

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 _____ \$ _____ \$ _____

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. | \$ - |
|-------------|---|-------------|-------------|

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) | 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. | | | |
| 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) | B Current Amount Owed | C Nonmarital (check correct column) | |
|--|-----------------------------|---|------|
| | | husband | wife |
| check the box next to any debt(s) for which you believe you should be responsible. | | | |
| <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"/> 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. _____

West Family Law Group, P.L.

801 North Orange Avenue

Suite 700

Orlando, FL 32801

Phone: (407) 425-8878

Fax: (407) 843-9348

admin@westflg.com

Attorney for _____