

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

CASE NO.:

_____,
Petitioner,

vs.

_____,
Respondent.

_____/

**FAMILY LAW FINANCIAL AFFIDAVIT
(Short Form)**

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

My Occupation:	_____	Employed by:	_____
Business Address:	_____		
Pay Rate:	_____	Pay Frequencies:	_____

SECTION I. INCOME

PRESENT MONTHLY GROSS INCOME

All amounts must be monthly.

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	_____
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	_____
9a. From this case.	_____
9b. From other case	_____
	Add 9a and 9b
10. Monthly interest and dividends	_____

- 11.Monthly rental income _____
 12.Monthly income from royalties, trusts, 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 _____
 15.Other income of recurring nature: _____

17.PRESENT MONTHLY GROSS INCOME (Add 1-16) _____

PRESENT MONTHLY DEDUCTIONS:

All amounts must be monthly.

- 18.Monthly federal, state, and local income tax _____
 A. Filing Status: _____
 B. Dependents: _____
 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 _____
 24.Monthly court-ordered child support for another child _____
 25.Monthly court-ordered alimony actually paid _____
 25a.from this case _____
 25b.other case . _____

**26.TOTAL DEDUCTIONS ALLOWABLE UNDER SECTION 61.30, FLORIDA
 STATUTES (Add 18-25)** _____

27.PRESENT NET MONTHLY INCOME (Subtract 26 from 17) _____

SECTION II. AVERAGE MONTHLY EXPENSES

A. HOUSEHOLD

Mortgage or Rent _____
 Property Taxes _____
 Utilities _____
 Telephone _____
 Food _____
 Meals Outside Home _____
 Maint. /Repairs _____
 Other: _____

B. AUTOMOBILE

Gasoline _____
 Repairs _____
 Insurance _____

E. OTHER EXPENSES NOT LIST

Clothing _____
 Medical/Dental _____
 Grooming _____
 Entertainment _____
 Gifts _____
 Church/Charities _____
 Miscellaneous _____
 Other: _____

Co-pays _____
 Credit Card Fees _____

C. CHILD EXPENSES

Day Care
Lunch Money
Clothing
Grooming
Gifts for Holiday
Medical/Dental
Other: _____

D. INSURANCE

Medical/Dental
Child's Medical/Dental
Life
Other: _____

28.

F. PAYMENTS TO CREDITORS

Creditors:

TOTAL MONTHLY EXPENSES (A-F)

SUMMARY

29.TOTAL PRESENT MONTHLY NET INCOME (27)

30.TOTAL MONTHLY EXPENSES (28)

31.SURPLUS

32.DEFICIT

SECTION III: ASSETS AND LIABILITIES

A. ASSETS (What you own)

Description of Asset <i>X on assets desired</i>	Current Fair Market Value	Nonmarital (X)	
		Husband	Wife
Cash on Hand			
Cash in Banks			
Stocks/Bonds/Notes			
Real Estate (Home)			
(Other)			
Automobiles			
Other Personal Property			
Retirement Plans			
Other			
TOTAL ASSETS (add column B)			

B. LIABILITIES (What you owe)

Description of Liability <i>X on liability accepted</i>		Current Amount Owed	Nonmarital (X)	
			Husband	Wife
<input type="checkbox"/>	Mortgage on real estate (home)			
<input type="checkbox"/>	(other)			
<input type="checkbox"/>	Auto Loans			
<input type="checkbox"/>				
<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"/>	Other			
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
TOTAL DEBTS (add column B)				

C. CONTINGENT ASSETS AND LIABILITIES

Contingent Assets <i>X asset desired</i>		Possible Value	Nonmarital (X)	
			Husband	Wife
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
Total Contingent Assets				

Contingent Liabilities <i>X liability accept</i>		Possible Amount Owed	Nonmarital (X)	
			Husband	Wife
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
Total Contingent Liabilities				

SECTION IV. CHILD SUPPORT GUIDELINE WORKSHEET

_____ A Child Support Guideline Worksheet is being filed in this case
 _____ A Child Support Guideline Worksheet is not being filed in this case

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.

Date: _____

Printed Name: _____

Address: _____

STATE OF FLORIDA
COUNTY OF _____

SWORN TO or affirmed and signed before me on this _____ day of _____, 201____ by _____.

Notary Public ~ State of Florida

_____ Personally Known

_____ Produced Identification

Type of Identification Produced: FL Driver's License # _____