

IN THE CIRCUIT COURT OF THE \_\_\_\_\_ JUDICIAL CIRCUIT,  
IN AND FOR \_\_\_\_\_ COUNTY, FLORIDA

\_\_\_\_\_

Petitioner,

and

Case No.: \_\_\_\_\_

\_\_\_\_\_

Division: \_\_\_\_\_

Respondent.

\_\_\_\_\_/

**FAMILY LAW FINANCIAL AFFIDAVIT (SHORT FORM)**  
(Under \$50,000.00 Individual Gross Annual Income)

I, {full legal name}, \_\_\_\_\_, being sworn,  
certify that the following information is true:

My occupation: \_\_\_\_\_ Employed by: \_\_\_\_\_

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:**

**All amounts must be MONTHLY.** See the instructions with this form to figure out monthly 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 13. \$ \_\_\_\_\_
14. Monthly gains derived from dealing in property (not including nonrecurring gains) 14. \$ \_\_\_\_\_
15. Any other income of recurring nature (list source) \_\_\_\_\_ 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 any 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 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.

**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 holiday \$ \_\_\_\_\_  
Medical/Dental (uninsured) \$ \_\_\_\_\_  
Other: \_\_\_\_\_ \$ \_\_\_\_\_

**D. INSURANCE**

Medical/Dental \$ \_\_\_\_\_  
Child (ren)'s Medical/Dental \$ \_\_\_\_\_  
Life \$ \_\_\_\_\_  
Other: \_\_\_\_\_ \$ \_\_\_\_\_

**E. OTHER EXPENSES NOT LISTED ABOVE**

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

**F. PAYMENTS TO CREDITORS MONTHLY**

CREDITOR:	PAYMENT
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

**28. TOTAL MONTHLY EXPENSES** (add ALL monthly amounts in

A through F above)

28.\$ \_\_\_\_\_

**SUMMARY**

**29. TOTAL PRESENT NET MONTHLY 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 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. ✓ the box next to any asset(s) that you are requesting the judge to award you	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"/> cash (in banks or credit unions)	\$		
<input type="checkbox"/> Stocks, Bonds, Notes	\$		
<input type="checkbox"/> Stocks, Bonds, Notes	\$		
<input type="checkbox"/> Real estate: (Home)	\$		
<input type="checkbox"/> (Other)	\$		
<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 checked="" type="checkbox"/> here if additional pages are attached.	\$		
<b>Total Assets (add column B)</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. ✓ the box next to any debt(s) for which you should be responsible	Current Amount Owed	Nonmarital (✓ correct column)	
		husband	wife
<input type="checkbox"/> Mortgages on real estate	\$		
<input type="checkbox"/> Auto loans	\$		
<input type="checkbox"/>	\$		
<input type="checkbox"/> Charge/credit card accounts	\$		
<input type="checkbox"/>	\$		
<input type="checkbox"/>	\$		
<input type="checkbox"/>	\$		
<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"/>	\$		
<input type="checkbox"/>	\$		
<input type="checkbox"/>	\$		
<input type="checkbox"/> here if additional pages are attached.	\$		
<b>Total Debts (add column B)</b>	\$		


**C. CONTINGENT ASSETS AND LIABILITIES**

**INSTRUCTIONS:** If you have any **POSSIBLE assets** (income potential, accrued vacation or sick leave, bonuses, 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"/>	\$		
<input type="checkbox"/>	\$		
<b>Total Contingent Assets</b>	\$		

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

**SECTION IV: 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.)

[ **one** only]

\_\_\_\_\_ **A Child Support Guidelines Worksheet IS or WILL BE filed in this case.** The case involves the establishment or modification of child support.

\_\_\_\_\_ **A Child Support Guidelines Worksheet IS or NOT being filed in this case.** The establishment or modification of child support is not an issue in this case.

I certify that a copy of this document was [ **one** only] ( ) mailed ( ) faxed and mailed ( ) hand delivered to the persons listed below on {date} \_\_\_\_\_.

**Other Party or His/Her Attorney:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Fax Number: \_\_\_\_\_

**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

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF MARION

**SWORN TO AND SUBSCRIBED** before me this \_\_\_\_\_ day of \_\_\_\_\_,  
200\_\_ by \_\_\_\_\_.

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
**NOTARY PUBLIC or DEPUTY CLERK**

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

\_\_\_\_\_ Personally known

\_\_\_\_\_ Produced identification  
Type of identification produced \_\_\_\_\_

**IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN**

**THE BLANKS BELOW:** [✍ fill in **all** blanks]

I, {full legal name and trade name of nonlawyer} \_\_\_\_\_,  
a nonlawyer, located at {street} \_\_\_\_\_, {City} \_\_\_\_\_,  
{state} \_\_\_\_\_, {phone} \_\_\_\_\_, helped {name} \_\_\_\_\_,  
who is the [✓ **one** only] \_\_\_\_\_ petitioner **or** \_\_\_\_\_ respondent, fill out this form.