IN THE CIRCUIT COURT OF THE 15TH JUDICIAL CIRCUIT IN AND FOR PALM BEACH COUNTY, FLORIDA

IN RE: THE MARRIAGE OF

FAMILY DIVISION
CASE NO.:

,
Petitioner/ ,

and

Respondent/ ,
_____/

FAMILY LAW FINANCIAL AFFIDAVIT (Short Form)
(Under $50,000 individual Gross Annual Income)

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

My Occupation is: _____

Employed By: _____

Business Address: _____

Business Phone number: _____

My Pay rate is: $_____ 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:
All amounts must be MONTHLY. See instructions with this form to figure out money amounts for anything that is NOT paid monthly. Attach more paper, if needed. Items included under Aother@ should be listed separately with separate dollar amounts.

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) __ (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:		

9a. From this case $_____

9b. From other case(s) $_____

Add 9a and 9b 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 expense items) 11. $_____

12. Monthly income from royalties, trust 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 non-recurring gains.) 14. $_____

15. Any other income of a recurring nature (identify and 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) 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 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 paid:
25a. From this case. $_____
25b. From other case(s) $_____
Add 25a and 25b 25. $_____

26. **TOTAL DEDUCTIONS ALLOWABLE UNDER SECTION 61.30, FLORIDA STATUTES** (Add lines 18 through 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 $_____
Property taxes $_____
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 ABOVE:

Clothing $_____
Medical/Dental (uninsured) $_____
Grooming $_____
Entertainment $_____
Gifts $_____
Church/charities $_____
Miscellaneous $_____
Other: _____ $_____

F. PAYMENTS TO CREDITORS:

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

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

SUMMARY

29. TOTAL PRESENT MONTHLY NET INCOME $_____
(from line 17 of SECTION I. INCOME)

30. TOTAL MONTHLY EXPENSES $_____
(FROM LINE 28 ABOVE)

31. SURPLUS if lien 29 is more than 30, subtract line 30 from line 29) $_____
(This is the amount of your surplus. Enter that amount here)

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.

SECTION III. ASSETS AND LIABILITIES:

Use the non-marital column only if this is a Petition for Dissolution of Marriage and you believe said item is non-marital, 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. See the instructions with this form and Section 61.075(1), Florida Statutes for definitions of Marital and Non-Marital assets and liabilities)

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). Check the box next to any asset(s) which you are requesting the judge award to you.

	Current Fair Market Value	Non-Marital Husband	Non-Marital Wife
☐ Cash (on hand)	**$**		
☐ Cash (in banks or credit unions)	**$**		
☐ Checking Account	**$**		
☐ Interest Bearing Account	**$**		
☐ Stock, CD, Bonds, Notes	**$**		
☐ Real Estate (Home)	**$**		
☐ Other Real Property	**$**		
☐ Other Real Property	**$**		
☐ Automobile(s)	**$**		
☐ Boat(s)	**$**		
☐ Other Vehicles	**$**		
☐ Other Financial Assets	**$**		
	$		
	$		
	$		
Total Assets:	**$**		

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). Check the box next to any debt(s) for which you believe you should be responsible.

	Current Amounts Owed	Monthly Payments	Non-Marital Husband	Non-Marital Wife
Mortgages on Real Estate	**$**	**$**		
2nd Mortgage	**$**	**$**		
Home Equity Loan	**$**	**$**		
Auto Loans	**$**	**$**		
	$	**$**		
Charge/Credit Card Accounts	**$**	**$**		
	$	**$**		

LIABILITIES: Cont'd from Previous Page	**Current Amounts Owed**	**Monthly Payments**	**Non-Marital Husband**	**Non-Marital Wife**
Charge/Credit Card Accounts	**$**	**$**		
	$	**$**		
	$	**$**		
	$	**$**		
Bank/Credit Union Loans	**$**	**$**		
	$	**$**		
	$	**$**		
Money Owed with No Note	**$**	**$**		
	$	**$**		
Judgment	**$**	**$**		
Other Debt	**$**	**$**		
	$	**$**		
	$	**$**		
Total Debts (add column B)	**$**	**$**		

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, debts assumed by another, you must list them here).

Contingent Assets	**Possible Value**	**Non-Marital Husband**	**Non-Marital Wife**
	$		
	$		

Total Contingent Assets $_____

Check the box next to any contingent debt(s) for which you believe you should be responsible.

Contingent Assets	**Possible Value**	**Non-Marital Husband**	**Non-Marital Wife**
	$		
	$		

Total Contingent Assets $_____

SECTION VI: CHILD SUPPORT GUIDELINES WORKSHEET

_____ A Child Support Guidelines Worksheet IS being filed in this case. The parties have one or more 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: _____ _____

Signature of Party
Printed Name:_____
Address:_____
City, State, Zip:_____
Telephone No:_____

STATE OF FLORIDA
COUNTY OF PALM BEACH

Sworn to or affirmed and signed before me on the ___ day of _____, 2011, by .

_____
NOTARY PUBLIC, STATE OF FLORIDA

_____
[Print, type, or stamp commissioned name of notary or deputy clerk.]
My Commission expires:

___ Personally Known
___ Produced Identification
Type of identification produced: _____

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing has been furnished via U.S. Mail to, Esquire, , this _____ day of _____, 2011.

RANDY KAYE GARVEY, ESQUIRE
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