

IN THE CIRCUIT COURT OF THE
FIFTEENTH JUDICIAL CIRCUIT IN AND
FOR PALM BEACH COUNTY, FLORIDA

FAMILY DIVISION

CASE NO.

IN RE: The Marriage of

Petitioner,

and

Respondent.

_____ /

FAMILY LAW FINANCIAL AFFIDAVIT (LONG FORM)

I, _____, being sworn certify that the following information is true:

SECTION I. PRESENT MONTHLY INCOME

1. Date of Birth: _____
2. Social Security Number: _____
3. My occupation is: _____
4. I am currently
 - _____ a. Unemployed
Describe your efforts to find employment , how soon you expect to be employed, and the pay your expect to receive.
 - _____ b. Employed by: _____
Address: _____
City, State, Zip code: _____
Telephone: _____
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 effect your income: _____

Check here if you currently have more than one job. List he information for the second job(s) on a separate sheet and attach it to this affidavit.

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

LAST YEAR'S GROSS INCOME:

Your Income

Other party's income

200 _____

\$ _____

\$ _____

PRESENT MONTHLY GROSS INCOME:

- | | | | |
|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-------|
| 1. | Monthly gross salary or wages | 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) (<input type="checkbox"/> Attach sheet itemizing such income and expenses.) | 3. | _____ |
| 4. | Monthly disability benefits/SSI | 4. | _____ |
| 5. | Monthly Workers' 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 | 9. | _____ |
| | a. From this case \$_____ | | |
| | b. From other case(s) \$_____ | | |
| 10. | Monthly interest and dividends | 10. | _____ |
| 11. | Monthly rental income (gross receipts minus ordinary and necessary expenses required to produce income)(<input type="checkbox"/> Attach sheet itemizing such income and expense items.) | 11. | _____ |
| 12. | Monthly income from royalties, trusts or estates | 12. | _____ |
| 13. | Monthly reimbursed expenses and in-kind payment to the extent that they reduce personal living expenses. | 13. | _____ |
| 14. | Monthly gains derived from dealing in property (not including nonrecurring gains)
Any other income of recurring nature: | 14. | _____ |
| 15. | | 15. | _____ |
| 16. | | 16. | _____ |
| 17. | PRESENT MONTHLY GROSS INCOME (Add lines 1-16) | 17. | _____ |

PRESENT MONTHLY DEDUCTIONS:

- | | | | |
|-----|------------------------------------------------------------------------------------------------------------------------------------|-----|-------|
| 18. | Monthly federal, state and local income tax (corrected for filing status and allowable dependents and income tax liabilities) | 18. | _____ |
| | a. Filing Status _____ | | |
| | b. Number of dependants claimed _____ | | |
| 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 | 24. | _____ |

- from another relationship 25. _____
25. Monthly court ordered alimony actually paid
- a. From this case: _____
- b. From other case(s): _____
26. **TOTAL DEDUCTIONS ALLOWABLE UNDER SECTION 61.30 FLORIDA STATUTES** (Add lines 18-25) 26. _____

PRESENT NET MONTHLY INCOME (Subtract line 26 from 17) 27. _____

SECTION II. AVERAGE MONTHLY EXPENSES

Proposed/Estimated Expenses. If this is a dissolution of marriage case and your current expenses do not reflect what you will actually have to pay after your marriage ends, you should write "estimate" next to each amount that is proposed estimated.

HOUSEHOLD

- 1. Monthly mortgage or rent payments 1. _____
- 2. Monthly property taxes (if not included on the mortgage) 2. _____
- 3. Monthly insurance on residence (if not included on the mortgage) 3. _____
- 4. Monthly condominium maintenance fee or homeowner's association fee 4. _____
- 5. Monthly electricity 5. _____
- 6. Monthly water, garbage and sewer 6. _____
- 7. Monthly telephone 7. _____
- 8. Monthly fuel oil or natural gas 8. _____
- 9. Monthly repairs and maintenance 9. _____
- 10. Monthly lawn care 10. _____
- 11. Monthly pool maintenance 11. _____
- 12. Monthly pest control 12. _____
- 13. Monthly miscellaneous household 13. _____
- 14. Monthly food and grocery items 14. _____
- 15. Monthly meals outside the home 15. _____
- 16. Monthly cable t.v. 16. _____
- 17. Monthly alarm 17. _____
- 18. Monthly service contracts 18. _____
- 19. Monthly maid service 19. _____
- Other:
- 20. _____
- 21. _____
- 22. _____
- 23. _____
- 24. _____
- 25. Subtotal 25. _____**

