

IN THE CIRCUIT COURT OF THIRTEENTH JUDICIAL CIRCUIT
STATE OF FLORIDA, COUNTY OF HILLSBOROUGH
FAMILY LAW DIVISION

IN RE: THE MATTER OF:

CASE NO.: To be Filed

Petitioner/Wife,

and

DIVISION: To be Filed

Respondent/Husband.

Family Law Financial Affidavit (Long Form) as of April 2022

I, _____, being sworn, certify that the following information is true and correct to the best of my knowledge and belief:

SECTION I.: INCOME

1. My age is: _____

2. My occupation is: _____

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: _____

b. Employed by: _____

Address: _____

City, State, Zip Code: _____

Telephone Number: _____

Pay rate: _____ () every week () every other week () twice a month () monthly

other: _____

If you expect 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 <i>(if known)</i>
YEAR _____	_____	_____

PRESENTLY MONTHLY GROSS INCOME:

All amounts must be MONTHLY. See the instructions with this form to calculate 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
2. _____ Monthly bonuses, commissions, allowances, overtime, tips and similar payments
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)
4. _____ Monthly disability benefits/SSI
5. _____ Monthly Workers' Compensation
6. _____ Monthly Unemployment Compensation
7. _____ Monthly pension, retirement, or annuity payments
8. _____ Monthly Social Security benefits
9. _____ Monthly alimony actually received (Add 9a and 9b)
 - 9a. From this case: \$ _____
 - 9b. From other case(s) \$ _____
10. _____ Monthly interest and dividends
11. _____ Monthly rental income (gross receipts minus ordinary and necessary expenses required to produce income) (Attach sheet itemizing such income and expense items)
12. _____ Monthly income from royalties, trusts, or estates
13. _____ Monthly reimbursed expenses and in-kind payments to the extent that they reduce personal living expenses (Attach sheet itemizing each item and amount)
14. _____ Monthly gains derived from dealing in property (not including nonrecurring gains)
Any other income of a recurring nature (identify source)
15. _____
16. _____
17. _____ **\$0.00 TOTAL PRESENT MONTHLY GROSS INCOME (Add lines 1-16)**

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 _____

- 19. _____ Monthly FICA of self-employment taxes
- 20. _____ Monthly Medicare payments
- 21. _____ Monthly Social Security
- 22. _____ Monthly mandatory union dues
- 23. _____ Monthly mandatory retirement benefits
- 24. _____ Monthly health insurance payments (including dental insurance), excluding any portion paid for any minor children of this relationship
- 25. _____ Monthly court-ordered child support actually paid for children from another relationship
- 26. _____ Monthly court-ordered alimony actually paid
 - 25a. from this case: _____
 - 25b. from other case(s): _____

Add 25a and 25b

27. **\$0.00** **TOTAL DEDUCTIONS ALLOWABLE UNDER SECTION 61.30, FLORIDA STATUTES**
 (Add lines 18 through 25)

28 **\$0.00** **PRESENT NET MONTHLY INCOME** (Subtract line 26 from line 17)

SECTION II.: AVERAGE MONTHLY EXPENSES

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

A. HOUSEHOLD:

- 1. _____ Monthly mortgage or rent payments
- 2. _____ Monthly property taxes (if not included in mortgage)
- 3. _____ Monthly insurance on residence (if not included in mortgage)
- 4. _____ Monthly condominium maintenance fees and homeowner's association fees
- 5. _____ Monthly electricity
- 6. _____ Monthly water, garbage, and sewer
- 7. _____ Monthly house telephone
- 8. _____ Monthly fuel oil or natural gas
- 9. _____ Monthly repairs and maintenance
- 10. _____ Monthly lawn care
- 11. _____ Monthly pool maintenance
- 12. _____ Monthly pest control
- 13. _____ Monthly misc. household
- 14. _____ Monthly food and home supplies (includes food for the children)
- 15. _____ Monthly meals outside home
- 16. _____ Monthly cable/satellite & Internet
- 17. _____ Monthly alarm service contract
- 18. _____ Monthly service contracts on appliances
- 19. _____ Monthly maid service

Other:

- 20. _____
- 21. _____
- 22. _____
- 23. _____
- 24. _____

25. **\$0.00** **SUBTOTAL** (add lines 1 through 24)

AUTOMOBILE:

- 26. _____ Monthly gasoline and oil
- 27. _____ Monthly repairs
- 28. _____ Monthly auto tags and emission testing
- 29. _____ Monthly insurance
- 30. _____ Monthly payments (lease or financing)
- 31. _____ Monthly rental/replacements
- 32. _____ Monthly alternative transportation (bus, rail, car pool, etc.)
- 33. _____ Monthly tolls and parking
- 34. _____ Other: _____

35. _____ \$0.00 SUBTOTAL (add lines 26 through 34)

