

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. Social Security Number: _____

3. My occupation is: _____

4. I am currently _____

[check **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: _____

Address: _____

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

LAST YEAR'S GROSS INCOME: Your Income Other Party's Income (*f known*)
YEAR _____ \$ _____ \$ _____

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.) (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): _____	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, trusts, or estates.	12.	_____
13.	Monthly reimbursed expenses and in-kind payments to the extent that they reduce personal living expenses (Attach sheet itemizing each item and amount)	13.	_____
14.	Monthly gains derived from dealing in property (not including nonrecurring gains)	14.	_____
Any other income of a recurring nature (identify source)			
15.	_____	15.	_____
16.	_____	16.	_____
17.	TOTAL PRESENT MONTHLY GROSS INCOME (Add lines 1-16)	17.	\$ _____ -

PRESENT MONTHLY DEDUCTIONS:

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 _____	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)	26.	\$ _____ -
27.	PRESENT NET MONTHLY INCOME (Subtract line 26 from line 17)	27.	\$ _____ -

SECTION II. AVERAGE MONTHLY EXPENSES

HOUSEHOLD:

- 1. Monthly mortgage or rent payments 1. _____
- 2. Monthly property taxes (if not include 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 pool maintenance 10. _____
- 11. Monthly lawn care 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 prescriptions (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.	\$ -
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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)(express as negative number)	109.	\$ -

SECTION III: ASSETS AND LIABILITIES

A. ASSETS (This is where you list what you OWN.)

A ASSETS DESCRIPTION OF ITEMS(S)	B Current Fair Market Value	C Nonmarital (check correct column)	
		husband	wife
check the box next to any asset(s) that you are requesting the judge award to you.			
<input type="checkbox"/> Cash (on hand)			
<input type="checkbox"/>			
<input type="checkbox"/> Cash (in banks or credit unions)			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/> Stocks/Bonds			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/> Notes (money owed to you in writing)			
<input type="checkbox"/>			
<input type="checkbox"/>			

A ASSETS DESCRIPTION OF ITEMS(S)	B Current Fair Market Value	C Nonmarital (check correct column)	
		husband	wife
check the box next to any asset(s) that you are requesting the judge award to you.			
<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"/>			
<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"/> 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"/>			
<input type="checkbox"/> Furniture & furnishings in home			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/> Furniture & furnishings elsewhere			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/> Collectibles			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/> Jewelry			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/> Life insurance (cash surrender value)			
<input type="checkbox"/>			
<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"/>			

A ASSETS DESCRIPTION OF ITEMS(S) check the box next to any asset(s) that you are requesting the judge award to you.	B Current Fair Market Value	C Nonmarital (check correct column)	
		husband	wife
Other Assets			
<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.)

A LIABILITIES: DESCRIPTION OF ITEM(S) check the box next to any debt(s) for which you believe you should be responsible.	B Current Amount Owed	C Nonmarital (check correct column)	
		husband	wife
<input type="checkbox"/> Mortgages on real estate: (Home)			
<input type="checkbox"/>			
<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"/>			
<input type="checkbox"/>			
<input type="checkbox"/> Auto loan			
<input type="checkbox"/> Auto loan			
<input type="checkbox"/>			
<input type="checkbox"/> Bank/Credit Union loans			
<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"/>			
Total Debts (add Column B)	\$ -		

C. NET WORTH (excluding contingent assets and liabilities)

Total Assets (enter total of Column B in Assets 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

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

A Contingent Liabilities	B Possible Amount Owed	C Nonmarital (check correct column)	
		husband	wife
check the box next to any contingent asset(s) that you are requesting the judge award to you.			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
Total Contingent Liabilities	\$ -		

E. Has there been any agreement between you and the other party that one of you will take responsibility for a debt and will hold the other party harmless from that debt? () yes () no If yes, explain _____

F. **CHILD SUPPORT GUIDELINES WORKSHEET** Florida Family Law Form 12.901(g), 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.
[check **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.** This establishment or modification of child support is not an issue 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.

Dated: _____

STATE OF FLORIDA
COUNTY OF _____

Sworn to or affirmed and signed before me on _____ by _____
who () is personally known to me, or () has produced _____
as identification.

NOTARY PUBLIC -- STATE OF FLORIDA

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: _____

Florida Bar No. _____
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