

IN THE CIRCUIT COURT OF THE _____ FIFTH _____ JUDICIAL CIRCUIT,
IN AND FOR _____ LAKE _____ 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
[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: _____ Telephone Number: _____

LAST YEAR'S GROSS INCOME:
YEAR _____

Your Income
\$ _____ -

Other Party's Income (if known)
\$ _____ -

PRESENT MONTHLY GROSS INCOME:

All amounts must be MONTHLY. See the instructions with this form to figure out money amounts for anything that is NOT paid monthly. Attach more paper, if needed. Items included under "other" 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.) (___ 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, 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. **PRESENT MONTHLY GROSS INCOME** (Add lines 1-16) **TOTAL:** 17. \$ _____ -

PRESENT MONTHLY DEDUCTIONS:

All amounts must be MONTHLY. See the instructions with this form to figure out money amounts for anything that is NOT paid monthly.

- 18. Monthly federal, state, me tax (corrected for filing status and allowable dependents and income tax liabilities)
 a. Filing Status 1
 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)	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 / CDs	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.\$	<u> -</u>
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105. TOTAL MONTHLY EXPENSES:		105.\$	<u> -</u>
(add lines 25, 35, 58, 63, 69, 90, and 104 of Section II, Expenses)			

SUMMARY

106. TOTAL PRESENT MONTHLY INCOME		106.\$	<u> -</u>
(from line 27 of SECTION I, INCOME)			

107. TOTAL MONTHLY EXPENSES (from line 105 above)		107.\$	<u> -</u>
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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.\$	<u> -</u>
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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.\$	<u> -</u>
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SECTION III. ASSETS AND LIABILITIES
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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	B	C	
ASSETS: DESCRIPTION OF ITEM(S) DO NOT LIST ACCOUNT NUMBERS.	Current Fair Market Value	Nonmarital (check correct column)	
Check next to any asset(s) that you are requesting the judge award to you.		husband	wife
Cash (on hand)			
Cash (in banks or credit unions)			
Stocks / Bonds			
Notes (money owed to you in writing)			
Money owed to you (not evidenced by a note)			
Real estate: (Home)			
(Other)			
Business interests			
Automobiles			
Boats			
Other vehicles			
Retirement plans (Profit Sharing, Pension, IRA, 401(k)s, etc.)			

A ASSETS: DESCRIPTION OF ITEM(S) DO NOT LIST ACCOUNT NUMBERS.		B Current Fair Market Value	C Nonmarital <small>(check correct column)</small>	
<small>Check next to any asset(s) that you are requesting the judge award to you.</small>			husband	wife
<input type="checkbox"/>	Furniture & furnishings in home			
<input type="checkbox"/>				
<input type="checkbox"/>	Furniture & furnishings elsewhere			
<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"/>	Sporting and entertainment (T.V., stereo, etc.) equipment			
<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"/>				
<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.	B Current Amount Owed	C Nonmarital	
		<small>(check correct column)</small>	
		husband	wife
<small>Check next to any debt(s) for which you believe you should be responsible.</small>			
Mortgages on real estate: First mortgage on home			
Second mortgage on home			
Other mortgages			
Charge / credit card accounts			
Auto loan			
Auto loan			
Bank / Credit Union loans			
Money you owe (not evidenced by a note)			
Judgments			
Other			
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	B Possible Value	C Nonmarital <small>(check correct column)</small>	
		husband	wife
<small>Check next to any contingent asset(s) that you are requesting the judge award to you.</small>			
Total Contingent Assets	\$ -		

A Contingent Liabilities	B Possible Amount Owed	C Nonmarital <small>(check correct column)</small>	
		husband	wife
<small>Check next to any contingent debt(s) for which you believe you should be responsible.</small>			
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.

[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. The 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: _____

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 _____
() who is personally known to me or () who has produced _____ as identification.

NOTARY PUBLIC or DEPUTY CLERK

[Print, type, or stamp commissioned name of notary or deputy clerk.]

I HEREBY CERTIFY that a true copy of the foregoing was _____ sent via regular U. S. Mail or personal service
on this _____ day of _____ 200____, to _____

JUSTIN RICKMAN, ESQUIRE
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Clermont, Florida 34711
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