FAMILY LAW FINANCIAL AFFIDAVIT (LONG FORM)

SECTION I. INCOME

1. My date of birth:
2. My occupation:
3. I am currently (√ all that apply):

☐ A. Unemployed

- I. Efforts to find employment: .
- II. I expect to be employed: .
- III. I expect to be paid: .

☐ B. Employed by:

First job:

- I. Address:
- II. City:
- III. State:
- IV. Zip code:
- V. Pay rate:
- VI. Frequency: ☐ every week ☐ every other week ☐ twice a month ☐ Monthly ☐ Other:
- VII. If you are expecting to become unemployed or change jobs soon, describe the change you expect and why and how it will effect your income:

Second job:

- I. Address:
- II. City:
- III. State:
- IV. Zip code:
- V. Pay rate:
- VI. Frequency: ☐ every week ☐ every other week ☐ twice a month ☐ Monthly ☐ Other:
- VIII. If you are expecting to become unemployed or change jobs soon, describe the change you expect and why and how it will effect your income:

☐ C. Retired

I. Date of retirement:
II. Employer from whom retired:
III. Address:
IV. City:
V. State:
VI. Zip Code:
VII. Telephone number:

LAST YEAR"S GROSS INCOME:

Year:
Your income:
Other party's income (if known):

PRESENT MONTHLY 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.

ITEM #	ITEM	SUBCATEGORY AMOUNT(S)	AMOUNT TOTAL
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 expenses required to produce income) ☐ Check here if you have attached one or more sheets 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 a. From this case b. From other case(s)	a. b.	
10	Monthly interest dividends		
11	Monthly rental income (gross receipts minus ordinary and necessary expenses required to produce income)		
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	Other income of a recurring nature (list source)		
16	Other income of a recurring nature (list source)		
17	**TOTAL PRESENT MONTHLY GROSS INCOME** (add items 1 through 16)		

PRESENT MONTHLY DEDUCTIONS			
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:		
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 a. From this case b. From other case(s)	a. b.	
26	**TOTAL OF DEDUCTIONS ALLOWABLE UNDER 61.30, FLORIDA STATUTES** (add items 18 through 25)		

27	**PRESENT NET MONTHLY INCOME** (subtract item 26 from line 17)		

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	
ITEM	**AMOUNT TOTAL**
Mortgage or rent ☐ √ if property taxes are included. ☐ √ if insurance on residence is included.	
Property taxes (if not included in mortgage)	
Insurance on residence (if not included in mortgage)	
Condominium maintenance fees and homeowner's association fees	
Electric	
Water garbage and sewer	
Fuel oil or natural gas	
Telephone	
Food and home supplies	
Meals outside the home	

Maintenance and repairs	
Lawn care	
Pest control	
Maid service	
Cable T.V.	
Pool Maintenance	
Alarm service contract	
Other (specify): Cell Phone	
SUBTOTAL FOR HOUSEHOLD ITEMS	

B. AUTOMOBILE	
ITEM	**AMOUNT TOTAL**
Gasoline and oil	
Repairs	
Auto tags and emission testing	
Payments (lease or financing) Creditor: Name: Capital One Auto Finance Last four digits of account number:	
Rental/replacements	
Alternative transportation (bus, rail, car pool, etc.)	
Insurance	
Tolls and parking	
Other:	
SUBTOTAL FOR AUTOMOBILE ITEMS	

C. EXPENSES FOR MINOR CHILD(REN) COMMON TO BOTH PARTIES	
ITEM	**AMOUNT TOTAL**
Day care, nursery or babysitting	
School supplies, books and fees	
School tuition	
Lunch money	
Clothing and uniforms	
Grooming	
School Expenses	
Private lessons or tutoring	
Allowances	
After school activities	
Entertainment (movies, parties, etc.)	
Health insurance	

Gifts from child(ren) to others (other children, relatives, teachers, etc.)	
Camp or summer activities	
Clubs (Boy/Girl Scouts, etc.)	
Medical/dental/prescriptions (non-reimbursed only)	
Psychiatric/psychological/counselor	
Orthodontic	
Vitamins	
Non-prescription medication	
Cosmetics, toiletries, and sundries	
Monthly access expenses (for non-residential parent)	
Other (specify):	
SUBTOTAL FOR EXPENSES FOR CHILDREN COMMON TO BOTH PARTIES	

D. EXPENSES FOR MINOR CHILD(REN) NOT COMMON TO BOTH PARTIES	
ITEM	**AMOUNT TOTAL**
Day care, nursery or babysitting	
School supplies, books and fees	
School tuition	
Lunch money	
Clothing and uniforms	
Grooming	
School Expenses	
Private lessons or tutoring	
Allowances	
After school activities	
Entertainment (movies, parties, etc.)	
Health insurance	
Gifts from child(ren) to others (other children, relatives, teachers, etc.)	
Camp or summer activities	
Clubs (Boy/Girl Scouts, etc.)	
Medical/dental/prescriptions (non-reimbursed only)	
Psychiatric/psychological/counselor	
Orthodontic	
Vitamins	
Non-prescription medication	
Cosmetics, toiletries, and sundries	

Monthly access expenses (for non-residential parent)	
Other (specify):	
SUBTOTAL FOR EXPENSES FOR MINOR CHILD(REN) OF ANOTHER RELATIONSHIP	

E. INSURANCE	
ITEM	**AMOUNT TOTAL**
Health (excluding portion paid for any minor child(ren) of this relationship	
Life	
Dental	
Other (specify):	
SUBTOTAL FOR INSURANCE ITEMS	

F. OTHER EXPENSES NOT LISTED ABOVE	
ITEM	**AMOUNT TOTAL**
Clothing	
Dry cleaning and laundry	
Medical/Dental/prescription (non-reimbursed only)	
Psychiatric/psychological/counselor (non-reimbursed only)	
Non-prescription medications, cosmetics, toiletries, and sundries	
Grooming	
Pet expenses	
Club dues and memberships	
Entertainment	
Gifts	
Sports and hobbies	
Religious organizations	
Periodicals/books/tapes/CDs/Newspaper	
Vacations	
Religious organizations	
Bank charges/credit card fees	
Education expenses	

Other usual and customary expense not otherwise mentioned in the items listed above (specify):	
SUBTOTAL FOR OTHER EXPENSES	

G. PAYMENTS TO CREDITORS	
CREDITOR	**AMOUNT TOTAL**
Name: Last for digits of account number:	
Name: Last for digits of account number:	
Name: Last for digits of account number:	
Name: Last for digits of account number:	
Name: Last for digits of account number:	
Name: Last for digits of account number:	
Name: Last for digits of account number:	
Name: Last for digits of account number:	
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Name: Last for digits of account number:	
Name: Last for digits of account number:	

Name: Last for digits of account number:	
Name: Last for digits of account number:	
TOTAL MONTHLY PAYMENTS TO CREDITORS	

28	**TOTAL MONTHLY EXPENSES** (add all monthly subtotaled amounts listed in A through G above)	

SUMMARY

ITEM#	ITEM	AMOUNT TOTAL
29	**TOTAL PRESENT MONTHLY NET INCOME** (from item 27 of Section 1. Income)	
30	**TOTAL MONTHLY EXPENSES** (from item 28 above)	
31	**SURPLUS/DEFICIT** (subtract item 30 from item 29)	

SECTION III: ASSETS AND LIABILITIES

A. ASSETS

INSTRUCTIONS:

STEP 1: **If this is dissolution of marriage, in column A place a √ next to any item you are requesting the Court to award to you.**

STEP 2: **In column B, list a detailed description of each separate item listed in column A owned by you (and/or your spouse, if this is a dissolution of marriage).**

STEP 3: Use column C only if this is a dissolution of marriage and you believe an item in "non-marital," meaning it belongs to only one of you and should not be divided. Place a √ next to the spouse to whom you believe the item belongs (typically, you will only use column C if property was owned by one spouse before the marriage).

☐ **√ here if additional pages are attached**

A. ITEM	B. DETAILED DESCRIPTION	C. NON-MARITAL (√ correct spouse)	D. FAIR MARKET VALUE

☐ Cash (in hand)		☐ Husband ☐ Wife	
☐ Cash (in a bank or credit union)	Financial institution: Type of account: Last 4 digits of account number: Account holder/s:	☐ Husband ☐ Wife	
☐ Cash (in a bank or credit union)	Financial institution: Type of account: Last 4 digits of account number: Account holder/s:	☐ Husband ☐ Wife	
☐ Cash (in a bank or credit union)	Financial institution: Type of account: Last 4 digits of account number: Account holder/s:	☐ Husband ☐ Wife	
☐ Cash (in a bank or credit union)	Financial institution: Type of account: Last 4 digits of account number: Account holder/s:	☐ Husband ☐ Wife	
☐ Cash (in a bank or credit union)	Financial institution: Type of account: Last 4 digits of account number: Account holder/s:	☐ Husband ☐ Wife	
☐ Cash (in a bank or credit union)	Financial institution: Type of account: Last 4 digits of account number: Account holder/s:	☐ Husband ☐ Wife	
☐ Cash (in a bank or credit union)	Financial institution: Type of account: Last 4 digits of account number: Account holder/s:	☐ Husband ☐ Wife	
☐ Cash (in a bank or credit union)	Financial institution: Type of account: Last 4 digits of account number: Account holder/s:	☐ Husband ☐ Wife	

☐ Cash (in a bank or credit union)	Financial institution: Type of account: Last 4 digits of account number: Account holder/s:	☐ Husband ☐ Wife	
☐ Notes (money owed to you in writing)	Debtor: Type of loan: Security:	☐ Husband ☐ Wife	
☐ Notes (money owed to you not evidenced by a note)	Debtor: Type of loan: Security:	☐ Husband ☐ Wife	
☐ Notes (money owed to you in writing)	Debtor: Type of loan: Security:	☐ Husband ☐ Wife	
☐ Notes (money owed to you not evidenced by a note)	Debtor: Type of loan: Security:	☐ Husband ☐ Wife	
☐ Notes (money owed to you in writing)	Debtor: Type of loan: Security:	☐ Husband ☐ Wife	
☐ Real estate/ Home	Name/s on deed: Address:	☐ Husband ☐ Wife	
☐ Real estate/ Home	Name/s on deed: Address:	☐ Husband ☐ Wife	
☐ Real estate/ Home	Name/s on deed: Address:	☐ Husband ☐ Wife	
☐ Real estate/ Home	Name/s on deed: Address:	☐ Husband ☐ Wife	
☐ Real estate/ Home	Name/s on deed: Address:	☐ Husband ☐ Wife	

☐ Real estate/ Home	Name/s on deed: Address:	☐ Husband ☐ Wife	
☐ Real estate/ Home	Name/s on deed: Address:	☐ Husband ☐ Wife	

☐ Retirement plan, profit sharing, pension, IRA, 401(k), etc.	Financial institution: Type of account: Last 4 digits of account number: Account holder/s:	☐ Husband ☐ Wife	
☐ Retirement plan, profit sharing, pension, IRA, 401(k), etc	Financial institution: Type of account: Last 4 digits of account number: Account holder/s:	☐ Husband ☐ Wife	
☐ Retirement plan, profit sharing, pension, IRA, 401(k), etc.	Financial institution: Type of account: Last 4 digits of account number: Account holder/s:	☐ Husband ☐ Wife	
☐ Retirement plan, profit sharing, pension, IRA, 401(k), etc.	Financial institution: Type of account: Last 4 digits of account number: Account holder/s:	☐ Husband ☐ Wife	
☐ Retirement plan, profit sharing, pension, IRA, 401(k), etc.	Financial institution: Type of account: Last 4 digits of account number: Account holder/s:	☐ Husband ☐ Wife	
☐ Retirement plan, profit sharing, pension, IRA, 401(k), etc.	Financial institution: Type of account: Last 4 digits of account number: Account holder/s:	☐ Husband ☐ Wife	

☐ Retirement plan, profit sharing, pension, IRA, 401(k), etc.	Financial institution: Type of account: Last 4 digits of account number: Account holder/s:	☐ Husband ☐ Wife	
☐ Retirement plan, profit sharing, pension, IRA, 401(k), etc.	Financial institution: Type of account: Last 4 digits of account number: Account holder/s:	☐ Husband ☐ Wife	
☐ Household furniture and furnishings	Address where kept:	☐ Husband ☐ Wife	
☐ Furniture and furnishings elsewhere	Address where kept:	☐ Husband ☐ Wife	
☐ Automobile	Name/s on title: Year: Make: Model:	☐ Husband ☐ Wife	
☐ Automobile	Name/s on title: Year: Make: Model:	☐ Husband ☐ Wife	
☐ Automobile	Name/s on title: Year: Make: Model:	☐ Husband ☐ Wife	
☐ Automobile	Name/s on title: Year: Make: Model:	☐ Husband ☐ Wife	
☐ Automobile	Name/s on title: Year: Make: Model:	☐ Husband ☐ Wife	
☐ Automobile	Name/s on title: Year: Make: Model:	☐ Husband ☐ Wife	

☐ Automobile	Name/s on title: Year: Make: Model:	☐ Husband ☐ Wife	
☐ Automobile	Name/s on title: Year: Make: Model:	☐ Husband ☐ Wife	
☐ Automobile	Name/s on title: Year: Make: Model:	☐ Husband ☐ Wife	
☐ Life insurance (cash surrender value)	Provider: Owner/s of the policy: Beneficiaries:	☐ Husband ☐ Wife	
☐ Life insurance (cash surrender value)	Provider: Owner/s of the policy: Beneficiaries:	☐ Husband ☐ Wife	
☐ Life insurance (cash surrender value)	Provider: Owner/s of the policy: Beneficiaries:	☐ Husband ☐ Wife	
☐ Life insurance (cash surrender value)	Provider: Owner/s of the policy: Beneficiaries:	☐ Husband ☐ Wife	
☐ Life insurance (cash surrender value)	Provider: Owner/s of the policy: Beneficiaries:	☐ Husband ☐ Wife	
☐ Business interest	Business name: Owner/s and percentage owned:	☐ Husband ☐ Wife	
☐ Business interest	Business name: Owner/s and percentage owned:	☐ Husband ☐ Wife	
☐ Business interest	Business name: Owner/s and percentage owned:	☐ Husband ☐ Wife	

☐ Business interest	Business name: Owner/s and percentage owned:	☐ Husband ☐ Wife	
☐ Business interest	Business name: Owner/s and percentage owned:	☐ Husband ☐ Wife	
☐ Jewelry		☐ Husband ☐ Wife	
☐ Collectibles		☐ Husband ☐ Wife	
☐ Sporting and entertainment equipment (T.V., stereo, etc.)		☐ Husband ☐ Wife	
☐ Other (specify):		☐ Husband ☐ Wife	
☐ Other (specify):		☐ Husband ☐ Wife	
☐ Other (specify):		☐ Husband ☐ Wife	
☐ Other (specify):		☐ Husband ☐ Wife	
☐ Other (specify):		☐ Husband ☐ Wife	
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☐ Other (specify):		☐ Husband ☐ Wife	
☐ Other (specify):		☐ Husband ☐ Wife	

☐ Other (specify):		☐ Husband ☐ Wife	
☐ Other (specify):		☐ Husband ☐ Wife	
☐ Other (specify):		☐ Husband ☐ Wife	
☐ Other (specify):		☐ Husband ☐ Wife	
☐ Other (specify):		☐ Husband ☐ Wife	
		TOTAL ASSETS	

B. LIABILITIES

INSTRUCTIONS:

STEP 1: If this is dissolution of marriage, in column A place a √ next to any debt for which you believe you should be responsible.

STEP 2: In column B, list a detailed description of each separate debt listed in column A that is owed by you (and/or your spouse, if this is a dissolution of marriage).

STEP 3: Use column C only if this is a dissolution of marriage and you believe a debt is "non-marital," meaning it belongs to only one of you and should not be divided. Place a√ next to the spouse to whom you believe the debt belongs (typically, you will only use column C if a debt was owed by one spouse before the marriage).

☐ **√ here if additional pages are attached**

A. DEBT ITEM	B. DETAILED DESCRIPTION	C. NON-MARITAL (√ correct spouse)	D. CURRENT AMOUNT OWED

☐ Mortgage on real estate (first mortgage on home)	Address of property: Financial institution: Last 4 digits of account number: Mortgagee/s:	☐ Husband ☐ Wife	
☐ Second mortgage on home	Address of property: Financial institution: Last 4 digits of account number: Mortgagee/s:	☐ Husband ☐ Wife	
☐ Other mortgages	Address of property: Financial institution: Last 4 digits of account number: Mortgagee/s:	☐ Husband ☐ Wife	
☐ Other mortgages	Address of property: Financial institution: Last 4 digits of account number: Mortgagee/s:	☐ Husband ☐ Wife	
☐ Other mortgages	Address of property: Financial institution: Last 4 digits of account number: Mortgagee/s:	☐ Husband ☐ Wife	
☐ Other mortgages	Address of property: Financial institution: Last 4 digits of account number: Mortgagee/s:	☐ Husband ☐ Wife	
☐ Other mortgages	Address of property: Financial institution: Last 4 digits of account number: Mortgagee/s:	☐ Husband ☐ Wife	
☐ Other mortgages	Address of property: Financial institution: Last 4 digits of account number: Mortgagee/s:	☐ Husband ☐ Wife	

☐ Charge/credit card accounts	Financial institution: Type of account: Last 4 digits of account number: Account holder/s:	☐ Husband ☐ Wife	
☐ Charge/credit card accounts	Financial institution: Type of account: Last 4 digits of account number: Account holder/s:	☐ Husband ☐ Wife	
☐ Charge/credit card accounts	Financial institution: Type of account: Last 4 digits of account number: Account holder/s:	☐ Husband ☐ Wife	
☐ Charge/credit card accounts	Financial institution: Type of account: Last 4 digits of account number: Account holder/s:	☐ Husband ☐ Wife	
☐ Charge/credit card accounts	Financial institution: Type of account: Last 4 digits of account number: Account holder/s:	☐ Husband ☐ Wife	
☐ Charge/credit card accounts	Financial institution: Type of account: Last 4 digits of account number: Account holder/s:	☐ Husband ☐ Wife	
☐ Charge/credit card accounts	Financial institution: Type of account: Last 4 digits of account number: Account holder/s:	☐ Husband ☐ Wife	
☐ Charge/credit card accounts	Financial institution: Type of account: Last 4 digits of account number: Account holder/s:	☐ Husband ☐ Wife	
☐ Charge/credit card accounts	Financial institution: Type of account: Last 4 digits of account number: Account holder/s:	☐ Husband ☐ Wife	
☐ Charge/credit card accounts	Financial institution: Type of account: Last 4 digits of account number: Account holder/s:	☐ Husband ☐ Wife	

Charge/credit card accounts	Financial institution: Type of account: Last 4 digits of account number: Account holder/s:	Husband Wife	
Auto loan	Year: Make: Model: Mileage: Condition: Excellent Good Fair Poor Four wheel drive Two wheel drive Financial institution: Last 4 digits of account number: Account holder/s:	Husband Wife	
Auto loan	Year: Make: Model: Mileage: Condition: Excellent Good Fair Poor Four wheel drive Two wheel drive Financial institution: Last 4 digits of account number: Account holder/s:	Husband Wife	
Auto loan	Year: Make: Model: Mileage: Condition: Excellent Good Fair Poor Four wheel drive Two wheel drive Financial institution: Last 4 digits of account number: Account holder/s:	Husband Wife	

☐ Auto loan	Year: Make: Model: Mileage: Condition: ☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ Four wheel drive ☐ Two wheel drive Financial institution: Last 4 digits of account number: Account holder/s:	☐ Husband ☐ Wife	
☐ Auto loan	Year: Make: Model: Mileage: Condition: ☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ Four wheel drive ☐ Two wheel drive Financial institution: Last 4 digits of account number: Account holder/s:	☐ Husband ☐ Wife	
☐ Auto loan	Year: Make: Model: Mileage: Condition: ☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ Four wheel drive ☐ Two wheel drive Financial institution: Last 4 digits of account number: Account holder/s:	☐ Husband ☐ Wife	

☐ Auto loan	Year: Make: Model: Mileage: Condition: ☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ Four wheel drive ☐ Two wheel drive Financial institution: Last 4 digits of account number: Account holder/s:	☐ Husband ☐ Wife	
☐ Bank/credit union loan	Financial institution: Type of account: Last 4 digits of account number: Account holder/s:	☐ Husband ☐ Wife	
☐ Bank/credit union loan	Financial institution: Type of account: Last 4 digits of account number: Account holder/s:	☐ Husband ☐ Wife	
☐ Bank/credit union loan	Financial institution: Type of account: Last 4 digits of account number: Account holder/s:	☐ Husband ☐ Wife	
☐ Bank/credit union loan	Financial institution: Type of account: Last 4 digits of account number: Account holder/s:	☐ Husband ☐ Wife	
☐ Bank/credit union loan	Financial institution: Type of account: Last 4 digits of account number: Account holder/s:	☐ Husband ☐ Wife	
☐ Bank/credit union loan	Financial institution: Type of account: Last 4 digits of account number: Account holder/s:	☐ Husband ☐ Wife	
☐ Bank/credit union loan	Financial institution: Type of account: Last 4 digits of account number: Account holder/s:	☐ Husband ☐ Wife	

☐ Money owed not evidenced by a note	Lendor: Type of loan: Security:	☐ Husband ☐ Wife	
☐ Money owed not evidenced by a note	Lendor: Type of loan: Security:	☐ Husband ☐ Wife	
☐ Money owed not evidenced by a note	Lendor: Type of loan: Security:	☐ Husband ☐ Wife	
☐ Money owed not evidenced by a note	Lendor: Type of loan: Security:	☐ Husband ☐ Wife	
☐ Money owed not evidenced by a note	Lendor: Type of loan: Security:	☐ Husband ☐ Wife	
☐ Money owed not evidenced by a note	Lendor: Type of loan: Security:	☐ Husband ☐ Wife	
☐ Money owed not evidenced by a note	Lendor: Type of loan: Security:	☐ Husband ☐ Wife	
☐ Money owed not evidenced by a note	Lendor: Type of loan: Security:	☐ Husband ☐ Wife	
☐ Judgment	Creditor: Court issuing judgment: Court case number: Date of judgment:	☐ Husband ☐ Wife	
☐ Other (specify):		☐ Husband ☐ Wife	
☐ Other (specify):		☐ Husband ☐ Wife	

☐ Other (specify):		☐ Husband ☐ Wife	
☐ Other (specify):		☐ Husband ☐ Wife	
☐ Other (specify):		☐ Husband ☐ Wife	
☐ Other (specify):		☐ Husband ☐ Wife	
☐ Other (specify):		☐ Husband ☐ Wife	
☐ Other (specify):		☐ Husband ☐ Wife	
☐ Other (specify):		☐ Husband ☐ Wife	

☐ Other (specify):		☐ Husband ☐ Wife	
☐ Other (specify):		☐ Husband ☐ Wife	
☐ Other (specify):		☐ Husband ☐ Wife	
		TOTAL DEBTS	

C. NET WORTH (total assets minus total liabilities)	

C. CONTINGENT ASSETS AND LIABILITIES

PART 1. CONTINGENT ASSETS

INSTRUCTIONS: If you have any **POSSIBLE** assets (income potential, accrued vacation or sick leave, bonus, inheritance, etc.) you must list them here.

