

**IN THE CIRCUIT COURT OF THE JUDICIAL CIRCUIT
IN AND FOR COUNTY, FLORIDA
FAMILY LAW DIVISION**

In re:

, Case No:
Petitioner,

and Division:

Respondent.
_____ /

FINANCIAL AFFIDAVIT

STATE OF FLORIDA
COUNTY OF

BEFORE ME this day personally appeared _____, who, being first duly sworn on oath, deposes and says that the following information is true and correct according to his/her best knowledge and belief:

ITEM 1:EMPLOYMENT AND INCOME

OCCUPATION:

EMPLOYED BY:

ADDRESS:

SOCIAL SECURITY #:

PAY PERIOD:

RATE OF PAY: \$

AVERAGE GROSS MONTHLY
INCOME FROM EMPLOYMENT: \$ _____

Bonuses, commissions, allowances, overtime tips and similar payments:
Business income from sources such as self-employment partnership close corporation, and/or independent contracts
(gross receipts minus ordinary and necessary expenses required to produce income)

Disability Benefits

Workers Compensation

Pension, retirement or annuity payments

Social security benefits

Spousal Support received from prior marriage

Interest and Dividends

Rental Income (gross receipts minus ordinary and necessary expense required to produce income)

Reimbursed Expenses and in kind payments to the extent that they reduce personal living expenses

Gains derived from dealing in property

Itemize any other income of a recurring nature

TOTAL MONTHLY INCOME:

LESS DEDUCTIONS:

Federal, state and local income taxes
(corrected for filing status and actual number of withholding allowances) \$

Social Security tax \$

FICA or self-employment tax (annualized)

Medicare tax \$
Life Insurance

Mandatory Retirement

Health Insurance Payments

Court Ordered Support Payments for
the children actually paid

TOTAL DEDUCTIONS: \$

MONTHLY NET AVAILABLE INCOME \$

ITEM 2: HOUSEHOLD: AVERAGE MONTHLY EXPENSES

Mortgage or Rent Payments \$

Property Taxes and Insurance

Electricity \$

Water, garbage and sewer \$
Telephone / Cell Phone \$

Fuel Oil or Natural Gas

Repairs and Maintenance

Lawn /Pool Care/ Pest Control \$

Misc. Household

Food and Grocery Items \$

Meal Outside the Home \$

Other: \$

Category Total: \$

AUTOMOBILE:

Car Payment \$

Gasoline and oil \$
Repairs

Auto tags/Insurance \$

Category total: \$
CHILDRENS' EXPENSES:

Nursery or babysitting \$

School Tuition \$

School Supplies \$

Lunch Money \$

Allowance \$

Clothing \$

Medical, Dental, Prescription

Gifts for Special Holidays \$

Other Expenses: \$

Category Total: \$
INSURANCE:

Health

Life

Category Total:

OTHER EXPENSES NOT LISTED ABOVE:

Dry Cleaning and Laundry \$

Affiant's clothing \$
Affiant's Medical, Dental,

Prescription \$

Affiant's Hair Stylist \$
Affiant's gifts (special holidays) \$
Pets: Grooming / Veterinarian \$

Membership Dues

Professional Dues

Entertainment \$

Vacations \$
Publications

Religious Organization

Charities

Category Total: \$

OTHER EXPENSES: \$

TOTAL ABOVE EXPENSES: \$

PAYMENTS TO CREDITORS:

TO WHOM: BALANCE DUE: MONTHLY PYMT:

_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

TOTAL MONTHLY PAYMENTS TO CREDITORS: \$

TOTAL ALL MONTHLY EXPENSES AND CREDITOR PAYMENTS
\$

ITEM 3: Assets (Ownership: if joint, allocate equally)

Allocate by Title. If titled jointly, allocate equally.

(NOTE: allocations and categories as set forth are without prejudice to claims of special equities, nonmarital classification to other facts and/or equitable distribution factors.)

<u>Description</u>	<u>Value</u>	<u>Husband</u>	<u>Wife</u>
Cash (on hand or in bank)	_____	_____	
Stocks/Bonds/Notes	_____	_____	

Real Estate:

Home _____

Automobile _____

Contents of Home:

Furnishings _____

Jewelry: _____

Life Insurance/Cash _____

Surrender Value _____

Other Assets: _____

Total Assets: **\$** _____ **\$** _____

Affiant

STATE OF FLORIDA
COUNTY OF _____

The foregoing instrument was acknowledged before me this ____ day of _____, 2005, by _____ who is personally known to me or who has produced _____ as identification and who did (did not) take an oath.

Notary Public
My Commission Expires: