	IN THE CIRCUIT COURT OF THE	JUDICIAL CIRCUIT,
	IN AND FOR	COUNTY, FLORIDA
		Case No.:
		Division:
	Petitioner,	
	and	
	Respondent.	
	Respondent.	
		1 T T T T T T T T T T T T T T T T T T T
		AFFIDAVIT (LONG FORM)
	(\$50,000 or more Individ	dual Gross Annual Income)
l, {fı	ıll legal name}	
that	the following information is true:	
SEC	TION I. INCOME	
1.	My age is:	
2.	My occupation is:	
3.	I am currently	
	[Check all that apply]	
	a Unemployed	
	you expect to receive:	how soon you expect to be employed, and the pay
	bEmployed by:	
	Address:	
		Telephone Number:
	Pay rate: \$ () every week () ev	very other week () twice a month
	() monthly () other:	
	, , ,	d or change jobs soon, describe the change you income:
	<u> </u>	

	c Retired. Date of retire	ement:	
	Employer from whom retired: _		
	Address:		
			elephone Number:
LAST YE	AR'S GROSS INCOME:	Your Income	Other Party's Income (if known
	YEAR	\$	\$
PRESEN	T MONTHLY GROSS INCOME:		
anything		ach more paper, if needed.	m to figure out money amounts for Items included under "other" should
1. Ś	Monthly gross salary or wa	iges	
	Monthly bonuses, commiss		e, tips, and similar payments
	Monthly business income f		
			ceipts minus ordinary and necessary
			itemizing such income and expenses.)
4	Monthly disability benefits		recritizing such meanie and expenses,
	Monthly Workers' Comper		
	Monthly Unemployment C		
	Monthly pension, retireme		
	Monthly Social Security be		
9	Monthly alimony actually r		
	9a. From this case: \$		
4.0	9b. From other case(s): \$_		
	Monthly interest and divid		
11			and necessary expenses required to
4.0		sheet itemizing such income	e and expense items.)
	Monthly income from roya		
13	Monthly reimbursed exper		
		Attach sheet itemizing each	•
	Monthly gains derived from		
	Any other income of a recu		ce):
15			
16	TOTAL PRESENT MONT		
17. \$	TOTAL PRESENT MONT	THLY GROSS INCOME (Add	lines 1 through 16.)
	T MONTHLY DEDUCTIONS:		
		ne instructions with this for	m to figure out money amounts for
	g that is NOT paid monthly.	ad lacal income tay (correct	tod for filing status and allowable
1δ. \$			ted for filing status and allowable
	dependents and income	•	
	a. Filing Status	ha alaima ad	
40		ts claimed	
19.	Monthly FICA or self-emi	DIOVMENT TAXES	

		_ Monthly Medicare payments
		_ Monthly mandatory union dues
		_ Monthly mandatory retirement payments
23.		_ Monthly health insurance payments (including dental insurance), excluding portion paid for
24		any minor children of this relationship
24.		_ Monthly court-ordered child support actually paid for children from another relationship
25.		_ Monthly court-ordered alimony actually paid (Add 25a and 25b)
		25a. from this case: \$
		25b. from other case(s): \$
26.	Ś	TOTAL DEDUCTIONS ALLOWABLE UNDER SECTION 61.30, FLORIDA STATUTES
	Ψ	(Add lines 18 through 25.)
		(//dd iii/c3 13 tiii/34gii 23.)
27.	\$	PRESENT NET MONTHLY INCOME
		(Subtract line 26 from line 17.)
SEC	TION II.	. AVERAGE MONTHLY EXPENSES
Proj	posed/I	Estimated Expenses. If this is a dissolution of marriage case and your expenses as listed
belo	w do n	ot reflect what you actually pay currently, you should write "estimate" next to each amount
that	is estin	nated.
ноі	JSEHOL	.D:
		Monthly mortgage or rent payments
		Monthly property taxes (if not included in mortgage)
		Monthly insurance on residence (if not included in mortgage)
		Monthly condominium maintenance fees and homeowner's association fees
		Monthly electricity
		Monthly water, garbage, and sewer
		Monthly telephone
		Monthly fuel oil or natural gas
		Monthly repairs and maintenance
		Monthly lawn care
		Monthly pool maintenance
12.		Monthly pest control
		Monthly misc. household
		Monthly food and home supplies
		Monthly meals outside home
		Monthly cable t.v.
17.		
		Monthly service contracts on appliances
		Monthly maid service
Oth		
20.		
21.		
23.		
24.		
25.	\$	SUBTOTAL (Add lines 1 through 24.)

	AUTON	MOBILE:
26.	\$	_ Monthly gasoline and oil
		Monthly repairs
28.		Monthly auto tags and emission testing
		Monthly insurance
31.		Monthly rental/replacements
32.		Monthly alternative transportation (bus, rail, car pool, etc.)
33.		Monthly tolls and parking
34.		Other:
35.	\$	SUBTOTAL (Add lines 26 through 34.)
MC	NTHLY	EXPENSES FOR CHILDREN COMMON TO BOTH PARTIES:
36.	\$	_ Monthly nursery, babysitting, or day care
		_ Monthly school tuition
		Monthly school supplies, books, and fees
39.		Monthly after school activities
40.		Monthly lunch money
41.		_ Monthly private lessons or tutoring
		_ Monthly allowances
		Monthly clothing and uniforms
		Monthly entertainment (movies, parties, etc.)
		Monthly health insurance
		Monthly medical, dental, prescriptions (nonreimbursed only)
		Monthly psychiatric/psychological/counselor
48.		Monthly orthodontic
49.		_ Monthly vitamins
		Monthly beauty parlor/barber shop
		Monthly nonprescription medication
52.		_ Monthly cosmetics, toiletries, and sundries
		Monthly gifts from child(ren) to others (other children, relatives, teachers, etc.)
54.		_ Monthly camp or summer activities
		Monthly clubs (Boy/Girl Scouts, etc.)
56.		Monthly time-sharing expenses
57.		Monthly miscellaneous
58.	\$	SUBTOTAL (Add lines 36 through 57.)
MC	NTHLY	EXPENSES FOR CHILD(REN) FROM ANOTHER RELATIONSHIP
		court-ordered child support)
60.		
62.		
63.	\$	SUBTOTAL (Add lines 59 through 62.)

MONT	HLY INSURANCE:
64. \$_	Health insurance (if not listed on lines 23 or 45)
65	Life insurance
66	Dental insurance.
Oth	er:
67	
68	
69. \$_	SUBTOTAL (Add lines 66 through 68, exclude lines 64 and 65.)
OTHER	MONTHLY EXPENSES NOT LISTED ABOVE:
70. \$_	Monthly dry cleaning and laundry
71	Monthly clothing
	Monthly medical, dental, and prescription (unreimbursed only)
	Monthly psychiatric, psychological, or counselor (unreimbursed only)
	Monthly non-prescription medications, cosmetics, toiletries, and sundries
75	Monthly grooming
	Monthly gifts
	Monthly pet expenses
78	Monthly club dues and membership
79	Monthly sports and hobbies
	Monthly entertainment
81	Monthly periodicals/books/tapes/CDs
82	Monthly vacations
83	Monthly religious organizations
84	Monthly bank charges/credit card fees
85	Monthly education expenses
	Other: (include any usual and customary expenses not otherwise mentioned in the items listed above)
87	
88	
89	
90. \$_	SUBTOTAL (Add lines 70 through 89.)
balanc MONT	HLY PAYMENTS TO CREDITORS: (only when payments are currently made by you on outstanding es). List only last 4 digits of account numbers. HLY PAYMENT AND NAME OF CREDITOR(s):
92.	
93.	
94.	
95.	
96.	
97.	
98.	
99.	
100.	
101.	

