

IN RE: The Marriage of:

,  
Wife,  
and  
,  
Husband

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

I, , being sworn, certify that the following information is true.

**SECTION I. INCOME**

**Read the instructions with this form; if they indicate that you must file this financial affidavit, start here**

- 1. Date Of Birth : / /
- 2. My Occupation:
- 3. I am currently [ X 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.

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b: Employed by:

Telephone :

Business Address: , ,

Pay rate (Regular Pay) : \$ 0.00 Pay Period : Monthly

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:

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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 and Zipcode :

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17. **PRESENT MONTHLY GROSS INCOME** (From prior Page) 17. \$ 0.00

**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

18. Monthly federal, state and local income tax (corrected for filing status and allowable dependents and income tax liabilities)			
a. Filing Status <u>      SGL      </u>			Footnote No. <u>                    </u>
b. Number of dependents claimed <u>      1      </u>	18.	<u>0.00</u>	
19. Monthly FICA or self-employment taxes	19.	<u>0.00</u>	
20. Monthly Medicare payments	20.	<u>0.00</u>	
21. Monthly mandatory union dues	21.	<u>0.00</u>	
22. Monthly mandatory retirement payments	22.	<u>0.00</u>	
23. Monthly health insurance payments (including dental insurance), excluding portion paid for any minor children of this relationship	23.	<u>0.00</u>	
24. Monthly court-ordered child support actually paid for children from another relationship	24.	<u>0.00</u>	
25. Monthly court-ordered alimony actually paid			
25a. from this case: <u>      \$ 0.00      </u>			
25b from other case(s): <u>      0.00      </u>	Add 25a and 25b	25.	<u>0.00</u>
<b>26. TOTAL DEDUCTIONS ALLOWABLE UNDER SECTION 61.30, FLORIDA STATUTES</b> (Add lines 18 through 25)	<b>26. \$</b>	<b><u>0.00</u></b>	
<b>27. PRESENT NET MONTHLY INCOME</b> (Subtract line 26 from line 17)	<b>27. \$</b>	<b><u><u>0.00</u></u></b>	

## 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 provide additional pages showing the other expenses

### HOUSEHOLD

1. Mortgage or Rent Payments	1.	0.00
2. Property Taxes and Insurance	2.	0.00
3. Condo/Homeowner's Association Fee	3.	0.00
4. Electricity	4.	0.00
5. Water, Garbage and Sewer	5.	0.00
6. Telephone	6.	0.00
7. Fuel Oil or Natural Gas	7.	0.00
8. Repairs and Maintenance	8.	0.00
9. Lawn and Pool Care	9.	0.00
10. Pest Control	10.	0.00
11. Misc. Household	11.	0.00
12. Cable TV	12.	0.00
13. Food and Household Items	13.	0.00
14. Meals Outside Home	14.	0.00
15. Alarm	15.	0.00
16. Service Contracts on Appliances	16.	0.00
17. Domestic Help & FICA	17.	0.00
18. Internet Services	18.	0.00
<b>19. SUBTOTAL</b> (add lines 1 through 18)	<b>19.</b>	<b>0.00</b>

### AUTOMOBILE

20. Gasoline and Oil	20.	0.00
21. Repairs	21.	0.00
22. Auto Tags and License	22.	0.00
23. Auto Insurance	23.	0.00
24. Car Payments	24.	0.00
25. Auto Rental/Replacement Cost	25.	0.00
26. Alternative Transportation	26.	0.00
27. Tolls and Parking	27.	0.00
<b>28. SUBTOTAL</b> (add lines 20 through 27)	<b>28.</b>	<b>0.00</b>

### CHILDREN'S EXPENSE

29. Nursery, Babysitting or Daycare	29.	0.00
30. School Tuition	30.	0.00
31. School Supplies and Books, Fees	31.	0.00
32. After School Activities	32.	0.00
33. Lunch Money	33.	0.00
34. Private Lessons / Tutoring	34.	0.00
35. Allowance	35.	0.00
36. Clothing / Uniforms	36.	0.00
37. Entertainment (Movies, Parties, Etc)	37.	0.00

