

IN THE CIRCUIT COURT OF THE FIFTEENTH JUDICIAL CIRCUIT,
IN AND FOR PALM BEACH COUNTY, FL

FAMILY LAW DIVISION
CASE NO.:

IN RE: THE MARRIAGE OF

Petitioner /

and

Respondent / _____ /

FAMILY LAW FINANCIAL AFFIDAVIT (LONG FORM)
(\$50,000 or more Individual Gross Annual Income)

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

SECTION I. INCOME

Date of Birth: _____

My occupation is: _____

I am currently (✓ 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: _____ weekly () bi-weekly () 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:

<u>Your Income</u>	<u>Other Party's Income</u>
\$ _____	\$ _____

PRESENT MONTHLY GROSS INCOME:

All amounts must be MONTHLY. Attach more paper if needed. Items included under "other" should be listed separately with separate dollar amounts.

- | | |
|--|------------------|
| 1 Gross salary or wages | 1 _____ |
| 2 Bonuses, commissions, allowances, overtime, tips and similar payments | 2 _____ |
| 3 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 Disability benefits / SSI | 4 _____ |
| 5 Worker's Compensation | 5 _____ |
| 6 Unemployment Compensation | 6 _____ |
| 7 Pension, retirement or annuity payments | 7 _____ |
| 8 Social Security benefits | 8 _____ |
| 9 Alimony actually received | 9 _____ |
| 10 Interest and dividends | |
| a Taxable | 10a _____ |
| b Tax exempt | 10b _____ |
| 11 Rental income (gross receipts minus ordinary and necessary expenses required to produce income). (Attach sheet itemizing such income and expense items) | 11 _____ |
| 12 Income from royalties, trusts or estates | 12 _____ |
| 13 Reimbursed expenses and in-kind payments to the extent that they reduce personal living expenses | 13 _____ |
| 14 Gains derived from dealing in property (excluding non-recurring gains) | 14 _____ |
| Any other income of a recurring nature (identify source) | |
| 15 _____ | 15 _____ |
| 16 _____ | 16 _____ |
| 17 PRESENT MONTHLY GROSS INCOME TOTAL | 17 _____ - _____ |

PRESENT MONTHLY DEDUCTIONS:

All amounts must be MONTHLY.

18 Monthly federal, state and local income tax (corrected for filing status and allowable dependents and income tax liabilities):

Filing Status _____
Number of dependents claimed _____ - _____

a	Federal income tax	18a	\$	_____
b	State income tax	18b		_____
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 for 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			
a	From this case			_____
b	From other cases(s)	25		_____
26	TOTAL DEDUCTIONS ALLOWABLE UNDER SECTION 61.30 FLORIDA STATUTES	26		_____ - _____
27	PRESENT NET MONTHLY INCOME	27		_____ <u>0</u>

* The net monthly income stated is not representative of actual monthly cash flow, but is a monthly average of annual net income.

SECTION II. AVERAGE MONTHLY EXPENSES

Proposed/Estimated Expenses. If this is a dissolution of marriage case and your current expenses do not reflect what you will actually have to pay after your marriage ends, you should write "estimate" next to each amount that is proposed / estimated.

HOUSEHOLD -

1 Mortgage or rent payments	1	\$ _____
2 Property taxes (if not included in mortgage)	2	_____
3 Insurance on residence (if not included in mortgage)	3	_____
4 Condominium maintenance fees and homeowners assoc fees	4	_____
5 Electricity	5	_____
6 Water, garbage and sewer	6	_____
7 Telephone	7	_____
8 Fuel oil or natural gas	8	_____
9 Repairs and maintenance	9	_____
10 Lawn care	10	_____
11 Pool maintenance	11	_____
12 Pest control	12	_____
13 Misc household	13	_____
14 Food and home supplies	14	_____
15 Meals outside home	15	_____
16 Cable TV	16	_____
17 Alarm service contract	17	_____
18 Service contracts on appliances	18	_____
19 Maid Service	19	_____
Other		
20 _____	20	_____
21 _____	21	_____
22 _____	22	_____
23 _____	23	_____
24 _____	24	_____
25 Total Household Expenses	25	\$ _____ -

AUTOMOBILE -

26 Gasoline and oil	26	\$ _____
27 Repairs	27	_____
28 Auto tags and license	28	_____
29 Insurance	29	_____
30 Payments (lease or financing)	30	_____
31 Rental / Replacements	31	_____
32 Alternative transportation (bus, rail car pool, etc)	32	_____
33 Tolls and parking	33	_____
34 Other: _____	34	_____
35 Total Automobile Expenses	35	\$ _____ -

EXPENSES FOR CHILDREN COMMON TO BOTH PARTIES:

36 Nursery, babysitting or day care	36	\$	_____
37 School tuition	37		_____
38 School supplies, books and fees	38		_____
39 After school activities	39		_____
40 lunch money	40		_____
41 Private lessons or tutoring	41		_____
42 Allowances	42		_____
43 Clothing and uniforms	43		_____
44 Entertainment (movies, parties, etc.)	44		_____
45 Health insurance	45		_____
46 Medical, dental, prescriptions (nonreimbursed only)	46		_____
47 Psychiatric/psychological/counselor	47		_____
48 Orthodontic	48		_____
49 Vitamins	49		_____
50 Beauty parlor / barber shop	50		_____
51 Nonprescription medication	51		_____
52 Cosmetics, toiletries, and sundries	52		_____
53 Gifts from child(ren) to others	53		_____
54 Camp or summer activities	54		_____
55 Clubs (Boy/Girl Scouts, etc.)	55		_____
56 Access expense (for nonresidential parent)	56		_____
57 Miscellaneous	57		_____
58 Total Expenses for Children	58	\$	_____ -

EXPENSES FOR CHILD(REN) FROM ANOTHER RELATIONSHIP:

59 _____	59		_____
60 _____	60		_____
61 _____	61		_____
62 _____	62		_____
63 Total Expenses for Children	63	\$	_____

INSURANCE

64 Health insurance, exclude portion paid for children	64		_____
65 Life insurance	65		_____
66 Dental	66		_____
Other:			_____
67 _____	67		_____
68 _____	68		_____
69 Total Insurance Expense	69	\$	_____ 0

OTHER EXPENSES NOT LISTED ABOVE:

70 Dry cleaning and laundry	70	_____
71 Clothing	71	_____
72 Medical, dental and prescriptions (unreimbursed)	72	_____
73 Psychiatric, psychological or counselor	73	_____
74 Non-prescription medications, toiletries and sundries	74	_____
75 Grooming	75	_____
76 Gifts	76	_____
77 Pet expenses	77	_____
78 Club dues and memberships	78	_____
79 Sports and hobbies	79	_____
80 Entertainment	80	_____
81 Periodicals, books, tapes, CDs	81	_____
82 Vacations	82	_____
83 Religious organizations	83	_____
84 Bank charges / credit card fees	84	_____
85 Education expenses	85	_____
Other:		
86 _____	86	_____
87 _____	87	_____
88 _____	88	_____
89 _____	89	_____
90 Total Other Expenses	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 Total Payments to Creditors	104	\$ _____ 0

TOTAL MONTHLY EXPENSES **105 \$ _____ -**

SUMMARY:

106 TOTAL PRESENT MONTHLY NET INCOME	106	\$ _____ -
107 TOTAL MONTHLY EXPENSES	107	\$ _____ -
108 SURPLUS/DEFICIT	108	\$ _____ -

SECTION III: ASSETS AND LIABILITIES

Assets: Description of Item(s) (✓ the box next to any asset(s) which you are requesting the judge award to you)	Current Fair Market Value	Nonmarital (✓ correct column)	
		Husband	Wife
Cash in Banks: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Stocks, Bonds, Notes: <input type="checkbox"/>			
Real Estate: <input type="checkbox"/> <input type="checkbox"/>			
Investments in Closely-Held Businesses: <input type="checkbox"/> <input type="checkbox"/>			
Automobiles, Boats, Other Vehicles <input type="checkbox"/> <input type="checkbox"/>			
Retirement Plans and Accounts: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <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"/>			
TOTAL ASSETS (excluding unknown values)	\$ 0		

Liabilities: Description of Item(s) (✓ the box next to any debt(s) for which you believe you should be responsible)	Current Amount Owed	Nonmarital (✓ correct column)	
		Husband	Wife
Mortgages on Real Estate: <input type="checkbox"/> <input type="checkbox"/>			
Charge/Credit Card Accounts: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Bank/Credit Union Loans <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Other <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
TOTAL LIABILITIES	\$ 0		

NET WORTH (excluding contingent assets and liabilities)

Total Assets	\$	0
Total Liabilities		0
TOTAL NET WORTH	\$	0

(Excludes items for which the value has not yet been determined and contingent assets and liabilities)

CONTINGENT ASSETS AND LIABILITIES

Contingent Assets <small>(X the box next to any contingent asset(s) that you are requesting the judge award to you)</small>	Possible Value	Nonmarital <small>(X correct column)</small>	
		Husband	Wife
<input type="checkbox"/> None <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
TOTAL CONTINGENT ASSETS	\$ 0		

Contingent Liabilities <small>(X the box next to any contingent debt(s) for which you believe you should be responsible)</small>	Possible Amount Owed	Nonmarital <small>(X correct column)</small>	
		Husband	Wife
<input type="checkbox"/> None <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
TOTAL CONTINGENT LIABILITIES	\$ 0		

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: _____

ATTACHMENTS

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.

(X one only)

_____ **A Child Support Guidelines Worksheet IS or WILL BE filed in this case.** This case involved 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
Name: _____

STATE OF
COUNTY OF

Sworn to or affirmed and signed before me on _____ by _____

NOTARY PUBLIC - STATE OF FLORIDA

(Print, type, or stamp commissioned name of notary.)

_____ Personally known
_____ Produced identification

NOTES TO FINANCIAL AFFIDAVIT -

Note 1

Note 2

Note 3

Note 4

Note 5

Note 6