

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

IN RE: The Marriage Of

, ,  
Husband/Wife,

and

Case No.: 0\_ - \_\_\_\_\_-DR

, ,  
Husband/Wife.

**(Husband's) (Wife's) FAMILY LAW FINANCIAL AFFIDAVIT**  
(\$50,000 or more Individual Gross Annual Income)

I, <i>(full name)</i>		, being duly sworn, certify
that the following is true:		

**SECTION I – EMPLOYMENT AND EARNINGS INFORMATION**

1.	Date of Birth:							
2.	Social Security Number:							
3.	My occupation is:							
4.	I am currently;							
	[ <input checked="" type="checkbox"/> all that apply ]							
	<b>a. Unemployed</b>							
	Describe your efforts to find employment, how soon you expect to be employed, and the pay you							
	expect to receive:							
	<b>b. Employed by:</b>							
	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:			
<input type="checkbox"/> 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 (if known)
YEAR			

**SECTION II – PRESENT MONTHLY INCOME:**

All amount 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 and 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 required to produce income.) ( <input type="checkbox"/> Attach sheet itemizing such income and expenses.)	
4. Monthly disability benefits/SSI	
5. Monthly Worker's 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)
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.( <input type="checkbox"/> Attach sheet itemizing each item and amount)	
14. Monthly gains derived from dealing in property (not including nonrecurring gains)	
Any other income of a recurring nature (identify source):	
15.	
16.	
<b>17. PRESENT MONTHLY GROSS INCOME (Add lines 1-16) TOTAL:</b>	
<b>PRESENT MONTHLY DEDUCTIONS:</b> All amounts must be MONTHLY. See the instructions with this form to figure out money amounts for anything that is NOT paid monthly.	
18. Monthly federal, state, and local income tax (corrected for filing status and allowable dependents and income 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 actually paid for children from another relationship	
25. Monthly court-ordered alimony actually paid	
25a. From this case:	
25b. From other case(s):	
Add 25a and 25b.	
<b>26. TOTAL DEDUCTIONS ALLOWABLE UNDER SECTION 61.30, 1 FLORIDA STATUTES</b> (Add lines 18-25)	
<b>27. PRESENT NET MONTHLY INCOME</b> (subtract line 26 from line 17)	
<b>SECTION III. 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 estimated.	
<b>A. HOUSEHOLD:</b>	
1. Monthly mortgage or rent payments	
2. Monthly property taxes (if not included in mortgage)	
3. Monthly insurance on residence (if not included in mortgage)	

4. Monthly condominium maintenance fees & homeowner's association fees		
5. Monthly electricity		
6. Monthly water, garbage, and sewer		
7. Monthly telephone		
8. Monthly fuel oil or natural gas		
9. Monthly repairs and maintenance		
10. Monthly lawn care		
11. Monthly pool maintenance		
12. Monthly pest control		
13. Monthly misc. household		
14. Monthly food and home supplies		
15. Monthly meals outside home		
16. Monthly cable t.v.		
17. Monthly alarm service contract		
18. Monthly service contracts on appliances		
19. Monthly maid service		
Other:		
20.		
21.		
22.		
23.		
24.		
25. <b>A. SUBTOTAL</b> (Add lines 1 through 24)		
<b>B. AUTOMOBILE:</b>		
26. Monthly gasoline and oil		
27. Monthly repairs		
28. Monthly auto tags and emission testing		
29. Monthly insurance		
30. Monthly payments (lease or financing)		
31. Monthly rental/replacements		
32. Monthly alternative transportation (bus, rail, car pool, etc)		
33. Monthly tolls and parking		

34. Other:		
35. <b>B. SUBTOTAL</b> (Add lines 26 through 34)		
<b>C. EXPENSES FOR CHILDREN COMMON TO BOTH PARTIES:</b>		
36. Monthly nursery, babysitting or day care		
37. Monthly school tuition		
38. Monthly school supplies, books, and fees		
39. Monthly after school activities		
40. Monthly lunch money		
41. Monthly private lessons or tutoring		
42. Monthly allowances		
43. Monthly clothing and uniforms		
44. Monthly entertainment (movies, parties, etc.)		
45. Monthly health insurance		
46. Monthly medical, dental, prescriptions (non-reimbursed only)		
47. Monthly psychiatric/psychological/counselor		
48. Monthly orthodontic		
49. Monthly vitamins		
50. Monthly beauty parlor/barber shop		
51. Monthly nonprescription medication		
52. Monthly cosmetics, toiletries, and sundries		
53. Monthly gifts from child(ren) to others (other children, relatives, teachers, etc.)		
54. Monthly camp or summer activities		
55. Monthly clubs (Boy/Girl Scouts, etc.)		
56. Monthly access expenses (for nonresidential parent)		
57. Monthly miscellaneous		
58. <b>C. SUBTOTAL</b> (add Lines 36 through 57)		
<b>D. MONTHLY EXPENSES FOR CHILD(REN) FROM ANOTHER RELATIONSHIP</b> (other than court-ordered child support)		
59.		
60.		
61.		
62.		

63.	<b>D. SUBTOTAL</b> (add lines 59 through 62)		
<b>E. MONTHLY INSURANCE</b>			
64.	Health insurance, excluding portion paid for any minor child(ren) of this relationship		
65.	Life insurance		
66.	Dental insurance		
	Other:		
67.			
68.			
69.	<b>E. SUBTOTAL</b> (add lines 64 through 68)		
<b>F. OTHER MONTHLY EXPENSES NOT LISTED ABOVE:</b>			
70.	Monthly dry cleaning and laundry		
71.	Monthly clothing		
72.	Monthly medical, dental, and prescription (un-reimbursed only)		
73.	Monthly psychiatric, psychological, and counselor (un-reimbursed only)		
74.	Monthly non-prescription medications, cosmetics, toiletries, and sundries		
75.	Monthly grooming		
76.	Monthly gifts		
77.	Monthly pet expenses		
78.	Monthly club dues and membership		
79.	Monthly sports and hobbies		
80.	Monthly entertainment		
81.	Monthly periodical/books/tapes/CDS		
82.	Monthly vacations		
83.	Monthly religious organizations		
84.	Monthly bank charges/credit card fees		
85.	Monthly education expenses		
	Other: (include any usual and customary expenses not otherwise mentioned in the items listed above)		
86.			
87.			
88.			
89.			

90.	<b>F. SUBTOTAL</b> (add lines 70 through 89)		
<b>G. MONTHLY PAYMENTS TO CREDITORS:</b> (only when payments are currently made by you on outstanding balances)			
NAME OF CREDITORS:			
91.			
92.			
93.			
94.			
95.			
96.			
97.			
98.			
99.			
100.			
101.			
102.			
103.			
104.	<b>G. SUBTOTAL</b> (add lines 91-103)		
<b>105. TOTAL MONTHLY EXPENSES:</b> (Add lines 25, 35, 58, 63, 69, 90 and 104 of Section II, Expenses)			
<b>SUMMARY</b>			
<b>106. TOTAL PRESENT MONTHLY NET INCOME</b> (from line 27, SECTION I, INCOME):			
<b>107. TOTAL MONTHLY EXPENSES</b> (from line 105):			
<b>108. SURPLUS -(DEFICIT)</b> (if line 106 is more than line 107, subtract line 107 from line 106 & enter surplus here. If line 106 is less than line 107, enter deficit in Parenthesis.			

<b>SECTION IV: ASSETS AND LIABILITIES</b>
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**A. ASSETS (This is where you list what you OWN:)**

**INSTRUCTIONS:**

**STEP 1:** In column A, list a description of each separate item owned by you (and/or your spouse, if this is a petition for dissolution of marriage). Blank spaces are provided if you need to list more than one of an item.

**STEP 2:** If this is a petition for dissolution of marriage, check the box in column A next to any item that you are requesting the judge award to you.

**STEP 3:** In column B, write what you believe to be the current fair market value of all items listed.

**STEP 4:** Use column C only if this is a petition for dissolution of marriage and you believe an item is “non-marital,” meaning it belongs to only one of you and should not be divided. You should indicate to whom you believe the item belongs. Typically, you will only use Column C if property was owned by one spouse before the marriage.