AUTOMOBILE

- 26. _____
- 26. Monthly gasoline and oil 27. _____
- 27. Monthly repairs 28. _____
- 28. Monthly auto tag 29. _____
- 29. Monthly insurance 30. _____
- 30. Monthly payments (lease or financing) 31. _____
- 31. Monthly rental/replacements 32. _____
- 32. Monthly alternative transportation 33. _____
- 33. Monthly tolls and parking Other: 34. _____
- 34. _____
- 35. _____
- 36. _____
- 36. Subtotal**

MONTHLY EXPENSES FOR CHILD(REN) FROM ANOTHER RELATIONSHIP (other than court ordered child support)

- | | | | |
|------------|-----------------|------------|-------|
| 37. | | 37. | _____ |
| 38. | | 38. | _____ |
| 39. | | 39. | _____ |
| 40. | Subtotal | 40. | _____ |

MONTHLY EXPENSES FOR CHILD(REN) COMMON TO BOTH PARTIES

- | | | | |
|------------|-------------------------------------------------|------------|-------|
| 41. | Nursery, babysitting or day care | 41. | _____ |
| 42. | School tuition | 42. | _____ |
| 43. | School supplies, books and fees | 43. | _____ |
| 44. | After school activities | 44. | _____ |
| 45. | Lunch money | 45. | _____ |
| 46. | Private lessons/tutoring | 46. | _____ |
| 47. | Allowance | 47. | _____ |
| 48. | Clothing/uniforms | 48. | _____ |
| 49. | Entertainment (birthday parties, movies, etc.) | 49. | _____ |
| 50. | Health insurance | 50. | _____ |
| 51. | Medical, dental and prescription (unreimbursed) | 51. | _____ |
| 52. | Psychiatric/psychological/counselor | 52. | _____ |
| 53. | Orthodontic | 53. | _____ |
| 54. | Vitamins | 54. | _____ |
| 55. | Barber/beauty parlor | 55. | _____ |
| 56. | Non-prescription medications | 56. | _____ |
| 57. | Cosmetics/toiletries and sundries | 57. | _____ |
| 58. | Gifts from children to others | 58. | _____ |
| 59. | Camp and/or summer activities | 59. | _____ |
| 60. | Clubs | 60. | _____ |
| 61. | Visitation expense | 61. | _____ |
| 62. | Miscellaneous | 62. | _____ |
| Other: | | 63. | _____ |
| 63. | | 64. | _____ |
| 64. | | 65. | _____ |
| 65. | | 66. | _____ |
| 66. | | 67. | _____ |
| 67. | | 68. | _____ |
| 68. | Subtotal | | |

MONTHLY INSURANCE

- | | | | |
|------------|-----------------------------------------------------------------------------------------|------------|-------|
| 69. | Health insurance (excluding portion paid for any minor child(ren) of this relationship) | 69. | _____ |
| 70. | Life insurance | 70. | _____ |
| 71. | Dental insurance | 71. | _____ |
| Other: | | 72. | _____ |
| 72. | | 73. | _____ |
| 73. | | 74. | _____ |
| 74. | | 75. | _____ |
| 75. | Subtotal | | |

