

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.	_____
<b>17.</b>	<b>TOTAL PRESENT MONTHLY GROSS INCOME</b> (Add lines 1-16)	<b>17.</b>	<b>\$ _____ -</b>

**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 claime _____	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.	_____
<b>26.</b>	<b>TOTAL DEDUCTIONS ALLOWABLE UNDER SECTION 61.30, FLORIDA STATUTES</b> (Add lines 18 through 25)	<b>TOTAL</b>	<b>26.</b> <b>\$ _____ -</b>
<b>27.</b>	<b>PRESENT NET MONTHLY INCOME</b> (Subtract line 26 from line 17)	<b>27.</b>	<b>\$ _____ -</b>

**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.	_____
<b>58.</b>	<b>SUBTOTAL (add lines 36 through 57)</b>	<b>58.</b>	<b>\$ _____ -</b>

**MONTHLY EXPENSES FOR CHILD(REN) FROM ANOTHER RELATIONSHIP (other than court-ordered child support)**

59.	_____	59.	_____
60.	_____	60.	_____
61.	_____	61.	_____
62.	_____	62.	_____
<b>63.</b>	<b>SUBTOTAL (add lines 59 through 62)</b>	<b>63.</b>	<b>\$ _____ -</b>

**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.	_____
<b>69.</b>	<b>SUBTOTAL (add lines 64 through 68)</b>	<b>69.</b>	<b>\$ _____ -</b>

**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.	_____
<b>90.</b>	<b>SUBTOTAL (add lines 70 through 89)</b>	<b>90.</b>	<b>\$ _____ -</b>

**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>SUBTOTAL</b> (add lines 91 through 103)	<b>104.</b>	<b>\$ -</b>

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

<b>106.</b>	<b>TOTAL PRESENT MONTHLY NET INCOME</b> (from line 27 of SECTION I. INCOME)	<b>106.</b>	<b>\$ -</b>
<b>107.</b>	<b>TOTAL MONTHLY EXPENSES</b> (from line 105 above)	<b>107.</b>	<b>\$ -</b>
<b>108.</b>	<b>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.</b>	<b>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)(express as negative number)	<b>109.</b>	<b>\$ -</b>

**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"/>			
<b>Total Assets</b> (add column B)	<b>\$ -</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"/>			
<b>Total Debts</b> (add Column B)	<b>\$ -</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"/>			
<b>Total Contingent Assets</b>	<b>\$ -</b>		

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"/>			
<b>Total Contingent Liabilities</b>	<b>\$ -</b>		

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.  
7009 Dr. Phillips Boulevard  
Suite 130  
Orlando, FL 32819  
Phone: (407) 425-8878  
Fax: (407) 641-8762  
mail@westflg.com  
Attorney for \_\_\_\_\_