

IN THE CIRCUIT COURT OF THE 15<sup>TH</sup>  
JUDICIAL CIRCUIT IN AND FOR PALM  
BEACH COUNTY, FLORIDA

IN RE: THE MARRIAGE OF

FAMILY DIVISION  
CASE NO.:

,  
Petitioner/ ,

and

Respondent/ ,  
\_\_\_\_\_ /

**FAMILY LAW FINANCIAL AFFIDAVIT (Short Form)**  
(Under \$50,000 individual Gross Annual Income)

I, \_\_\_\_\_, being sworn, certify that the following information is true:

My Occupation is: \_\_\_\_\_

Employed By: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone number: \_\_\_\_\_

My Pay rate is: \$\_\_\_\_\_ 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 instructions with this form to figure out money amounts for anything that is NOT paid monthly. Attach more paper, if needed. Items included under Aother@ should be listed separately with separate dollar amounts.**

- |   |             |
|---|-------------|
| 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)<br>___ (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	9.	\$ _____
10.	Monthly interest and dividends		10.	\$ _____
11.	Monthly rental income (Gross receipts minus ordinary and necessary expenses required to produce income. __ (Attach sheet itemizing such income and expense items)		11.	\$ _____
12.	Monthly income from royalties, trust or estates		12.	\$ _____
13.	Monthly reimbursed expenses and in-kind payments to the extent that they reduce personal living expenses		13.	\$ _____
14.	Monthly gains derived from dealing in property (not including non-recurring gains.)		14.	\$ _____
15.	Any other income of a recurring nature (identify and list source)		15.	\$ _____
16.	_____		16.	\$ _____
17.	<b>PRESENT MONTHLY GROSS INCOME</b> (Add lines 1-16)		17.	\$ _____
		<b>TOTAL:</b>	17.	\$ _____

**PRESENT MONTHLY DEDUCTIONS:**

18.	Monthly federal, state, and local income tax (Corrected for filing status and allowable dependents and income tax liabilities)		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 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 paid:			
25a.	From this case.	\$ _____		
25b.	From other case(s)	\$ _____		
	Add 25a and 25b		25.	\$ _____
26.	<b>TOTAL DEDUCTIONS ALLOWABLE UNDER SECTION 61.30, FLORIDA STATUTES</b> (Add lines 18 through 25)		26.	\$ _____
		<b>TOTAL</b>	26.	\$ _____

27.	<b>PRESENT NET MONTHLY INCOME</b> (Subtract line 26 from line 17)		27.	\$ _____
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**SECTION II. AVERAGE MONTHLY EXPENSES**

<b>A. HOUSEHOLD:</b>		Maintenance/repairs	\$ _____
Mortgage or rent	\$ _____	Other: _____	\$ _____
Property taxes	\$ _____		
Utilities	\$ _____	<b>B. AUTOMOBILE:</b>	
Telephone	\$ _____	Gasoline	\$ _____
Food	\$ _____	Repairs	\$ _____
Meals outside home	\$ _____	Insurance	\$ _____

**C. CHILD(REN)'S EXPENSES:**

Day Care \$ \_\_\_\_\_  
Lunch Money \$ \_\_\_\_\_  
Clothing \$ \_\_\_\_\_  
Grooming \$ \_\_\_\_\_  
Gifts for Holidays \$ \_\_\_\_\_  
Medical/dental (uninsured) \$ \_\_\_\_\_  
Other: \_\_\_\_\_ \$ \_\_\_\_\_

**D. INSURANCE:**

Medical/dental \$ \_\_\_\_\_  
Child(ren)'s medical/dental \$ \_\_\_\_\_  
Life \$ \_\_\_\_\_  
Other: \_\_\_\_\_ \$ \_\_\_\_\_

**E. OTHER EXPENSES NOT LISTED**

**ABOVE:**

Clothing \$ \_\_\_\_\_  
Medical/Dental (uninsured) \$ \_\_\_\_\_  
Grooming \$ \_\_\_\_\_  
Entertainment \$ \_\_\_\_\_  
Gifts \$ \_\_\_\_\_  
Church/charities \$ \_\_\_\_\_

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 17 of SECTION I. INCOME)  
**30. TOTAL MONTHLY EXPENSES** \$ \_\_\_\_\_  
(FROM LINE 28 ABOVE)  
**31. SURPLUS** if line 29 is more than 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 non-marital column only if this is a Petition for Dissolution of Marriage and you believe said item is non-marital, 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 instructions with this form and Section 61.075(1), Florida Statutes for definitions of Marital and Non-Marital 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). Check the box next to any asset(s) which you are requesting the judge award to you.