OTHER MONTHLY EXPENSES

76.	Monthly dry cleaning and laundry	76. _____
77.	Monthly clothing	77. _____
78.	Monthly medical, dental and prescription (unreimbursed only)	78. _____
79.	Monthly psychiatric, psychological and counselor	79. _____
80.	Monthly non-prescription medications, cosmetics & toiletries	80. _____
81.	Monthly grooming	81. _____
82.	Monthly gifts	82. _____
83.	Monthly pet expenses	83. _____
84.	Monthly club dues and membership	84. _____
85.	Monthly sports and hobbies	85. _____
86.	Monthly entertainment	86. _____
87.	Monthly periodicals/books/tapes/CD's	87. _____
88.	Monthly religious organizations	88. _____
89.	Monthly bank charges/credit card fees	89. _____
90.	Monthly education expenses	90. _____
Other		91. _____
91.		92. _____
92.		93. _____
93.		94. _____
94.		95. _____
95.	Subtotal	

MONTHLY PAYMENTS TO CREDITORS:

Name of Creditors:

		96. _____
96.		97. _____
97.		98. _____
98.		99. _____
99.		100. _____
100.		101. _____
101.		102. _____
102.		103. _____
103.		104. _____
104.		105. _____
105.		106. _____
106.		107. _____
107.	Subtotal	

108.	TOTAL MONTHLY EXPENSES	108. _____
109.	TOTAL PRESENT MONTHLY NET INCOME	109. _____
110.	TOTAL MONTHLY EXPENSES	110. _____
111.	SURPLUS	111. _____
112.	(DEFICIT)	112. _____

SECTION III: ASSETS AND LIABILITIES

Use the nonmarital column 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(s) or debt belongs.

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).	Current Fair Market Value	Non-marital (T correct column)	
		Husband	Wife
<input type="checkbox"/> Cash (on hand)			
<input type="checkbox"/> Cash (in bank or credit unions)			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/> Stocks, Bonds, Notes			
<input type="checkbox"/>			
<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"/> Real Estate (home)			
<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"/>			
<input type="checkbox"/> Automobiles			
<input type="checkbox"/>			

<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"/>			
<input type="checkbox"/> Furniture and furnishings in home			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/> Furniture and 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"/>			
<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"/>			
<input type="checkbox"/> Other assets			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/> T here if additional pages are attached			
TOTAL ASSETS	\$		

B. LIABILITIES

DESCRIPTION OF ITEM(S). List a description of each debt owed by you (and/or your spouse, if this is a petition of dissolution of marriage).	Current Fair Market Value	Non-marital (T correct column)	
		Husband	Wife
<input type="checkbox"/> Mortgages on real estate			
<input type="checkbox"/> Other			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/> Charge/credit card accounts			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			

<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/> Auto loans			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/> Bank/Credit Loans			
<input type="checkbox"/>			
<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"/>			
<input type="checkbox"/> Other			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/> T here if additional pages are attached			
TOTAL LIABILITIES	\$		

C. NET WORTH
(excluding contingent assets and liabilities)

Total Assets \$ _____
Total Liabilities \$ _____

TOTAL NET WORTH (Total Assets minus Total Liabilities) \$ _____

(excluding contingent assets and liabilities)

D. CONTINGENT ASSETS AND LIABILITIES

Contingent Assets T the box next to any contingent asset(s) which you are requesting the judge award to you.	Current Fair Market Value	Non-marital (T correct column)	
		Husband	Wife
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
TOTAL CONTINGENT ASSETS	\$		

Contingent Liabilities T the box next to any contingent debt(s) which you believe you should be responsible.	Current Fair Market Value	Non-marital (T correct column)	
		Husband	Wife
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
TOTAL CONTINGENT LIABILITIES	\$		

E. Has there been any agreement between you and the other party that one of you will take responsibility for a debt and will hold the other party harmless from that debt. () yes () no
If yes please explain: _____

ATTACHMENTS

- _____ **A Child Support Guidelines Worksheet IS being filed in this case.** The parties have one or more minor children in common **or** one of the parties is requesting a modification of a previous court order regarding child support.
- _____ **A Child Support Guidelines Worksheet IS NOT being filed in this case.** There are no minor children common to the parties in this case **or**, if this case involves a modification of a previous court order, child support is not an issue.

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: _____

STATE OF FLORIDA
COUNTY OF PALM BEACH

Sworn to or affirmed and signed before me on this _____ day of _____
_200____.

Notary Public - State of Florida

_____ Personally known
_____ Produced identification
Type of identification produced _____