

IN THE CIRCUIT COURT OF THE 11TH JUDICIAL CIRCUIT
IN AND FOR MIAMI-DADE COUNTY, FLORIDA

CASE NO: _____

_____,
Petitioner,

and

_____,
Respondent.

FINANCIAL AFFIDAVIT
Long form

STATE OF FLORIDA
COUNTY OF MIAMI-DADE

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

SECTION 1: EMPLOYMENT AND INCOME

OCCUPATION: _____

EMPLOYED BY: _____

ADDRESS: _____

PAY PERIOD: _____

RATE OF PAY: _____

LAST YEAR'S GROSS INCOME:	Your income	Other party's Income (<i>if known</i>)
Year: _____		

PRESENT MONTHLY GROSS INCOME

1. Present gross monthly salary or wages \$ _____
2. Monthly bonuses, commissions, allowances, overtime, tips, and similar payments _____
3. Monthly business income (Monthly income minus ordinary expenses req to produce income) _____
4. Monthly disability benefits/SSI _____
5. Monthly Workers' Compensation _____
6. Monthly unemployment compensation _____
7. Monthly pension, retirement or annuity _____
8. Monthly Social Security benefits _____
9. a) Monthly Alimony actually received from this case _____
b) Monthly Alimony actually received from another case _____
10. Monthly interest and dividends _____
11. Monthly rental income (gross receipt minus ordinary and necessary expenses to produce income) _____

12. Monthly income from royalties, trusts or estates _____
13. Monthly reimbursed expenses and in-kind payments to the extent that they reduce personal expenses _____
14. Monthly, non-recurring gains derived from dealing in property _____
15. Other income _____

GROSS MONTHLY INCOME----->

ALLOWABLE DEDUCTIONS

- 1) Monthly Taxes (federal, state and local) \$ _____
- 2) Monthly FICA or self Employment Taxes _____
- 3) Monthly Medicare payments _____
- 4) Monthly Social Security _____
- 4) Monthly mandatory union dues _____
- 5) Monthly mandatory retirement payments _____
- 6) Personal Medical Deductions _____
- 7) Child support for other children _____
- 8) Alimony from prior dissolutions _____

TOTAL DEDUCTIONS ALLOWED UNDER F.S. 61.30----->

TOTAL NET MONTHLY INCOME-----> \$

If unemployed, describe your efforts to find employment, how soon you expect to be employed and the pay expect to receive.

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.

If retired, date retired: _____ Name of employer: _____

Address of former employer: _____

_____ Check here if you currently have more than one job. List the information above for the second job(s) on a separate sheet of paper and attach it to this affidavit.

A. Housing Expenses

Mortgage or rent		Cable/Satellite	
Property taxes		Internet service	

Association fees		Telephone	
Maintenance/Repairs		Water and Sewers	
Insurance		Pest Control	
Landscaping		Misc.	
Electricity (Power)		Total Housing Expenses-->	

B. Personal Expenses

Food		Dry Cleaning/Laundry	
Meals outside the home		Affiant's beauty salon	
Affiant's Clothing		Cosmetics/Toiletries	
Misc.		Total Personal Expenses-->	

C. Automobile Expenses

Gas and Oil		Repairs	
Auto Tags and License		Car Insurance	
Misc.		Total Auto Expenses-->	

D. Medical Expenses

Medical Insurance		Co-Payments	
Dental Insurance		Prescriptions	
Misc.		Total Medical Expenses-->	

E. Child Expenses

Day/After School care		School tuition	
Lunch money		School Supplies	
Allowance		Clothing	
Activity fees		Grooming	
Medical Insurance		Dental Insurance	
Prescriptions		Co-Payments	
Medical supplements		Misc.	
		Total Child Expenses-->	

F. Other Expenses

Life insurance		Gifts to others	
Professional dues		Membership dues	
Social Dues		Tuition (for affiant)	
Vacations		Subscriptions	
Entertainment		Charity	
Religious donations		Misc.	
		Total other expenses-->	

G. Assets

Description of Asset	Comments	Current Fair Market Value	Owner
Total value of assets-->		0.00	

H. Liabilities

Creditor Name	Comments	Balance Owed	Monthly Payment	Owner
Total debts-->	(co) = charged-off	0.00	0.00	

I. Summary

Assets	Liabilities	Net Worth
0.00	0.00	0.00

J. Balance

Available income	Total - All Expenses	Balance

K. Contingent Assets.

Description	Possible Value	Owner
Total contingent assets-->	0.00	

J. Contingent Liabilities

Description	Possible liability	Owner
Total Contingent Liability-->	0.00	

I AM AWARE THAT ANY MATERIALLY FALSE STATEMENT, KNOWINGLY MADE WITH THE INTENT TO DEFRAUD OR MISLEAD SHALL SUBJECT ME TO THE PENALTY FOR PERJURY MAY BE CONSIDERED A FRAUD UPON THE COURT.

I certify that a true and correct copy of this financial affidavit was ____Mailed ____faxed and mailed this _____to: _____, _____, _____, (Fax: _____).

_____, Affiant

Acknowledge before me on _____, _____ by _____, who produced a _____ as identification and who did take oath.

NOTARY PUBLIC - STATE OF FLORIDA

All the expenses must be monthly. If you have an expense that is paid one a year, divide the expense by 12 and use that amount. For example, if you paid \$75.36 a year for your vehicle tag, you would then divided 75.36 by 12 and would enter 6.28 in the space for Vehicle Tag ($75.36 / 12 = 6.28$).

If during the year you spent \$250.00 on tires, 534.00 on A/C repair, and 210.00 to replace the alternator in your car, then you would add all the repair expenses together ($240.00 + 534.00 + 210.00 = 984.00$) and then divide 984.00 by 12 ($984.00 / 12 = 82$) and would enter \$82.00 in the space for vehicle repairs.