MONTHLY EXPENSES FOR CHILDREN COMMON TO BOTH PARTIES

- 36. _____ Monthly nursery, babysitting, or day care
- 37. _____ Monthly school tuition
- 38. _____ Monthly school supplies, books, and fees
- 39. _____ Monthly after school activities
- 40. _____ Monthly lunch money
- 41. _____ Monthly private lessons or tutoring
- 42. _____ Monthly allowances
- 43. _____ Monthly clothing and uniforms
- 44. _____ Monthly entertainment (movies, parties, etc.)
- 45. _____ Monthly health insurance
- 46. _____ Monthly medical, dental, prescriptions (nonreimbursed only)
- 47. _____ Monthly psychiatric/psychological/counselor
- 48. _____ Monthly orthodontic
- 49. _____ Monthly vitamins
- 50. _____ Monthly beauty parlor/barber shop incl shaving supplies)
- 51. _____ Monthly nonprescription medication
- 52. _____ Monthly cosmetics, toiletries, and sundries
- 53. _____ Monthly gifts from child(ren) to others (children, relatives, teachers, etc.)
- 54. _____ Monthly camp or summer activities
- 55. _____ Monthly clubs (Boy/Girl Scouts, etc.)
- 56. _____ Monthly access expenses (for nonresidential parent)
- 57. _____ Monthly miscellaneous

58. _____ \$0.00 SUBTOTAL (add lines 36 through 57)

MONTHLY EXPENSES FOR CHILD(REN) FROM ANOTHER RELATIONSHIP

(other than court-ordered child support)

- 59. _____
- 60. _____
- 61. _____
- 62. _____

63. _____ \$0.00 SUBTOTAL (add lines 59 through 62)

MONTHLY INSURANCE

64. _____ Health insurance, excluding portion paid for minor child(ren) of this relationship

65. _____ Life/disability insurance for Husband

66. _____ Dental insurance

Other:

67. _____

68. _____

69. **\$0.00** SUBTOTAL (add lines 64 through 68)

OTHER MONTHLY EXPENSES NOT LISTED ABOVE

70. _____ Monthly dry cleaning and laundry

71. _____ Monthly clothing

72. _____ Monthly medical, dental and prescription (unreimbursed only)

73. _____ Monthly psychiatric, psychological, and counselor (unreimbursed only)

74. _____ Monthly nonprescription medications, cosmetics, toiletries, and sundries

75. _____ Monthly grooming

76. _____ Monthly gifts

77. _____ Monthly pet expenses

78. _____ Monthly club dues and membership

79. _____ Monthly sports and hobbies

80. _____ Monthly entertainment

81. _____ Monthly periodicals/books/tapes/CD's

82. _____ Monthly vacations

83. _____ Monthly religious organizations

84. _____ Monthly bank charges/credit card fees

85. _____ Monthly education expenses

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

87. _____

88. _____

89. _____

90. **\$0.00** SUBTOTAL (add lines 70 through 89)

MONTHLY PAYMENTS TO CREDITORS (only when payments are currently made by you on outstanding balances). List only last 4 digits of account numbers.

MONTHLY PAYMENT AND NAME OF CREDITOR(s):

91. _____

92. _____

93. _____

94. _____

95. _____

96. _____

97. _____

98. _____

99. _____

100. _____

101. _____

102. _____

103. _____

104. \$0.00 **SUBTOTAL** (add lines 91 through 103)

105. \$0.00 **TOTAL MONTHLY EXPENSES** (add lines 25, 35, 58, 63, 69, 90, and
104 of Section II, Expenses)

SUMMARY

106. \$0.00 **TOTAL PRESENT MONTHLY NET INCOME** (from line 27 of SECTION I. INCOME)

107. \$0.00 **TOTAL MONTHLY EXPENSES** (from line 105 above)

108. \$0.00 **SURPLUS** (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.)

109. \$0.00 **(DEFICIT)** (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.)

SECTION III.: ASSETS AND LIABILITIES

SEE ATTACHED BALANCE SHEET

E. CHILD SUPPORT GUIDELINES WORKSHEET

Florida Family Law Rules of Procedure Form 12.902(2), Child Support Guidelines Worksheet, **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.

[Check **one** only]

- A Child Support Guidelines Worksheet IS or WILL Be filed in this case.** This case involved 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.

FOOTNOTES

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.

_____ Date

Signature of Party
Printed Name: _____

STATE OF FLORIDA
COUNTY OF _____

Sworn to or affirmed and signed before me by means of physical presence or online notarization on this _____ day of _____ 2023 by _____, who has produced a driver's license as a form of identification.

NOTARY PUBLIC, State of Florida
Printed, typed, or stamped commissioned name of Notary Public:

BALANCE SHEET				
	ASSETS and LIABILITIES	Currently Titled	M's Value	M's Value Date
A	Real Property			
1				
B	Vehicles			
1				
2				
C	Retirement			
1	W's 401(k)			
2	H's 401(k)			
3				
D	Other Assets			
1	None			
E	Bank Accounts			
1	Bank 1 Checking/Savings #			
2	Bank 2 Checking/Savings #			
3	Bank 3 Checking/Savings #			
F	Personal Property			
1	Furniture, Furnishings, Appliances & Housewares	J	TBD	TBD
G	Other Liabilities			
1	Credit Card #1			
2	Credit Card #2			
3	Personal loan			