☐ **√ here if additional pages are attached**

A. ITEM	C. NON-MARITAL (√ correct spouse)	B. POSSIBLE VALUE
	☐ Husband ☐ Wife	
	TOTAL CONTINGENT ASSETS	

C. CONTINGENT ASSETS AND LIABILITIES

PART 2. CONTINGENT LIABILITIES

INSTRUCTIONS: If you have any **POSSIBLE** liabilities (possible lawsuits, future unpaid taxes, debts assumed by another), you must list them here.

☐ **√ here if additional pages are attached**

A. ITEM	C. NON-MARITAL (√ correct spouse)	B. POSSIBLE AMOUNT OWED
	☐ Husband ☐ Wife	
	TOTAL CONTINGENT LIABILITIES	

SECTION IV. 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.

[√ 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 NOT being filed in this case.** The establishment or modification of child support is not an issue in this case.

METHOD OF IDENTIFICATION WHEN NOTORIZING:

☐ Florida Driver License Number:
☐ Other: Numbered:

NOTES

INSTRUCTIONS

Round any cents that result from calculations to the nearest dollar amount (cents are not indicated in any of the figures above).

All of the average monthly income figures above should be calculated with monthly numbers. If a particular item of income varies from month to month, then the average monthly expense for the item should be calculated using a period of time averaged. For example, if you get paid overtime that varies from month to month, you may want to average a six to 12 month period of overtime paid to you to get the average monthly figure for that item. So, if in a six month period you earned a total of $800 in overtime, then your average monthly overtime would be $133 ($800 ÷ 6 = $133.3333…).

If you have a weekly income figure, then follow the following formula to reach a monthly figure:

> [Weekly income x 52 (the number of weeks per year)] ÷ 12 (months per year) = average monthly figure

If you get paid every-other-week, then follow the following formula to reach a monthly figure:

> [Two weeks income x 26 (the number of two week periods per year)] ÷ 12 (months per year) = average monthly figure

If you get paid twice per month, then follow the following formula to reach a monthly figure:

> [One check's income x 24 (the number of semi-monthly payments per year)] ÷ 12 (months per year) = average monthly figure

Notice that some of the income categories are income minus the ordinary and necessary expenses needed to produce the income. For example, if you receive $1200 in rental house income per month, but it costs you $800 per month to maintain the rental property (i.e., mortgage, taxes, etcetera), then your monthly rental income for purposes of this financial affidavit would be $400, not $1200.

All of the average monthly expenses above should be calculated with monthly numbers. If a particular expense varies from month to month, then the average monthly expense for the item should be calculated using a period of time averaged. For example, if your electric bill varies from month to month, you may want to average a six to 12 month period of electric bills paid to get the average monthly expense for that item. So, if in a six month period you spent a total of $800 for electric, then your average monthly electric bill would be $133 ($800 ÷ 6 = $133.3333…). Round any cents that result from the calculation to the nearest dollar amount (cents are not indicated in any of the figures above).

As for payments to creditors, you should list the minimum monthly payment that must be paid, not what you actually have been paying (if you want to indicate the average actual amount you have been paying, you may do so in the Note Section at the end of the financial form).

If you are estimating figures by using averages, be sure to note that in the Note Section at the end of the financial form. If you used a value estimator such as Kelly Blue Book, then that should also be indicated in the Note Section.

If you are filing out this form because you are getting a divorce, then in the assets and debts sections you should list both your assets and debts and your spouse's assets and debts, being sure to identify whose assets or debts that are.