<b>A</b> <b>ASSETS: DESCRIPTION OF ITEM(S)</b> <input checked="" type="checkbox"/> the box next to any asset(s) which you are requesting the judge award you	<b>B</b> <b>Current Fair Market Value</b>	<b>C</b> <b>Non-marital</b> <input checked="" type="checkbox"/> correct column)	
		<b>husband</b>	<b>wife</b>
<input type="checkbox"/> Cash (on hand)			
<input type="checkbox"/> Cash (in banks or credit unions)			
<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"/>			
<input type="checkbox"/> Money owed to you (not evidenced in writing)			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/> Real estate (Home)			
<input type="checkbox"/> Other			
<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"/>			



ASSETS (continued)	Market Value	husband	wife
<input type="checkbox"/> Automobiles			
<input type="checkbox"/>			
<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"/> Furniture & furnishings elsewhere			
<input type="checkbox"/>			
<input type="checkbox"/> Collectibles			
<input type="checkbox"/>			
<input type="checkbox"/> Jewelry			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/> Life insurance (cash surrender value)			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			

ASSETS (continued)	Market Value	husband	wife
<input type="checkbox"/> Sporting and entertainment (T.V., stereo, etc.) equipment			
<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"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<b>Total Assets</b> (add column B)			

**B. LIABILITIES/DEBTS (This is where you list what you OWE)**

**INSTRUCTIONS:**

**STEP 1: In column A.** List a description of each separate debt owed by you (and or your spouse, if this is a petition for dissolution of marriage). Blank spaces are provided if you need to list more than one of an item.

**STEP 2:** If this is a petition for dissolution of marriage, check the box in **Column A** next to any debt(s) for which you believe your should be responsible.

**STEP 3: In column B,** write what you believe to be the current amount owed for all items listed.

**STEP 4: Use column C only if this is a petition for dissolution of marriage and you believe an item is “nonmarital,” meaning the debt belongs to only one of you and should not be divided.** You should indicate to whom you believe the debt belongs. Typically, you will only use Column C if the debt was owed by one spouse before the marriage.

A	B	C	
LIABILITIES: DESCRIPTION OF ITEM(S)	Current Amount Owed	Non-marital (√ correct column)	
√ The box next to any debt(s) for which you believe you should be responsible		husband	wife
<input type="checkbox"/> Mortgages on real estate: (Home)			
<input type="checkbox"/> (Other)			

LIABILITIES (Continued)	Amount owed	husband	wife
<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"/> Auto loan			
<input type="checkbox"/> Auto loan			
<input type="checkbox"/> Bank/Credit Union loans			
<input type="checkbox"/>			
<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"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<b>Total Debts</b> (add column B)			

**C. NET WORTH (excluding contingent assets and liabilities)**

<b>Total Assets-enter total of Column B in Asset table; Sec. A</b>	
<b>Total Liabilities-enter total of Column B in Liabilities Table Sec B</b>	
<b>TOTAL NET WORTH (Total Assets Minus Total Liabilities) (excluding contingent assets and liabilities)</b>	

**D. 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, debts assumed by another), you must list them here.

<b>A</b> <b>Contingent Assets</b>  ✓ the box next to any contingent asset(s) which you are requesting the judge award to you.	<b>B</b>  <b>Possible Value</b>	<b>C</b> <b>Non-marital</b> (✓ correct column)	
		<b>husband</b>	<b>wife</b>
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<b>Total Contingent Assets</b>			
<b>A</b> <b>Contingent Liabilities</b>  ✓ the box next to any contingent debt(s) for which you believe you should be responsible	<b>B</b>  <b>Possible Amount Owed</b>	<b>C</b> <b>Non-marital</b> (✓ correct column)	
		<b>husband</b>	<b>wife</b>
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<b>Total Contingent Liabilities</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:




**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 \_\_\_\_\_

**STATE OF** \_\_\_\_\_  
**COUNTY OF** \_\_\_\_\_

Sworn to and subscribed before me, the undersigned authority, in Bay County, Florida, this \_\_\_\_\_ day of \_\_\_\_\_, 2008, by \_\_\_\_\_.

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

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

Printed Name:  
Commission Expires:  
Commission Number: