

IN THE CIRCUIT COURT OF THE _____ JUDICIAL CIRCUIT,
IN AND FOR _____ COUNTY, FLORIDA

Case No.: _____
Division: _____

PARTY 1 _____
Petitioner,

and

PARTY 2 _____
Respondent.

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

I, {full legal name} PARTY 1 _____, being sworn, certify
that the following information is true:

SECTION I. INCOME

1. My age is: _____

2. My occupation is: _____

3. I am currently
[Check 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: \$ _____ () every week () every other week () twice a month
(X) 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: _____

c. Retired. Date of retirement: _____
 Employer from whom retired: _____
 Address: _____
 City, State, Zip code: _____ Telephone Number: _____

LAST YEAR'S GROSS INCOME:

	PARTY 1's Income	PARTY 2's Income (if known)
YEAR <u>2017</u>	\$ _____	\$ _____

PRESENT MONTHLY GROSS INCOME:

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.) (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 (Add 9a and 9b)
 - 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) (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 (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. _____
17. \$ 0 **TOTAL PRESENT MONTHLY GROSS INCOME** (Add lines 1-16)

PRESENT MONTHLY DEDUCTIONS:

18. _____ 0 Monthly federal, state, and local income tax (corrected for filing status and allowable dependents and income tax liabilities)
 - a. Filing Status Single
 - b. Number of dependents claimed _____
19. _____ 0 Monthly FICA or self-employment taxes
20. _____ 0 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 (Add 25a and 25b)

25a. From this case: \$ _____

25b. From other case(s): _____

26. \$ _____ **0 TOTAL DEDUCTIONS ALLOWABLE UNDER SECTION 61.30, FLORIDA STATUTES**
(Add lines 18te through 25)

27. \$ _____ **0 PRESENT NET MONTHLY INCOME** (Subtract line 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.

HOUSEHOLD:

Note: The expenses associated with this property are subtracted from rental income and are not included here.

\$ _____ **Subtotal for** (add lines 1 through 24)

25. \$ _____ **0 SUBTOTAL HOUSEHOLD EXPENSES (for all households)**

AUTOMOBILE:

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. \$ _____ **SUBTOTAL** (add lines 26 through 34)

MONTHLY EXPENSES FOR CHILDREN COMMON TO BOTH PARTIES:

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 (nonreimbursed 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 time-sharing expenses
 57. _____ Monthly miscellaneous
58. \$ _____ **SUBTOTAL** (add lines 36 through 57)

MONTHLY EXPENSES FOR CHILD(REN) FROM ANOTHER RELATIONSHIP:

(other than court-ordered child support)

59. _____
 60. _____
 61. _____
 62. _____
63. \$ _____ **0 SUBTOTAL** (add lines 59 through 62)

MONTHLY INSURANCE:

64. _____ Health insurance (if not listed on lines 23 or 45)
 65. _____ Life insurance
 66. _____ Dental insurance
 Other:
 67. _____
 68. _____
69. \$ _____ **0 SUBTOTAL** (add lines 64 through 68)

OTHER MONTHLY EXPENSES NOT LISTED ABOVE:

70. _____ Monthly dry cleaning and laundry
 71. _____ Monthly clothing
 72. _____ Monthly medical, dental, and prescription (unreimbursed only)
 73. _____ Monthly psychiatric, psychological, or counselor (unreimbursed 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 periodicals/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. \$ _____ **SUBTOTAL** (add lines 70 through 89)

MONTHLY PAYMENTS TO CREDITORS: (only when payments are currently made by you on outstanding balances) List only last 4 digits of account numbers.

MONTHLY PAYMENT AND NAME OF CREDITOR(S):

91. _____
 92. _____
 93. _____
 94. _____
 95. _____
 96. _____
 97. _____
 98. _____
 99. _____
 100. _____
 101. _____
 102. _____
 103. _____

104. \$ _____ 0 **SUBTOTAL** (add lines 91 through 103)

105. \$ _____ 0 **TOTAL MONTHLY EXPENSES:**
 (add lines 25, 35, 58, 63, 69, 90, and 104 of Section II, Expenses)

SUMMARY

106. \$ _____ 0 **TOTAL PRESENT MONTHLY NET INCOME** (from line 27 of SECTION I. INCOME)

107. \$ _____ 0 **TOTAL MONTHLY EXPENSES** (from line 105 above)

108. \$ _____ 0 **SURPLUS** (If line 106 is more than line 107, subtract line 107 from line 106.
 This is the amount of your surplus. Enter that amount here.)