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### CHILDREN'S EXPENSE

38. Health Insurance	38.	0.00
39. Medical, Dental, Prescriptions	39.	0.00
40. Psychiatric, Psychological, Counc	40.	0.00
41. Vitamins	41.	0.00
42. Grooming	42.	0.00
43. Non-Prescription Medications	43.	0.00
44. Cosmetics/Toiletries and Sundries	44.	0.00
45. Gifts From Children to Others	45.	0.00
46. Vacation	46.	0.00
47. Camp or/and Other Summer Activities	47.	0.00
48. Clubs ( Boy/Girl Scouts, Etc)	48.	0.00
49. Visitation Expense (Non-Res Parent)	49.	0.00
50. Orthodontic	50.	0.00
51. Miscellaneous	51.	0.00
<b>52. SUBTOTAL</b> (add lines 29 through 51)	<b>52.</b>	<b>0.00</b>

### CHILD(REN) ANOTHER RELATIONSHIP

53. There are none	53.	0.00
<b>54. SUBTOTAL</b> (add lines 53 through 53)	<b>54.</b>	<b>0.00</b>

### INSURANCE

55. Health Insurance-Excluding Children	55.	0.00
56. Life Insurance	56.	0.00
57. Dental Insurance	57.	0.00
<b>58. SUBTOTAL</b> (add lines 55 through 57)	<b>58.</b>	<b>0.00</b>

### OTHER

59. Dry Cleaning & Laundry	59.	0.00
60. Clothing	60.	0.00
61. Medical, Dental and Prescriptions	61.	0.00
62. Psychiatric, Psychological, Couns	62.	0.00
63. Non-Prescription Drugs	63.	0.00
64. Cosmetics, Toiletries, Sundries	64.	0.00
65. Grooming	65.	0.00
66. Gifts Unrelated to Children	66.	0.00
67. Pet Expenses	67.	0.00
68. Veterinarian / Grooming	68.	0.00
69. Club Dues and Memberships	69.	0.00
70. Sports and Hobbies	70.	0.00
71. Entertainment	71.	0.00
72. Newspapers, Magazine and Subscript	72.	0.00

**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 provide additional pages showing the other expenses

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**OTHER**

73. Vacations	73.	0.00
74. Religious Organizations	74.	0.00
75. Bank Charges/ Credit Card Fees	75.	0.00
76. Education Expenses	76.	0.00
77. Professional Expenses	77.	0.00
78. Postage and Stationery	78.	0.00
<b>79. SUBTOTAL</b> (add lines 59 through 78)	<b>79.</b>	<b>0.00</b>

**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 provide additional pages showing the other expenses

**LIABILITY PAYMENTS**

80. Unsecured Liability	80.	<u>0.00</u>
<b>81. SUBTOTAL</b> (add lines 80 through 80)	81. \$	<u>0.00</u>
<b>82. TOTAL MONTHLY EXPENSES:</b>	82. \$	<u><u>0.00</u></u>

**SUMMARY**

<b>83. PRESENT MONTHLY NET INCOME</b> (from line 27 of SECTION I. INCOME)	83. \$	<u>0.00</u>
<b>84. TOTAL MONTHLY EXPENSES</b> (from line 82. above)	84. \$	<u>0.00</u>
<b>85. SURPLUS</b> (if line 83 is greater than line 84) (Subtract line 84 from line 83)	85. \$	<u><u>          </u></u>
<b>86. (DEFICIT)</b> (if line 84 is greater than line 83) (Subtract line 83 from line 84)	86. \$	<u><u>          </u></u>

**SECTION III. ASSETS AND LIABILITIES**

The box next to each description is checked with an X if any portion of the value is shown as going to this party on his/her equitable distribution worksreen and indicates that he/she desires some or all of that asset or liability.

Use the nonmarital column only if this is a petition for dissolution of marriage and you believe an item is all or part "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 item owned by you (and/or your spouse, if this is a petition for dissolution of marriage).

