

IN THE CIRCUIT COURT OF THE FOURTEENTH JUDICIAL CIRCUIT,  
IN AND FOR BAY COUNTY, FLORIDA

IN RE: The Marriage Of

and Husband/Wife,

Case No.

Husband/Wife.

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

I, <i>(full name)</i>		being duly sworn, certify
that the following is true:		
My Occupation		Employed by
Business address		
Pay rate	every week	every other week
	twice a month	other
<input type="checkbox"/> Check here if unemployed and explain on a separate sheet your efforts to find employment:		

**SECTION I. PRESENT MONTHLY AVERAGE GROSS INCOME:**

**All amounts must be MONTHLY.** See the instructions with this form to figure out money 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	
2. Monthly bonuses, commissions, allowances, overtime, tips & similar payments	
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)	
4. Monthly disability benefits/SSI	
5. Monthly workers' Compensation	
6. Monthly unemployment Compensation	
7. Monthly pension, retirement, or annuity payments	

8. Monthly Social Security Benefits		
9. Monthly alimony actually received:		
9a. From this case		
9b From other case(s)		
Total Monthly alimony actually received		
10. Monthly interest and dividends		
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)		
12. Monthly income from royalties, trusts, or estates		
13. Monthly reimbursed expenses and in-kind payments to the extent that they reduce personal living expenses		
14. Monthly gains derived from dealing in property (not including nonrecurring gains)		
15. Any other income of a recurring nature(list source)		
16.		
<b>17. PRESENT MONTHLY GROSS INCOME</b> (Add lines 1-16) <b>TOTAL:</b>		
<b>PRESENT MONTHLY DEDUCTIONS:</b>		
18. Monthly federal, state, and local income taxes (corrected for filing status and allowable dependents and income tax liabilities)		
a. Filing Status:		
b. Number of Dependents claimed		
19. Monthly FICA or self-employment taxes		
20. Monthly Medicare payments		
21. Monthly mandatory union dues		
22. Monthly mandatory retirement payments		
23. Monthly health insurance payments (including dental insurance), excluding portion paid for any minor children of this relationship		
24. Monthly court-ordered child support payments actually paid for children from another relationship		
25. Monthly court-ordered alimony actually paid:		
25a. from this case:		
25b. from other case(s):		

Total Monthly court-ordered alimony paid (add 25a and 25b)		
<b>26. TOTAL DEDUCTIONS ALLOWABLE UNDER SECTION 61.30 FLORIDA STATUTE (Add lines 18 through 25)</b>	<b>TOTAL:</b>	
<b>27. PRESENT NET MONTHLY INCOME</b> (Subtract line 26 from Line 17)		
<b>SECTION II. AVERAGE MONTHLY EXPENSES</b>		
<b>Proposed/Estimated Expenses.</b> 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 proposed/estimated.		
<b>A. HOUSEHOLD:</b>		
Mortgage or rent		
Property taxes		
Utilities		
Telephone		
Food		
Meals outside home		
Maintenance/Repairs		
Other:		
Other:		
Other:		
<b>TOTAL HOUSEHOLD (A)</b>		
<b>B. AUTOMOBILES</b>		
Gasoline		
Repairs		
Insurance		
Other:		
Other:		
Other:		
<b>TOTAL AUTOMOBILE EXPENSES (B)</b>		
<b>C. CHILDREN'S EXPENSES</b>		
Day care		
Lunch money		

Clothing		
Grooming		
Gifts for holidays		
Medical/dental (uninsured)		
Other:		
Other:		
Other:		
<b>TOTAL CHILDREN'S EXPENSES (C)</b>		
<b>D. INSURANCE</b>		
Medical/dental		
Child(ren)'s medical/dental		
Life		
Other:		
<b>TOTAL INSURANCE (D)</b>		
<b>E. OTHER EXPENSES NOT LISTED ABOVE</b>		
Clothing		
Medical/Dental (uninsured)		
Grooming		
Entertainment		
Gifts		
Religious organizations		
Miscellaneous		
Other:		
Other:		
Other:		
Other:		
Other:		
Other:		
<b>TOTAL OTHER EXPENSES (E)</b>		



**SECTION III: ASSETS AND LIABILITIES**

**Use the nonmarital column only if this 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 instructions with this form and section 61.075(1), Florida Statutes, for definitions of “marital” and “nonmarital” and 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) which you are requesting the judge award you	Current Market Value	Non marital (√ 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)			
(Other)			
(Other)			
(Other)			
(Other)			
<input type="checkbox"/> Automobiles			
(Other)			
(Other)			
(Other)			
(Other)			
<input type="checkbox"/> Other personal property			
(Other)			
(Continued)(Other)			
(Other)			
<input type="checkbox"/> Retirement plans (Profit Sharing, Pension, IRA, 401(k)s, etc.)			
(Other)			
(Other)			

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). <input checked="" type="checkbox"/> the box next to any asset(s) which you are requesting the judge award you	Current Market Value	Non marital ( <input checked="" type="checkbox"/> correct column)	
		husband	wife
(Other)			
<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"/> <input checked="" type="checkbox"/> here if additional pages are attached			
Total Assets (add column B)			

**B. LIABILITIES:**

DESCRIPTION OF ITEMS(S). List a description of each separate debt owed by you (and/or your spouse, if this is a petition for dissolution of marriage). <input checked="" type="checkbox"/> the box next to any debt(s) for which you believe you should be responsible.	Current Amount Owed	Nonmarital ( <input checked="" type="checkbox"/> correct column)	
		husband	wife
<input type="checkbox"/> Mortgages on real estate			
Other:			
Other:			
Other:			
<input type="checkbox"/> Auto loans			
Other			
Other			
Other			
<input type="checkbox"/> Charge/credit card accounts			
<input type="checkbox"/>			



Contingent Liabilities  √ the box 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**

(☞  Florida Family Law Form 12.901(g), Child Support Guidelines Worksheet, MUST be filed in all cases 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.** This case involves the establishment or modification of child support.
- A Child Support Guideline 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 of Party  
 Printed Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_

Sworn to and subscribed before me, the undersigned authority, in Bay County, Florida, this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_, by \_\_\_\_\_.

\_\_\_\_ To me personally known  
 \_\_\_\_ Identified by \_\_\_\_\_  
 \_\_\_\_ Issued by \_\_\_\_\_

\_\_\_\_\_  
 Notary Public

Printed Name:  
 Commission Expires:  
 Commission Number:

**CERTIFICATE OF SERVICE**

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

Other party of his/her attorney:

Name:

Address:

City, State, Zip:

Fax Number