

IN THE CIRCUIT COURT OF THE
ELEVENTH JUDICIAL CIRCUIT
IN AND FOR MIAMI-DADE
COUNTY, FLORIDA
FAMILY DIVISION

IN RE:

_____,
Petitioner,
And
_____,
Respondent.

CASE NO.: FC

FAMILY LAW FINANCIAL AFFIDAVIT (SHORT FORM)
(Under \$50,000 Individual Gross Annual Income)

I, {full legal name} _____, being sworn, certify that the following information is true:
My Occupation: _____ Employed by: _____
Business Address: _____
Pay Rate: \$ _____ ☐ every week; ☐ every other week; ☐ twice a month; ☐ monthly; other _____
☐ Check here if unemployed and explain on a separate sheet your efforts to find employment.

SECTION I. PRESENT MONTHLY GROSS INCOME

- | | |
|--|----------------------------|
| 1. Monthly gross salary or wage | 1. \$ _____ |
| 2. Monthly bonuses, commissions, allowances, overtime, tips, and similar payments | 2. _____ |
| 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.) | 3. _____ |
| 4. Monthly disability benefits / SSI | 4. _____ |
| 5. Monthly Worker's Compensation | 5. _____ |
| 6. Monthly Unemployment Compensation | 6. _____ |
| 7. Monthly pension retirement or annuity payments | 7. _____ |
| 8. Monthly Social Security benefits | 8. _____ |
| 9. Monthly alimony actually received | |
| 9a. From this case \$ _____ | |
| 9b. From other case(s) \$ _____ | 9. _____ |
| 10. Monthly interest and dividends | 10. _____ |
| 11. Monthly rental income (gross receipts minus ordinary and necessary expenses required to produce income) (☐ Attach sheet itemizing such income and expenses.) | 11. _____ |
| 12. Monthly income from royalties, trusts, or estates | 12. _____ |
| 13. Monthly reimbursed expenses and in-kind payments to the extent that they reduce personal living expenses | 13. _____ |
| 14. Monthly gains derived from dealing in property (not including nonrecurring gains) | 14. _____ |
| 15. Any other income of a recurring nature (list source) _____ | 15. _____ |
| 16. _____ | 16. _____ |
| 17. PRESENT MONTHLY GROSS INCOME (Add lines 1-16) | TOTAL: 17. \$ _____ |

PRESENT MONTHLY DEDUCTIONS:

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 _____ 18. _____
19. Monthly FICA or self-employment taxes 19. _____
20. Monthly Medicare payments 20. _____
21. Monthly mandatory union dues 21. _____
22. Monthly mandatory retirement payments 22. _____
23. Monthly health insurance payments (including dental insurance), excluding portion paid for any minor children of this relationship. 23. _____
24. Monthly court-ordered child support actually paid for children from another relationship 24. _____
25. Monthly court-ordered alimony actually paid:
 a. From this case: \$ _____
 b. From other case(s): \$ _____ Add 25a and b 25. _____
- 26. TOTAL DEDUCTIONS ALLOWABLE UNDER SECTION 61.30**
FLORIDA STATUTES (Add lines 18-25) **TOTAL** 26. \$ _____
- 27. PRESENT NET MONTHLY INCOME** (Subtract line 26 from line 17) 27. \$ _____

SECTION II. AVERAGE MONTHLY EXPENSES**A. HOUSEHOLD:**

Mortgage or rent \$ _____

Utilities _____

Telephone _____

Food _____

Meals outside home _____

Maintenance/Repairs _____

Other: _____

B. AUTOMOBILE

Gasoline \$ _____

Repairs _____

Insurance _____

C. CHILD(REN)'S EXPENSES

Day Care \$ _____

Lunch money _____

Clothing _____

Grooming _____

Gifts for holidays _____

Medical/dental (uninsured) _____

Other: _____

D. INSURANCE

Medical/dental \$ _____

Child(ren)'s medical/dental _____

Life _____

Other: _____

E. OTHER EXPENSES NOT LISTED

Clothing \$ _____ Property taxes

Medical/dental (uninsured) _____

Grooming _____

Entertainment _____

Gifts _____

Religious organizations _____

Miscellaneous _____

Other: _____

F. PAYMENTS TO CREDITORS

MONTHLY CREDITOR:	PAYMENT:
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

28. TOTAL MONTHLY EXPENSES (add ALL monthly amounts in A through F above) 28. \$ _____

SUMMARY**29. TOTAL PRESENT MONTHLY NET INCOME**

(from line 27 of SECTION I. INCOME)

