

IN THE CIRCUIT COURT IN AND FOR _____ COUNTY, FLORIDA
FAMILY LAW DIVISION

IN RE: The Marriage of

’
Petitioner/,

and

Case No.:

Division: “”

’
Respondent/.

_____ /

‘S FINANCIAL AFFIDAVIT

STATE OF FLORIDA
COUNTY OF ESCAMBIA

BEFORE ME, this day personally appeared, _____, who, being duly sworn, deposes and says that the following information is true and correct according to his or her best knowledge and belief:

ITEM 1: EMPLOYMENT AND INCOME

OCCUPATION:

EMPLOYER:

EMPLOYER'S ADDRESS:

SOCIAL SECURITY NO.:

PAY PERIOD:

RATE OF PAY:

If you are employed, but expecting soon to become unemployed or change jobs, describe the change you expect and why and how it will affect your income. If currently unemployed, describe your efforts to find employment, how soon you expect to be employed, and the pay you expect to receive.

ALL OF THE FOLLOWING MUST BE ATTACHED TO THE COPY OF THIS FINANCIAL AFFIDAVIT TO BE SERVED ON THE OPPOSING PARTY. THE ATTACHMENTS SHALL NOT BE FILED WITH THE COURT. Your three (3) most recent pay stubs, your most recent Federal income tax return, and the most recent W-2 forms. If last year's Federal income tax return has not yet been filed, attach W-2's, 1099's, K-1's, and any other document to be attached to your tax return. If the attachments are not made to the copy served on the opposing party, an explanation is required. See also Fla. Fam. L.R.P. 12.285.

AVERAGE GROSS MONTHLY INCOME FROM EMPLOYMENT:
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<i>Source</i>	<i>Income</i>
Average Gross Monthly Income From Employment:	
Bonuses, Commissions, Allowances, Overtime, Tips, and Similar Payments:	
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):	
Disability Benefits:	
Workers Compensation Benefits:	
Unemployment Compensation Benefits:	
Pension, Retirement, or Annuity Payments:	
Social Security Benefits:	
Spousal (alimony) support received from previous marriage:	
Interest and Dividends:	
Rental Income (gross receipts minus ordinary and necessary expenses required to produce income):	
Royalties, Trusts, or Estates:	
Reimbursed business expenses and in-kind payments, to the extent that they reduce your personal living expenses:	
Gain (Loss) derived from dealing in property (not including non-recurring gain):	
Itemize any other income of a recurring nature:	
TOTAL MONTHLY INCOME:	\$

MONTHLY DEDUCTIONS:

<i>Item</i>	<i>Deduction</i>
Federal, state, and local income taxes: Filing Status ____; Number of Dependents claimed ____:	_____
FICA or Self-Employment Taxes:	_____
Medicare:	_____
Mandatory Union Dues:	_____
Mandatory Retirement Contribution:	_____
Health Insurance Deduction (including dental insurance), excluding any portion paid for children of the parties:	_____
Court-ordered child support payments:	_____
Other:	_____
TOTAL MONTHLY DEDUCTIONS:	_____ \$

NET MONTHLY INCOME:**\$****ITEM 2: AVERAGE MONTHLY EXPENSES****HOUSEHOLD EXPENSES:**

<i>Item</i>	<i>Monthly Expense</i>
Rent/Mortgage:	_____
Property taxes (if not included in mortgage payment):	_____
Insurance on residence (if not included in mortgage payment) :	_____
Condominium/Homeowner's maintenance or association fees:	_____
Electricity:	_____
Water, Garbage & Sewer:	_____
Cell Phone:	_____
Telephone:	_____
Fuel Oil or Natural Gas:	_____

Repairs & Maintenance (i.e. roof, A/C, windows, doors, plumbing, etc.,
prorated over 180 months [15 years]):

Lawn Care:

Pool maintenance:

Pest Control:

Miscellaneous Household Items (i.e. vacuum bags/filters, light bulbs,
A/C filters, miscellaneous linens):

Food & Grocery Items:

Meals Outside the Home:

Cable TV:

Alarm service contracts:

Service Contracts on appliances:

Maid Service:

Internet services:

Other:

TOTAL MONTHLY HOUSEHOLD EXPENSES:

\$

AUTOMOBILE EXPENSES:

<i>Item</i>	<i>Monthly Expense</i>
Gasoline & Oil:	
Maintenance & Repairs (i.e., tires, brakes, wiper blades, battery, etc., prorated over 48 months [4 years]):	
Tag Fee & License:	
Automobile Insurance:	
Automobile Payment:	
Alternative transportation (bus, rail, car pool, etc.):	
Tolls and parking	
TOTAL MONTHLY AUTOMOBILE EXPENSES:	\$

EXPENSES FOR CHILDREN COMMON TO BOTH PARTIES:

<i>Item</i>	<i>Monthly Expense</i>
Day Care and/or Babysitting:	_____
School Tuition:	_____
School Supplies, books, fees, pictures, yearbooks, field trips, etc.:	_____
After School Activities:	_____
Lunch Money:	_____
Private lessons or tutoring:	_____
Allowance:	_____
Clothing and/or uniforms:	_____
Entertainment (movies, parties, etc.):	_____
Health Insurance for children only:	_____
Children's Medical/Dental/Prescriptions (non-reimbursed only):	_____
Psychiatric/psychological/counselor:	_____
Orthodontic:	_____
Vitamins:	_____
Haircuts & Salon Services:	_____
Nonprescription medications not included in grocery items:	_____
Cosmetics, toiletries and sundries not included in grocery items:	_____
Gifts Your Children Give to Others:	_____
Camp or summer activities:	_____
Clubs (Boy/Girl Scouts, etc.)	_____
Access expenses (for nonresidential parent)	_____
TOTAL MONTHLY EXPENSES FOR THE CHILDREN:	_____ \$

EXPENSES FOR CHILDREN FROM ANOTHER RELATIONSHIP (other than court-ordered child support):

<i>Item</i>	<i>Monthly Expense</i>
_____	_____
_____	_____

TOTAL MONTHLY EXPENSE FOR CHILDREN FROM ANOTHER RELATIONSHIP:

INSURANCE EXPENSE:

<i>Item</i>	<i>Monthly Expense</i>
Health Insurance Premium, excluding portion paid for any minor children of this relationship and any amount claimed under payroll deductions:	
Life Insurance Premium:	
Dental Insurance Premium, excluding portion paid for any minor children of this relationship and any amount claimed under payroll deductions:	
Other:	
TOTAL MONTHLY INSURANCE EXPENSE:	

PERSONAL EXPENSES:

<i>Item</i>	<i>Monthly Expense</i>
Dry Cleaning & Laundry:	
Clothing:	
Medical/Dental/Prescriptions (unreimbursed only):	
Psychiatric, psychological or counselor (unreimbursed only):	
Non-Prescription Drugs, Toiletries:	
Haircuts & Salon Services:	
Gifts (i.e., Christmas, birthdays, etc):	
Pets:	
Club Dues, Memberships:	
Sports, Hobbies, Entertainment:	
Subscriptions to Publications:	

Vacations: _____

Contributions to Religious & Charitable Organizations: _____

Bank Charges, Credit Card Fees: _____

Education expenses: _____

Postage, Stationery, computer supplies: _____

Other: _____

TOTAL MONTHLY PERSONAL EXPENSES: _____ \$

MONTHLY PAYMENTS TO CREDITORS (unless expenses shown above are paid with credit card):

<i>Creditor</i>	<i>Current Total Balance</i>	<i>Monthly Payment</i>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
TOTAL MONTHLY PAYMENTS:	\$	\$

TOTAL OF EXPENSES LISTED ABOVE: \$

NET MONTHLY INCOME: _____

Less TOTAL MONTHLY EXPENSES: _____

NET INCOME AFTER EXPENSES: _____

GO TO ASSETS AND LIABILITIES PAGES ATTACHED:

I AM AWARE THAT ANY MATERIALLY FALSE STATEMENT KNOWINGLY MADE ON MY FINANCIAL AFFIDAVIT, WITH THE INTENT TO DEFRAUD OR MISLEAD SHALL SUBJECT ME TO THE PENALTY FOR PERJURY AND MAY BE CONSIDERED A FRAUD UPON THE COURT.

Signature

SWORN TO AND SUBSCRIBED before me by _____,
who is personally known to me or who produced _____
as identification, on this the _____ day of _____, 20_____.

NOTARY PUBLIC, STATE OF FLORIDA