

FAMILY LAW FINANCIAL AFFIDAVIT (SHORT FORM)
(Under \$50,000 Individual Gross Annual Income)

I, being sworn, certify that the following information is true:

My Occupation: _____ Business Address: _____

Pay rate: \$ _____ () every week () every other week () twice a month () monthly () other: _____

Check here if unemployed and explain on a separate sheet your efforts to find employment.

SECTION I. 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) (<input type="checkbox"/> 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 |
| 10. Monthly interest and dividends | 9. _____ |
| 11. Monthly rental income (gross receipts minus ordinary and necessary expenses required to produce income) (<input type="checkbox"/> Attach sheet itemizing such income and expense items.) | 10. _____ |
| 12. Monthly income from royalties, trusts, or estates | 11. _____ |
| 13. Monthly reimbursed expenses and in-kind payments to the extent that they reduce personal living expenses | 12. _____ |
| 14. Monthly gains derived from dealing in property (not including nonrecurring gains) | 13. _____ |
| 15. Any other income of a recurring nature (list source) _____ | 14. _____ |
| 16. _____ | 15. _____ |
| | 16. _____ |

17. PRESENT MONTHLY GROSS INCOME (Add lines 1–16) **TOTAL:** **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)

TOTAL: 26. \$ _____

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

SECTION II. AVERAGE MONTHLY EXPENSES

A. HOUSEHOLD:

Mortgage or rent \$ _____
Property taxes \$ _____
Utilities \$ _____
Telephone \$ _____
Food \$ _____
Meals outside home \$ _____
Maintenance/Repairs \$ _____
Other: _____ \$ _____

B. AUTOMOBILE

Gasoline \$ _____
Repairs \$ _____
Insurance \$ _____

C. CHILD(REN)'S EXPENSES

Day care \$ _____
Lunch money \$ _____
Clothing \$ _____
Grooming \$ _____
Gifts for holidays \$ _____
Medical/dental (uninsured) \$ _____
Other: Child Support _____ \$ _____

D. INSURANCE

Medical/dental \$ _____
Child(ren)'s medical/dental \$ _____
Life \$ _____
Other: _____ \$ _____

E. OTHER EXPENSES NOT LISTED ABOVE

Clothing \$ _____
Medical/Dental (uninsured) \$ _____
Grooming \$ _____
Entertainment \$ _____
Gifts \$ _____
Religious organizations \$ _____
Miscellaneous \$ _____
Other: _____ \$ _____

F. PAYMENTS TO CREDITORS

Table with columns: MONTHLY CREDITOR, PAYMENT. Multiple rows for listing creditors and payments.

28. TOTAL MONTHLY EXPENSES (add ALL monthly amounts in A through F above) 28. \$ _____

SUMMARY

29. TOTAL PRESENT MONTHLY NET INCOME (from line 27 of SECTION I. INCOME) 29. \$ _____
30. TOTAL MONTHLY EXPENSES (from line 28 above) 30. \$ _____
31. SURPLUS (If line 29 is more than line 30, subtract line 30 from line 29. This is the amount of your surplus. Enter that amount here.) 31. \$ _____
32. (DEFICIT) (If line 30 is more than line 29, subtract line 29 from line 30. This is the amount of your deficit. Enter that amount here.) 32. (\$ _____)

SECTION III. ASSETS AND LIABILITIES

Use the nonmarital column 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(s) or debt belongs. (Typically, you will only use this column if property/debt was owned/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. ASSETS:

DESCRIPTION OF ITEM(S). List a description of each separate item owned by you (and/or your spouse, if this is a petition for dissolution of marriage). DO NOT LIST ACCOUNT NUMBERS. ✓ the box next to any asset(s) which you are	Current Fair Market Value	Nonmarital (✓ correct column)	
		husband	wife
<input type="checkbox"/> Cash (on hand)	\$		
<input type="checkbox"/> Cash (in banks or credit unions)			
<input type="checkbox"/> Stocks, Bonds, Notes			
<input type="checkbox"/> Real estate: (Home)			
<input type="checkbox"/> (Other) 401K			
<input type="checkbox"/> Automobiles			
<input type="checkbox"/> Other personal property			
<input type="checkbox"/> Retirement plans (Profit Sharing, Pension, IRA, 401(k)s, etc.)			
<input type="checkbox"/> Other			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/> ✓ here if additional pages are attached.			
Total Assets (add column B)	\$ _____		

B. LIABILITIES:

DESCRIPTION OF ITEM(S). List a description of each separate debt owed by you (and/or your spouse, if this is a petition for dissolution of marriage). DO NOT LIST ACCOUNT NUMBERS. ✓ the box next to any debt(s) for which you	Current Amount Owed	Nonmarital (✓ correct column)	
		husband	wife
<input type="checkbox"/> Mortgages on real estate:	\$		
<input type="checkbox"/> Second mortgage on home			
<input type="checkbox"/> Other mortgages			
<input type="checkbox"/>			
<input type="checkbox"/> Auto loans			
<input type="checkbox"/>			
<input type="checkbox"/> Charge/credit card accounts			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/> Other			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/> ✓ here if additional pages are attached.			
Total Debts (add column B)	\$		

C. 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.

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

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

SECTION IV. CHILD SUPPORT GUIDELINES WORKSHEET

A Child Support Guidelines Worksheet IS filed in this case. This case involves the establishment or modification of child support.

CERTIFICATE OF SERVICE

I DO CERTIFY that a true copy hereof has been furnished to

I, , understand that by affixing my signature hereto I am swearing or affirming under oath to the truthfulness of the claims made in this petition and that the punishment for knowingly making a false statement includes fines and/or imprisonment.

Signed and sworn this ____ day of _____, 2008.

STATE OF FLORIDA
COUNTY OF ORANGE

The foregoing instrument was acknowledged before me this the ____ day of _____, 2008 by _____, who is personally known to me or who has produced _____ and who did take an oath, and after being first duly sworn according to law deposes and says that the information contained in the foregoing instrument is true and correct.

Notary Public

My Commission Expires:

- ___ Personally known
- ___ Produced identification
- ___ Type of identification produced