

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: \_\_\_\_\_



- 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 expenses as listed below do not reflect what you actually pay currently, you should write "estimate" next to each amount that is 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 13. \_\_\_\_\_
- 14. Monthly food and home supplies 14. \_\_\_\_\_
- 15. Monthly meals outside home 15. \_\_\_\_\_
- 16. Monthly cable t.v. 16. \_\_\_\_\_
- 17. Monthly alarm service contract 17. \_\_\_\_\_
- 18. Monthly service contracts on appliances 18. \_\_\_\_\_
- 19. Monthly maid service 19. \_\_\_\_\_
- Other:
  - 20. \_\_\_\_\_ 20. \_\_\_\_\_
  - 21. \_\_\_\_\_ 21. \_\_\_\_\_
  - 22. \_\_\_\_\_ 22. \_\_\_\_\_
  - 23. \_\_\_\_\_ 23. \_\_\_\_\_
  - 24. \_\_\_\_\_ 24. \_\_\_\_\_

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. _____
<b>104.</b>	<b>104. \$</b> _____

<b>105. TOTAL MONTHLY EXPENSES</b> (add lines 25, 35, 58, 63, 69, 90, and 104 of Section II, Expenses)	<b>105. \$</b> _____
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**SUMMARY**

<b>106. TOTAL PRESENT MONTHLY NET INCOME</b> (from line 27 of SECTION I, INCOME)	<b>106. \$</b> _____
<b>107. TOTAL MONTHLY EXPENSES</b> (from line 105 above)	<b>107. \$</b> _____
<b>108. SURPLUS</b> (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.)	<b>108. \$</b> _____
<b>109. (DEFICIT)</b> (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.)	<b>109. (\$</b> _____ <b>)</b>

**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 OR 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"/> 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			





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

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

**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.