	<b>Current Fair Market Value</b>	<b>Non-Marital Husband</b>	<b>Non-Marital Wife</b>
<input type="checkbox"/> Cash (on hand)	\$		
<input type="checkbox"/> Cash (in banks or credit unions)	\$		
<input type="checkbox"/> Checking Account	\$		
<input type="checkbox"/> Interest Bearing Account	\$		
<input type="checkbox"/> Stock, CD, Bonds, Notes	\$		
<input type="checkbox"/> Real Estate (Home)	\$		
<input type="checkbox"/> Other Real Property	\$		
<input type="checkbox"/> Other Real Property	\$		
<input type="checkbox"/> Automobile(s)	\$		
<input type="checkbox"/> Boat(s)	\$		
<input type="checkbox"/> Other Vehicles	\$		
<input type="checkbox"/> Other Financial Assets	\$		
	\$		
	\$		
	\$		
<b>Total Assets:</b>	\$		

**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). Check the box next to any debt(s) for which you believe you should be responsible.

	<b>Current Amounts Owed</b>	<b>Monthly Payments</b>	<b>Non-Marital Husband</b>	<b>Non-Marital Wife</b>
Mortgages on Real Estate	\$	\$		
2 <sup>nd</sup> Mortgage	\$	\$		
Home Equity Loan	\$	\$		
Auto Loans	\$	\$		
	\$	\$		
Charge/Credit Card Accounts	\$	\$		
	\$	\$		

LIABILITIES: Cont'd from Previous Page	Current Amounts Owed	Monthly Payments	Non-Marital Husband	Non-Marital Wife
Charge/Credit Card Accounts	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
Bank/Credit Union Loans	\$	\$		
	\$	\$		
	\$	\$		
Money Owed with No Note	\$	\$		
	\$	\$		
Judgment	\$	\$		
Other Debt	\$	\$		
	\$	\$		
	\$	\$		
<b>Total Debts (add column B)</b>	\$	\$		

**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, debts assumed by another, you must list them here).

Contingent Assets	Possible Value	Non-Marital Husband	Non-Marital Wife
	\$		
	\$		

Total Contingent Assets \$ \_\_\_\_\_

Check the box next to any contingent debt(s) for which you believe you should be responsible.

Contingent Assets	Possible Value	Non-Marital Husband	Non-Marital Wife
	\$		
	\$		

Total Contingent Assets \$ \_\_\_\_\_

**SECTION VI: CHILD SUPPORT GUIDELINES WORKSHEET**

\_\_\_\_\_ A Child Support Guidelines Worksheet IS being filed in this case. The parties have one or more children in common or one of the parties is requesting a modification of a previous court order regarding child support.

\_\_\_\_\_ **A Child Support Guidelines Worksheet IS NOT being filed in this case.** There are no minor children common to the parties in this case, or, if this case involves a modification of a previous court order, child support is not an issue.

**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 No: \_\_\_\_\_

**STATE OF FLORIDA  
COUNTY OF PALM BEACH**

Sworn to or affirmed and signed before me on the \_\_\_ day of \_\_\_\_\_, 2011, by .

\_\_\_\_\_  
NOTARY PUBLIC, STATE OF FLORIDA

\_\_\_\_\_  
[Print, type, or stamp commissioned name of notary or deputy clerk.]  
My Commission expires:

\_\_\_ Personally Known

\_\_\_ Produced Identification

Type of identification produced: \_\_\_\_\_

**CERTIFICATE OF SERVICE**

**I HEREBY CERTIFY** that a true and correct copy of the foregoing has been furnished via U.S. Mail to, Esquire, , this \_\_\_\_\_ day of \_\_\_\_\_, 2011.

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