

IN THE CIRCUIT COURT OF THE \_\_\_\_\_ JUDICIAL CIRCUIT,  
IN AND FOR \_\_\_\_\_ COUNTY, FLORIDA

Case No.: \_\_\_\_\_  
Division: \_\_\_\_\_

\_\_\_\_\_  
Petitioner,

and

\_\_\_\_\_  
Respondent.

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

I, {full legal name} \_\_\_\_\_, 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  
( ) 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

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 _____	\$ _____	\$ _____

**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.

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. \$ \_\_\_\_\_ **TOTAL PRESENT MONTHLY GROSS INCOME** (Add lines 1 through 16).

**PRESENT MONTHLY DEDUCTIONS:**

**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 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 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. \$ \_\_\_\_\_ **TOTAL DEDUCTIONS ALLOWABLE UNDER SECTION 61.30, FLORIDA STATUTES**  
(Add lines 18 through 25).
  
27. \$ \_\_\_\_\_ **PRESENT NET MONTHLY INCOME**  
(Subtract line 26 from line 17).

<b>SECTION II. AVERAGE MONTHLY EXPENSES</b>
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**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:**

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 and 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. \$ \_\_\_\_\_ **SUBTOTAL** (add lines 1 through 24).

**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. \$ \_\_\_\_\_ **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.. \$ \_\_\_\_\_ **SUBTOTAL** (add lines 66 through 68, exclude lines 64 and 65)

**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

86. \_\_\_\_\_ Other: (include any usual and customary expenses not otherwise mentioned in the items listed above) \_\_\_\_\_

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. \$ \_\_\_\_\_ **SUBTOTAL** (add lines 91 through 103)

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

**SUMMARY**

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

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

108. \$ \_\_\_\_\_ **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. (\$ \_\_\_\_\_) **(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**

**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 line 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 "nonmarital," 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. See the "General Information for Self-Represented Litigants" found at the beginning of these forms and section 61.075(1), Florida Statutes, for definitions of "marital" and "nonmarital" assets and liabilities.)

A ASSETS: DESCRIPTION OF ITEM(S) LIST ONLY LAST FOUR DIGITS OF ACCOUNT NUMBERS. Check the line next to any asset(s) which you are requesting the judge award to you.	B Current Fair Market Value	C Nonmarital (Check correct column)	
		husband	wife
<input type="checkbox"/> Cash (on hand)	\$		
<input type="checkbox"/> Cash (in banks or credit unions)			
<input type="checkbox"/>			
<input type="checkbox"/> Stocks/Bonds			
<input type="checkbox"/>			

	Notes (money owed to you in writing)			
	Money owed to you (not evidenced by a note)			
	Real estate: (Home)			
	(Other)			
	Business interests			
	Automobiles			
	Boats			
	Other vehicles			
	Retirement plans (Profit Sharing, Pension, IRA, 401(k)s, etc.)			
	Furniture & furnishings in home			
	Furniture & furnishings elsewhere			
	Collectibles			



<b>A</b> <b>LIABILITIES: DESCRIPTION OF ITEM(S)</b> <b>LIST ONLY LAST FOUR DIGITS OF ACCOUNT NUMBERS.</b> <b>Check the line next to any debt(s) for which you believe you should be responsible.</b>		<b>B</b> <b>Current Amount Owed</b>	<b>C</b> <b>Nonmarital (Check correct column)</b>	
			husband	wife
	Mortgages on real estate: First mortgage on home	\$		
	Second mortgage on home			
	Other mortgages			
	Charge/credit card accounts			
	Auto loan			
	Auto loan			
	Bank/Credit Union loans			
	Money you owe (not evidenced by a note)			
	Judgments			
	Other:			
<b>Total Debts (add column B)</b>		<b>\$</b>		

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

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

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

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

**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, contingent tax liabilities, debts assumed by another), you must list them here.

A Contingent Assets  Check the line next to any contingent asset(s) which you are requesting the judge award to you.		B Possible Value	C Nonmarital (Check correct column)	
			husband	wife
		\$		
<b>Total Contingent Assets</b>		\$		

A Contingent Liabilities  Check the line next to any contingent debt(s) for which you believe you should be responsible.		B Possible Amount Owed	C Nonmarital (Check correct column)	
			husband	wife
		\$		
<b>Total Contingent Liabilities</b>		\$		

**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 financial affidavit was [check all used]:** ( ) e-mailed ( ) mailed, ( ) faxed ( ) 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: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
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 \_\_\_\_\_

**IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW:**

[fill in **all** blanks] This form was prepared for the: *{choose only one}* ( ) Petitioner ( ) Respondent

This form was completed with the assistance of:

*{name of individual}* \_\_\_\_\_

*{name of business}* \_\_\_\_\_

*{address}* \_\_\_\_\_

*{city}* \_\_\_\_\_, *{state}* \_\_\_\_\_, *{telephone number}* \_\_\_\_\_.