	FNN	Current Fair Market Value	Nonmarital ( <input checked="" type="checkbox"/> Correct Column)	
			WIFE	HUSBAND
<b>Cash On Hand and In Banks</b>				
<input type="checkbox"/> Cash		0	<input type="checkbox"/>	<input type="checkbox"/>
Totals		0		
<b>Stocks and Bonds</b>				
<input type="checkbox"/> Stock		0	<input type="checkbox"/>	<input type="checkbox"/>
Totals		0		
<b>Real Estate Assets</b>				
<input type="checkbox"/> Real Estate		0	<input type="checkbox"/>	<input type="checkbox"/>
Totals		0		
<b>Business Interests</b>				
<input type="checkbox"/> Other Business		0	<input type="checkbox"/>	<input type="checkbox"/>
Totals		0		
<b>Transportation Assets</b>				
<input type="checkbox"/> Automobile		0	<input type="checkbox"/>	<input type="checkbox"/>
Totals		0		
<b>Retirement Assets</b>				
<input type="checkbox"/> Retirement Plan		0	<input type="checkbox"/>	<input type="checkbox"/>
Totals		0		
<b>Insurance Assets</b>				
<input type="checkbox"/> Life Insurance		0	<input type="checkbox"/>	<input type="checkbox"/>
Totals		0		
<b>Furniture and Fixtures Assets</b>				
<input type="checkbox"/> Furniture		0	<input type="checkbox"/>	<input type="checkbox"/>
Totals		0		
<b>Tangible Other Assets</b>				
<input type="checkbox"/> Other Tangible		0	<input type="checkbox"/>	<input type="checkbox"/>
Totals		0		
<b>Miscellaneous Assets</b>				
<input type="checkbox"/> Miscellaneous		0	<input type="checkbox"/>	<input type="checkbox"/>
Totals		0		
Total Assets		0		



**B. LIABILITIES:**

DESCRIPTION OF ITEM(S). List a description of each item owed by you  
(and/or your spouse, if this is a petition for dissolution of marriage).

Current Fair  
FNN Market Value

Nonmarital  
( Correct Column)  
WIFE HUSBAND

<input type="checkbox"/> Unsecured Liability		0	<input type="checkbox"/>	<input type="checkbox"/>
Totals For Unsecured Liabilities		0		
<b>Totals Liabilities</b>		<u>0</u>		

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

Totals Assets	\$	0
Totals Liabilities		0
<b>Total Net Worth (Assets minus Liabilities)</b>	\$	<u>0</u>

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

	<u>FNN</u>	<u>Possible Value</u>	Nonmarital ( <input checked="" type="checkbox"/> ) Correct Column)	
			<u>WIFE</u>	<u>HUSBAND</u>
<b>Contingent Assets</b>				
<input type="checkbox"/> Contingent Asset		0	<input type="checkbox"/>	<input type="checkbox"/>
Totals		<u>0</u>		
<b>Contingent Liabilities</b>				
<input type="checkbox"/> Contingent Liability		0	<input type="checkbox"/>	<input type="checkbox"/>
Totals		<u>0</u>		
Total Net Contingent Assets / Liabilities		<u><u>0</u></u>		

**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 (X)no.

CHILD SUPPORT GUIDELINES WORKSHEET. ( Florida Family Law Form 12.901(g), Child Support Guidelines Worksheet, MUST be filed in all cases in which the parties have a minor child in common, INCLUDING modifications of child support.)

[  one only]

A Child Support Guidelines Worksheet IS being filed in this case. The parties have a minor child(ren) 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 child(ren) in common or, if one of the parties is requesting a modification of a previous court order, child support is not an issue.

**I understand that I am swearing 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.**

\_\_\_\_\_

,  
Telephone :  
Telefax :

**STATE OF**  
**COUNTY OF**

Sworn to (or affirmed) and subscribed before me on \_\_\_\_\_, 20\_\_ by

\_\_\_\_\_

\_\_\_\_\_  
**NOTARY PUBLIC - STATE OF**

\_\_\_\_\_ Personally known

\_\_\_\_\_ Produced identification

Type of identification produced \_\_\_\_\_

\_\_\_\_\_  
Notary Printed / Stamped Name

I HEREBY CERTIFY that a copy of this document has been \_\_\_ mailed, \_\_\_ telefaxed, \_\_\_ hand delivered to the person(s) listed below on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

,  
Fax Number:

\_\_\_\_\_

,  
Telephone :  
Telefax :  
Bar Number :