102	
103	
104. \$	SUBTOTAL (Add lines 91 through 103.)
105.\$	TOTAL MONTHLY EXPENSES:
	(Add lines 25, 35, 58, 63, 69, 90, and 104 of Section II, Expenses.)
SUMMARY	
106. \$	TOTAL PRESENT MONTHLY NET INCOME (from line 27 of SECTION I. INCOME)
107. \$	TOTAL MONTHLY EXPENSES (from line 105 above)
108. \$	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. (\$) (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

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

INSTRUCTIONS:

<u>STEP 1</u>: 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 line **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.

<u>STEP 4</u>: 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.)

B Current Fair Market Value	C Nonmarital (Check correct column)	
	Petitioner	Respondent
\$		
	Current Fair Market Value	Current Fair (Check corre Value Petitioner

	Other vehicles		
	Other verifices		
	Retirement plans (Profit Sharing, Pension, IRA,		
	401(k)s, etc.)		
	+		
	1 25		
	Furniture & furnishings in home		
	Furniture & furnishings elsewhere		
	Collectibles		
	lovels		
	Jewelry		
	Life insurance (cash surrender value)		
L			
	Sporting and entertainment (T.V., stereo, etc.)		
	equipment		
	+		
	+		
	Other assets:		
		 	
	+		
Total 4	Assets (add column B)	\$	
		<u> </u>	i

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.

<u>STEP 2</u>: If this is a petition for dissolution of marriage, check the line **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.

<u>STEP 4</u>: 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 <u>Self-Represented</u> 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 LIABILITIES: DESCRIPTION OF ITEM(S) LIST ONLY LAST FOUR DIGITS OF ACCOUNT NUMBERS. Check the line next to any debt(s) for which you believe	B Current Amount Owed	C Nonmarital (Check correct column)	
Check the line next to any debt(s) for which you believe you should be responsible.		Petitioner	Respondent
Mortgages on real estate: First mortgage on home	\$		
Second mortgage on home			
Other mortgages			
Charge/credit card accounts			
Auto Ioan			
Auto Ioan			
Bank/Credit Union loans			
Money you owe (not evidenced by a note)			
Judgments			
Other:			
Total Debts (add column B)	\$		

D. CONTINGENT ASSETS AND LIABILITIES INSTRUCTIONS:

C. NET WORTH (excluding contingent assets and liabilities)

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.

A Contingent Assets	B Possible Value	C Nonmarital (Check correct column)	
Check the line next to any contingent asset(s) which you are requesting the judge award to you.		Petitioner	Respondent
	\$		
Total Contingent Assets	\$		

A Contingent Liabilities	B Possible Amount Owed	C Nonmarital (Check correct column)	
Check the line next to any contingent debt(s) for which you believe you should be responsible.		Petitioner	Respondent
	\$		
Total Contingent Liabilities	\$		

E. CHILD SUPPORT GUIDELINES WORKSHEET. Florida Family Law Rules of Procedure Form 12.902(e), 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 V	Worksheet IS or WILL BE filed in this case. This case invo	lves the
establishment or modification		
	Norksheet IS NOT being filed in this case. The establishr	nent or
modification of child support		
	ffidavit was [check all used]: () e-mailed () mailed, isted below on {date}	() faxed
Other party or his/her attorney:		
Name:		
Address:		
City, State, Zip: Telephone Number:		
Fax Number:		
E-mail Address(es):		
Dated:	Signature of Party	
	Printed Name:	
	Address:	
	City, State, Zip:	
	Telephone Number:	
	Fax Number:E-mail Address(es):	
	2	
IF A NONLAWYER HELPED YOU FILL O	UT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELC	W:
[fill in all blanks] This form was prepare	red for the: {choose only one } () Petitioner () Respo	ndent
This form was completed with the assi		
{name of individual}		
{name of business}		
{address}	, {telephone number}	
{city}, {state} _	, {telephone number}	