109. (\$ _____ 0) **(DEFICIT)** (If line 107 is more than line 106, subtract line 106 from line 107.
 This is the amount of your deficit. Enter that amount here.)

SECTION III. ASSETS AND LIABILITIES
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A. ASSETS (This is where you list what you OWN.)

A ASSETS: DESCRIPTION OF ITEM(S)	B Current Fair Market Value	C Nonmarital (Check correct column)	
LIST ONLY LAST 4 DIGITS OF ACCOUNT NUMBERS			
Check the box next to asset(s) you are requesting the judge award to you.			
<input type="checkbox"/> Cash (on hand)			
<input type="checkbox"/> Cash (in banks or credit unions)			
<input type="checkbox"/> Stocks / Bonds		<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 by a note)		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Real estate: (Home)		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> (Other)		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Business interests		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Automobiles		<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"/> Furniture & furnishings in home		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Furniture & furnishings elsewhere		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Collectibles		<input type="checkbox"/>	<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"/> Sporting and entertainment (T.V., stereo, etc.) equipment		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other assets		<input type="checkbox"/>	<input type="checkbox"/>
Total Assets (add column B)	\$ 0		

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

A LIABILITIES: DESCRIPTION OF ITEM(S)		B Current Amount Owed	C Nonmarital (Check correct column)	
LIST ONLY LAST 4 DIGITS OF ACCOUNT NUMBERS Check the box next to any debts(s) for which you believe you should be responsible.				
<input type="checkbox"/>	First mortgage on home		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Second mortgage on home		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Other mortgages		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Charge/credit card accounts		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Auto loans		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Bank/Credit Union loans		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Money you owe (not evidenced by a note)		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Judgments		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Other		<input type="checkbox"/>	<input type="checkbox"/>
Total Debts (add column B)		\$ 0		

C. NET WORTH (excluding contingent assets and liabilities)

\$ 0 **Total Assets** (enter total of Column B in Asset Table; Section A)

\$ 0 **Total Liabilities** (enter total of Column B in Liabilities Table; Section B)

\$ 0 **TOTAL NET WORTH (Total Assets minus Total Liabilities)**
(excluding contingent assets and liabilities)

D. CONTINGENT ASSETS AND LIABILITIES:

A Contingent Assets		B Possible Value	C Nonmarital (Check correct column)	
Check the box next to any contingent asset(s) which you are requesting the judge award to you.				
<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Total Contingent Assets		\$ 0		

A Contingent Liabilities Check the box next to any contingent debt(s) for which you believe you should be responsible.	B Possible Amount Owed	C Nonmarital (Check correct column)	
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Total Contingent Liabilities	\$ 0		

E. CHILD SUPPORT GUIDELINES WORKSHEET. Florida Family Law Rules of Procedure Form 12.902(e), 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.)

[Check 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 Guidelines Worksheet IS NOT being filed in this case.

The establishment or modification of child support is not an issue in this case.

I certify that a copy of this Affidavit was [check all used] e-mailed mailed faxed e-filed
 hand delivered to the person(s) listed below on {date} _____

Other party or his/her attorney:

Name: _____

Address: _____

City, State, Zip: _____

Fax Number: _____

E-mail Address(es): _____

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: PARTY 1

Address: _____

City, State, Zip: FL

Fax Number: _____

E-mail Address(es): _____

STATE OF FLORIDA
COUNTY OF _____

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

NOTARY PUBLIC or DEPUTY CLERK

[Print, type, or stamp commissioned name of notary or deputy clerk.]

___ Personally known
___ Produced identification
Type of identification produced _____

CERTIFICATE OF SERVICE

I CERTIFY THAT THIS FAMILY LAW FINANCIAL AFFIDAVIT LONG FORM

WAS: Mailed by U.S. Mail and/or faxed e-mailed e-filed served with initial pleadings
to the person(s) listed below on _____ .

Party or Attorney

Attorney for PARTY 1