

IN THE CIRCUIT COURT FOR PINELLAS COUNTY, FLORIDA  
FAMILY LAW DIVISION

Case No. \_\_\_\_\_

In Re: The Marriage Of:

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

I, (*full legal name*) \_\_\_\_\_, being sworn, certify that the following information is true:

**SECTION I. INCOME**

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

1. Date of Birth: \_\_\_\_\_
2. My occupation is: \_\_\_\_\_
3. I am currently: \_\_\_\_\_

**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:

\_\_\_\_\_

\_\_\_\_\_ b. Employed by: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip code: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

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 affect your income:

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, Zip code: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

**LAST YEAR'S GROSS INCOME:**                      Your Income                      Other Party's Income (if known)  
 YEAR: \_\_\_\_\_                      \$ \_\_\_\_\_                      \$ \_\_\_\_\_

**PRESENT MONTHLY GROSS INCOME:**

All amounts must be MONTHLY. See the instructions with this form to figure out money amounts for anything that is NOT paid monthly. Attach more paper, if needed. Items included under "other" 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.) ( <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: 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) ( <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 payments to the extent that they reduce personal living expenses ( <input type="checkbox"/> Attach sheet itemizing income and expense items.)	13.	
14.	Monthly gains derived from dealing in property (not including nonrecurring gains)	14.	

Any other income of a recurring nature (identify source)

15.		15.	
16.		16.	
17.	<b>PRESENT MONTHLY GROSS INCOME (Add lines 1-16)</b>	<b>TOTAL:</b>	<b>17. \$</b>

**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 monthly.

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 25a. from this case: \$ _____ 25b. from other case(s): \$ _____ Add 25a and 25b	25.	
26.	<b>TOTAL DEDUCTIONS ALLOWABLE UNDER SECTION 61.30, FLORIDA STATUTES (Add lines 18 through 25) TOTAL:</b>	26.	\$
27.	<b>PRESENT NET MONTHLY INCOME: Subtract line 26 from line 17</b>	27.	\$

**SECTION II. AVERAGE MONTHLY EXPENSES.**

**Proposed/Estimated Expenses.** If this is a dissolution of marriage case **and** your current expenses as listed below do not reflect what you actually pay currently, you should write “estimate” next to each amount that is estimated.

**HOUSEHOLD:**

1.	Monthly mortgage or rent payments	1.	\$
2.	Monthly property taxes (if not included in mortgage)	2.	
3.	Monthly insurance on residence (if not included in mortgage)	3.	
4.	Monthly condominium maintenance fees and homeowner’s association fees	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 misc. household	13.	
14.	Monthly food and home supplies	14.	
15.	Monthly meals outside home	15.	
16.	Monthly cable t.v.	16.	
17.	Monthly alarm service contract	17.	
18.	Monthly service contracts on appliances	18.	
19.	Monthly maid service	19.	
Other:			
20.		20.	
21.		21.	
22.		22.	
23.		23.	
24.		24.	
25.	<b>SUBTOTAL (add lines 1 through 24)</b>	25.	\$

**AUTOMOBILE:**

26.	Monthly gasoline and oil	26.	\$
27.	Monthly repairs	27.	
28.	Monthly auto tags and emission testing	28.	
29.	Monthly insurance	29.	
30.	Monthly payments (lease or financing)	30.	
31.	Monthly rental/replacements	31.	
32.	Monthly alternative transportation (bus, rail, car pool, etc.)	32.	
33.	Monthly tolls and parking	33.	
34.	Other:	34.	
35.	<b>SUBTOTAL (add lines 26 through 34)</b>	35.	\$

**MONTHLY EXPENSES FOR CHILD(REN) COMMON TO BOTH PARTIES**

36.	Monthly nursery, babysitting, or day care	36.	\$
37.	Monthly school tuition	37.	
38.	Monthly school supplies, books, and fees	38.	
39.	Monthly after school activities	39.	
40.	Monthly lunch money	40.	
41.	Monthly private lessons or tutoring	41.	
42.	Monthly allowances	42.	
43.	Monthly clothing and uniforms	43.	
44.	Monthly entertainment (movies, parties, etc.)	44.	
45.	Monthly health insurance	45.	
46.	Monthly medical, dental, prescriptions (nonreimbursed only)	46.	
47.	Monthly psychiatric/psychological/counselor	47.	
48.	Monthly orthodontic	48.	
49.	Monthly vitamins	49.	
50.	Monthly beauty parlor/barber shop	50.	
51.	Monthly nonprescription medication	51.	
52.	Monthly cosmetics, toiletries, and sundries	52.	
53.	Monthly gifts from child(ren) to others (other children, relatives, teachers, etc.)	53.	

54.	Monthly camp or summer activities	54.	
55.	Monthly clubs (Boy/Girl Scouts, etc.)	55.	
56.	Monthly access expenses (for nonresidential parent)	56.	
57.	Monthly miscellaneous	57.	
<b>58.</b>	<b>SUBTOTAL (add lines 36 through 57)</b>	<b>58.</b>	<b>\$</b>

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

59.		59.	\$
60.		60.	
61.		61.	
62.		62.	
<b>63.</b>	<b>SUBTOTAL (add lines 59 through 62)</b>	<b>63.</b>	<b>\$</b>

**MONTHLY INSURANCE**

64.	Health insurance, excluding portion paid for any minor child(ren) of this relationship)	64.	\$
65.	Life insurance	65.	
66.	Dental insurance	66.	

Other:

67.		67.	
68.		68.	
<b>69.</b>	<b>SUBTOTAL (add lines 64 through 68)</b>	<b>69.</b>	<b>\$</b>

**OTHER MONTHLY EXPENSES NOT LISTED ABOVE:**

70.	Monthly dry cleaning and laundry	70.	\$
71.	Monthly clothing	71.	
72.	Monthly medical, dental, and prescription (unreimbursed only)	72.	
73.	Monthly psychiatric, psychological, and counselor (unreimbursed only)	73.	
74.	Monthly non-prescription medications, cosmetics, toiletries, and sundries	74.	
75.	Monthly grooming	75.	
76.	Monthly gifts	76.	
77.	Monthly pet expenses	77.	
78.	Monthly club dues and membership	78.	

79.	Monthly sports and hobbies	79.	
80.	Monthly entertainment	80.	
81.	Monthly periodicals/books/tapes/CD's	81.	
82.	Monthly vacations	82.	
83.	Monthly religious organizations	83.	
84.	Monthly bank charges/credit card fees	84.	
85.	Monthly education expenses	85.	

Other: (include any usual and customary expenses not otherwise mentioned in the items listed above)

86.		86.	
87.		87.	
88.		88.	
89.		89.	
90.	<b>SUBTOTAL (add lines 70 through 89)</b>	90.	\$

**MONTHLY PAYMENTS TO CREDITORS:** (only when payments are currently made by you on outstanding balances.)

**NAME OF CREDITOR(S):**

91.		91.	\$
92.		92.	
93.		93.	
94.		94.	
95.		95.	
96.		96.	
97.		97.	
98.		98.	
99.		99.	
100.		100.	
101.		101.	
102.		102.	
103.		103.	
104.	<b>SUBTOTAL (add lines 91 through 103)</b>	104.	\$

105.	<b>TOTAL MONTHLY EXPENSES:</b> (add lines 25, 35, 58, 63, 69, 90 and 104 of Section II. Expenses)	105.	\$
------	--	------	----

**SUMMARY**

106.	<b>TOTAL PRESENT MONTHLY NET INCOME</b> (from line 27 of SECTION I. INCOME)	106.	\$
107.	<b>TOTAL MONTHLY EXPENSES</b> (from line 105 above)	107.	\$
108.	<b>SURPLUS</b> (If line 106 is more than line 107, subtract line 107 from line 106. This is the amount of your surplus. Enter that amount here.)	108.	\$
109.	<b>(DEFICIT)</b> (If line 107 is more than line 106, subtract line 106 from line 107. This is the amount of your deficit. Enter that amount here.)	109.	\$

**SECTION III. ASSETS AND LIABILITIES**

**A. ASSETS (This is where you list what you OWN.)**

**INSTRUCTIONS:**

**STEP 1:** In column A, list a description of each separate item owned by you (and/or your spouse, if this is a petition for dissolution of marriage). Blank spaces are provided if you need to list more than one of an item.

**STEP 2:** If this is a petition for dissolution of marriage, check the box in Column A next to any item that you are requesting the judge award to you.

**STEP 3:** In column B, write what you believe to be the current fair market value of all items listed.

**STEP 4:** Use column C 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 belongs. (Typically, you will only use Column C if property was owned by one spouse before the marriage. See the “General Information for Self-Represented Litigants” found at the beginning of these forms and section 61.075(1), Florida Statutes, for definitions of “marital” and “nonmarital” assets and liabilities.)

A ASSETS AND DESCRIPTION OF ITEM(S)  <input type="checkbox"/> the box next to any asset(s) which you are requesting the judge to award to you	B Current Fair Market Value	C Nonmarital ( <input type="checkbox"/> correct column)	
		husband	wife
<input type="checkbox"/> Cash (on hand)	\$		
<input type="checkbox"/> Cash (in banks or credit unions)			
<input type="checkbox"/>			
<input type="checkbox"/> Stocks/Bonds			
<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"/> Money owed to you (not evidenced by a note)			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/> Real estate: (Home)			
<input type="checkbox"/> (Other)			
<input type="checkbox"/>			

<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/> Business interests			
<input type="checkbox"/>			
<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 & furnishings in home			
<input type="checkbox"/>			
<input type="checkbox"/> Furniture & furnishings elsewhere			
<input type="checkbox"/>			
<input type="checkbox"/> Collectibles			
<input type="checkbox"/>			
<input type="checkbox"/> Jewelry			

<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"/>			
<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"/>			
<input type="checkbox"/>			
<b>Total Assets (add column B)</b>	<b>\$</b>		

**B. LIABILITIES/DEBTS (This is where you list what you OWE.)**

**INSTRUCTIONS:**

**STEP 1:** In column A, list a description of each separate debt owed by you (and/or your spouse, if this is a petition for dissolution of marriage). Blank spaces are provided if you need to list more than one of an item.

**STEP 2:** If this is a petition for dissolution of marriage, check the box in Column A next to any debt(s) for which you believe you should be responsible.

**STEP 3:** In column B, write what you believe to be the current amount owed for all items listed.

**STEP 4:** Use column C only if this is a petition for dissolution of marriage and you believe an item is “nonmarital,” meaning the debt belongs to only one of you and should not be divided. You should indicate to whom you believe the debt belongs. (Typically, you will only use Column C if the debt was owed by one spouse before the marriage. See the “General Information for Self-Represented Litigants” found at the beginning of these forms and section 61.075(1), Florida Statutes, for definitions of “marital” and “nonmarital” assets and liabilities.)

<p style="text-align: center;"><b>A</b></p> <p style="text-align: center;"><b>LIABILITIES AND DESCRIPTION OF ITEM(S)</b></p> <p><input type="checkbox"/> the box next to any debt(s) for which you believe you should be responsible</p>	<p style="text-align: center;"><b>B</b></p> <p style="text-align: center;"><b>Current Money Owed</b></p>	<p style="text-align: center;"><b>C</b></p> <p style="text-align: center;"><b>Nonmarital</b></p> <p style="text-align: center;"><input type="checkbox"/> correct column</p>	
		husband	wife
<input type="checkbox"/> Mortgages on real estate: (Home)	\$		
<input type="checkbox"/> (Other)			
<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"/> Auto loan			
<input type="checkbox"/> Auto loan			
<input type="checkbox"/> Bank/Credit Union 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"/> Judgments			
<input type="checkbox"/>			
<input type="checkbox"/> Other			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<b>Total Debts (add column B)</b>	<b>\$</b>		

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

Total Assets (enter total of Column B in Asset Table; Section A) \$ \_\_\_\_\_  
Total Liabilities (enter total of Column B in Liabilities Table; Section B) \$ \_\_\_\_\_

<b>TOTAL NET WORTH (Total Assets minus Total Liabilities) (excluding contingent assets and liabilities)</b>	<b>\$</b>
---	-----------

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

<b>A</b> <b>Contingent Assets</b> <input type="checkbox"/> the box next to any contingent asset which you are requesting the judge award to you	<b>B</b> <b>Possible Value</b>	<b>C</b> <b>Nonmarital</b> <input type="checkbox"/> correct column)	
		husband	wife
<input type="checkbox"/>	\$		
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<b>Total Contingent Assets</b>	\$		

<b>A</b> <b>Contingent Liabilities</b> <input type="checkbox"/> the box next to any contingent debt for which you believe you should be responsible	<b>B</b> <b>Possible Amount Owed</b>	<b>C</b> <b>Nonmarital</b> <input type="checkbox"/> correct column)	
		husband	wife
<input type="checkbox"/>	\$		
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<b>Total Contingent Liabilities</b>	\$		

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, explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

F. **CHILD SUPPORT GUIDELINES WORKSHEET.**  Florida Family Law Rules of Procedure Form 12.902(e), 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.  
[  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 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**

I certify that a copy of this Financial Affidavit was ( ) mailed, ( ) faxed and mailed, or ( ) hand delivered to \_\_\_\_\_ on \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
KOCH, SMITH & HOFFMAN, P.A.  
200 N. GARDEN AVENUE, SUITE A  
CLEARWATER, FL 33755  
PHONE: (727) 446-6248  
FAX: (727) 446-9113  
SPN \_\_\_\_\_ FBN \_\_\_\_\_  
Attorney for \_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF PINELLAS

Sworn to or affirmed and signed before me on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, in the aforesaid County and State by \_\_\_\_\_.

\_\_\_\_\_  
Notary Public - State of Florida

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

\_\_\_\_\_ Produced Identification:

[Print, type, or stamp commissioned name of notary]

Type of Identification Produced: \_\_\_\_\_