security benefits	8.	_____
9. Monthly alimony actually received		
9a. From this case: \$ _____		
9b. From other case(s): _____		
	Add 9a and 9b	
10. Monthly interest and dividends	9.	_____
11. Monthly rental income (gross receipts minus ordinary and necessary expenses required to produce income) (<input type="checkbox"/> Attach sheet itemizing such income and expense items.)	10.	_____
12. Monthly income from royalties, trusts, or estates	11.	_____
13. Monthly reimbursed expenses and in-kind payments to the extent that they reduce personal living expenses (<input type="checkbox"/> Attach sheet itemizing each item and amount.)	12.	_____
14. Monthly gains derived from dealing in property (not including nonrecurring gains)	13.	_____
Any other income of a recurring nature (identify source)	14.	_____
15. _____	15.	_____
16. _____	16.	_____

17. PRESENT MONTHLY GROSS INCOME (Add lines 1–16) **TOTAL:** 17. \$ _____

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

18. \$ _____

19. _____

20. _____

- 26. TOTAL DEDUCTIONS ALLOWABLE UNDER SECTION 61.30, FLORIDA STATUTES** (Add lines 18 through 25) **TOTAL:** **26. \$** _____

SECTION II. AVERAGE MONTHLY EXPENSES

HOUSEHOLD:

- Florida Family Law Rules of Procedure Form 12.902(c), Family Law Financial Affidavit (09/06)

25. **SUBTOTAL** (add lines 1 through 24) **25.** \$ _____

AUTOMOBILE:

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

35. **SUBTOTAL** (add lines 26 through 34) **35.** \$ _____

MONTHLY EXPENSES FOR CHILDREN COMMON TO BOTH PARTIES:

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

58. **SUBTOTAL** (add lines 36 through 57) **58.** \$ _____

MONTHLY EXPENSES FOR CHILD(REN) FROM ANOTHER RELATIONSHIP: (other than court-ordered child support)

59. _____	59. \$ _____
60. _____	60. _____
61. _____	61. _____
62. _____	62. _____

63. **SUBTOTAL** (add lines 59 through 62) **63. \$** _____

MONTHLY INSURANCE:

64. Health insurance, excluding portion paid for any minor child(ren) of this relationship 64. \$ _____
65. Life insurance 65. _____
66. Dental insurance 66. _____
Other:
67. _____ 67. _____
68. _____ 68. _____

69. **SUBTOTAL** (add lines 64 through 68) **69. \$** _____

OTHER MONTHLY EXPENSES NOT LISTED ABOVE:

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

90. **SUBTOTAL** (add lines 70 through 89) **90. \$** _____

MONTHLY PAYMENTS TO CREDITORS: (only when payments are currently made by you on outstanding balances)

NAME OF CREDITOR(s):

91. _____ 91. \$ _____
92. _____ 92. _____
93. _____ 93. _____
94. _____ 94. _____
95. _____ 95. _____
96. _____ 96. _____
97. _____ 97. _____
98. _____ 98. _____

99. _____		99. _____
100. _____		100. _____
101. _____		101. _____
102. _____		102. _____
103. _____		103. _____
104.	SUBTOTAL (add lines 91 through 103)	104. \$ _____

105. TOTAL MONTHLY EXPENSES:		
(add lines 25, 35, 58, 63, 69, 90, and 104 of Section II, Expenses)		105. \$ _____

SUMMARY

106. TOTAL PRESENT MONTHLY NET INCOME		
(from line 27 of SECTION I. INCOME)		106. \$ _____
107. TOTAL MONTHLY EXPENSES (from line 105 above)		107. \$ _____
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.)		108. \$ _____
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.)		109. (\$ _____)

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) DO NOT LIST ACCOUNT NUMBERS. ✓ the box next to any asset(s) which you are requesting the judge award to you.	B Current Fair Market Value	C Nonmarital (✓ 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/Bonds			
<input type="checkbox"/>			

A ASSETS: DESCRIPTION OF ITEM(S) DO NOT LIST ACCOUNT NUMBERS. ✓ the box next to any asset(s) which you are requesting the judge award to you.	B Current Fair Market Value	C Nonmarital (✓ correct column)	
		husband	wife
<input type="checkbox"/>			
<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)			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/> Real estate: (Home)			
<input type="checkbox"/> (Other)			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/> Business interests			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/> Automobiles			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/> Boats			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/> Other vehicles			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/> Retirement plans (Profit Sharing, Pension, IRA, 401(k)s, etc.)			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/> Furniture & furnishings in home			
<input type="checkbox"/>			
<input type="checkbox"/> Furniture & furnishings elsewhere			

A ASSETS: DESCRIPTION OF ITEM(S) DO NOT LIST ACCOUNT NUMBERS. <input checked="" type="checkbox"/> the box next to any asset(s) which you are requesting the judge award to you.	B Current Fair Market Value	C Nonmarital (<input checked="" type="checkbox"/> correct column)	
		husband	wife
<input type="checkbox"/>			
<input type="checkbox"/> Collectibles			
<input type="checkbox"/>			
<input type="checkbox"/> Jewelry			
<input type="checkbox"/>			
<input type="checkbox"/> Life insurance (cash surrender value)			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/> Sporting and entertainment (T.V., stereo, etc.) equipment			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/> Other assets			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
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.

STEP 4: 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 “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 LIABILITIES: DESCRIPTION OF ITEM(S) DO NOT LIST ACCOUNT NUMBERS. ✓ the box next to any debt(s) for which you believe you should be responsible.	B Current Amount Owed	C Nonmarital (✓ 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"/> Charge/credit card accounts			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/> Auto loan			
<input type="checkbox"/> Auto loan			
<input type="checkbox"/> Bank/Credit Union loans			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/> Money you owe (not evidenced by a note)			
<input type="checkbox"/>			
<input type="checkbox"/> Judgments			
<input type="checkbox"/>			
<input type="checkbox"/> Other			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
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) \$ _____

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

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

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.

[✓ 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: () mailed, () faxed and mailed, or () hand delivered to the person(s) listed below on {date} _____.

Other party or his/her attorney:

Name: _____

Address: _____

City, State, Zip: _____

Fax Number: _____

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: _____

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]

I, *{full legal name and trade name of nonlawyer}* _____,

a nonlawyer, located at *{street}* _____, *{city}* _____,

{state} _____, *{phone}* _____, helped *{name}* _____,

who is the [☒ **one** only] ___ petitioner **or** ___ respondent, fill out this form.