29. \$ _____**30. TOTAL MONTHLY EXPENSES** (from line 28)**30. \$** _____**31. SURPLUS** (If line 29 is more than line 30, subtract line 30 from line 29.

This is the amount of your surplus. Enter that amount here.)

31. \$ _____**32. (DEFICIT)** (If line 30 is more than line 29, subtract line 29 from line 30.

This is the amount of your deficit. Enter that amount here.)

32. (\$ _____ **)****SECTION III. ASSETS AND LIABILITIES**

Use the nonmarital column only if this is a petition for dissolution of marriage and you believe an item in “nonmarital,” meaning it belongs to only one of you and should not be divided. You should indicate to whom you believe the item(s) or debt belongs. (Typically, you will only use this column if property/debt was owned/owed by one spouse before the marriage.)

A. ASSETS:

DESCRIPTION OF ITEM(S). List a description of each separate item owned by you (and/or your spouse, if this is a petition for dissolution of marriage). DO NOT LIST ACCOUNT NUMBERS. ✓ the box next to any asset(s) which you are requesting the judge award you.	Current Fair Market Value	Nonmarital (✓ correct column)	
		petitioner	respondent
☐ Cash (on hand)	\$		
☐ Cash (in banks or credit unions)			
☐ Stocks, Bonds, and Notes			
☐ Real Estate: (Home)			
☐ (Other)			
☐ Automobiles			
☐ Other Personal Property			
☐ Retirement Plans (Profit Sharing, Pension, IRA, 401(k)s, etc.)			
☐ Other			
☐			
☐			
☐			
☐			
☐			
☐			
☐ ✓ here if additional pages are attached.			
Total Assets (add Current Fair Market Value Column)	\$		

B. LIABILITIES:

DESCRIPTION OF ITEM(S). List a description of each separate debt owed by you (and/or your spouse, if this is a petition for dissolution of marriage). DO NOT LIST ACCOUNT NUMBERS. ✓ the box next to any asset(s) which you are requesting the judge award you.	Current Amount Owed	Nonmarital (✓ correct column)	
		petitioner	respondent
☐ Mortgages on real estate: First mortgage on home	\$		
☐ Second mortgage on home			
☐ Other mortgages			
☐			
☐ Auto loans			
☐			
☐ Charge/credit card accounts			
☐			
☐			
☐			
☐ Other			
☐			
☐			
☐ ✓ here if additional pages are attached.			
Total Debts (add Current Amount Owed Column)	\$		

C. 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.

Contingent Assets ✓ the box next to any contingent assets which you are requesting the judge award you.	Possible Value	Nonmarital (✓ correct column)	
		petitioner	respondent
☐	\$		
☐			
Total Contingent Assets	\$		

Contingent Liabilities ✓ the box next to any contingent debts which you believe you should be responsible.	Possible Amount Owed	Nonmarital (✓ correct column)	
		petitioner	respondent
☐	\$		
Total Contingent Debts	\$		

SECTION IV. 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 document 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: _____
Telephone Number: _____
Fax Number: _____
E-mail Address(es): _____

Under penalties of perjury, I declare that I have read this document and the facts stated in it are true.

Dated: _____

Signature of Party _____
Printed Name: _____
Address: _____
City, State, Zip: _____
Telephone Number: _____
E-mail Address(es): _____

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} _____, {zip code} _____, {telephone number} _____.