

INSTRUCTIONS FOR FAMILY LAW FINANCIAL AFFIDAVIT (LONG FORM)

Why am I receiving this form?

This form is used because you are involved in a family law case which requires a **financial affidavit** and **your individual gross income is \$50,000 OR MORE per year.**

What should I do next?

This form should be printed in black ink. After completing and signing this form, send the original to Child Support Program, 5050 Tennessee Street, Building L, Tallahassee, FL 32399-0195, and keep a copy for your records.

What happens after I complete and return this form?

We will serve a copy of this form and a petition for child support on the other party in your case.

Special notes...

If you want to keep your address confidential because you are the victim of sexual battery, aggravated child abuse, aggravated stalking, harassment, aggravated battery, or domestic violence do not enter the address, telephone, and fax information at the bottom of this form. Instead, file **Request for Confidential Filing of Address**, Florida Supreme Court Approved Family Law Form 12.980(h).

The affidavit must be completed using **monthly** income and expense amounts. If you are paid or your bills are due on a schedule which is not monthly, you must convert those amounts. Hints are provided on the next page for making these conversions. Expenses may be converted in the same manner.

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Hourly - If you are paid by the hour, you may convert your income to monthly as follows:

Hourly amount	x	Hours worked per week	=	Weekly amount
Weekly amount	x	52 Weeks per year	=	Yearly amount
Yearly amount	÷	12 Months per year	=	Monthly Amount

Daily - If you are paid by the day, you may convert your income to monthly as follows:

Daily amount	x	Days worked per week	=	Weekly amount
Weekly amount	x	52 Weeks per year	=	Yearly amount
Yearly amount	÷	12 Months per year	=	Monthly Amount

Weekly - If you are paid by the week, you may convert your income to monthly as follows:

Weekly amount	x	52 Weeks per year	=	Yearly amount
Yearly amount	÷	12 Months per year	=	Monthly Amount

Bi-weekly - If you are paid every two weeks, you may convert your income to monthly as follows:

Bi-weekly amount	x	26	=	Yearly amount
Yearly amount	÷	12 Months per year	=	Monthly Amount

Semi-monthly - If you are paid twice per month, you may convert your income to monthly as follows:

Semi-monthly amount	x	2	=	Monthly Amount
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IN THE CIRCUIT COURT OF THE <<JUDICIAL CIRCUIT #>> JUDICIAL CIRCUIT,
IN AND FOR <<COUNTY NAME>> COUNTY, FLORIDA

Case No.: <<Court Case #>>

<<Option 1>>

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

I, <<NCPorCPName>>, being sworn, certify that the following information is true:

SECTION I. INCOME

1. My age is: _____
2. My occupation is: <<Option 2>> _____
3. I am currently _____

[check **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: <<Option 2>> _____
Address: <<Option 2>> _____
City, State, Zip code: <<Option 2>> _____
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: _____

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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.

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| 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.) (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) (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 (Attach sheet itemizing each item and amount.) | 13. _____ |
| 14. Monthly gains derived from dealing in property (not including nonrecurring gains) | 14. _____ |
| Any other income of a recurring nature (identify source) | |
| 15. _____ | |
| 16. _____ | |
| 17. PRESENT MONTHLY GROSS INCOME (Add lines 1 through 16) TOTAL: | 17. \$ _____ |

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.

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|--|--------------|
| 18. Monthly federal, state, and local income tax (corrected for filing status and allowable dependents and income tax liabilities) | |
| Federal: _____ State: _____ Local: _____ = | 18. \$ _____ |
| a. Filing Status _____ b. Number of dependents claimed _____ | |
| 19. Monthly FICA or self-employment taxes | 19. _____ |
| 20. Monthly Medicare payments | 20. _____ |

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| 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 (Complete if you PAY support. Do not enter support you receive.) | 24. _____ |
| 25. Monthly court-ordered alimony actually paid. (Add 25a and 25b) | |
| 25a. from this case: \$ _____ | |
| 25b. from other case(s): _____ | 25. _____ |
|
26. TOTAL DEDUCTIONS ALLOWABLE UNDER SECTION 61.30,
FLORIDA STATUTES (Add lines 18 through 25) TOTAL: | |
| | 26. \$ _____ |
| 27. PRESENT NET MONTHLY INCOME (Subtract line 26 from line 17) | 27. _____ |

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.

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. SUBTOTAL (add lines 1 through 24) | 25. \$ _____ |

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

MONTHLY EXPENSES FOR CHILDREN 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. _____
58. SUBTOTAL (add lines 36 through 57)	58. \$ _____

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

59. _____	59. \$
60. _____	60. _____
61. _____	61. _____
62. _____	62. _____
63. SUBTOTAL (add lines 59 through 62)	63. _____

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MONTHLY INSURANCE:

64. Health insurance (if not listed on lines 23 or 45)	64. _____
65. Life insurance	65. _____
66. Dental insurance	66. _____
Other:	
67. _____	67. _____
68. _____	68. _____
69. SUBTOTAL (add lines 64 through 68, exclude lines 64 and 65)	69. \$ _____

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, or 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. SUBTOTAL (add lines 70 through 89)	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. SUBTOTAL (add lines 91 through 103)	104. \$ _____

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

SUMMARY

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

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

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.) **108. \$** _____

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.) **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 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.

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: DESCRIPTION OF ITEM(S) LIST ONLY LAST FOUR DIGITS OF ACCOUNT NUMBERS. Check the line next to any asset(s) which you are requesting the judge award to you.	B Current Fair Market Value	C Nonmarital (Check 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"/>			

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A ASSETS: DESCRIPTION OF ITEM(S) <small>LIST ONLY LAST FOUR DIGITS OF ACCOUNT NUMBERS. Check the line next to any asset(s) which you are requesting the judge award to you.</small>	B Current Fair Market Value	C Nonmarital (Check correct column)	
		husband	wife
<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"/> Other assets			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
Total Assets (add column 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 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.

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.)

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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 you should be responsible.	B Current Amount Owed	C Nonmarital (Check correct column)	
		husband	wife
<input type="checkbox"/> Mortgages on real estate: First mortgage on home	\$		
<input type="checkbox"/> Second mortgage on home			
<input type="checkbox"/> Other mortgages			
<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"/>			
<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"/>			
Total Debts (add column 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)
 \$ _____

TOTAL NET WORTH (Total Assets minus Total Liabilities)
 (excluding contingent assets and liabilities)
 \$ _____

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.

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

A Contingent Liabilities Check the line next to any contingent debt(s) for which you believe you should be responsible.	B Possible Amount Owed	C Nonmarital (Check correct column)	
		husband	wife
<input type="checkbox"/>	\$		
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
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 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 certify that a copy of this financial affidavit was [☐ **one** only] () emailed () mailed () faxed () hand delivered to the person(s) listed below on {date}_____.

Other party or his/her attorney:

Name:_____ Email Address(es)_____

Address:_____

City, State, Zip:_____

Fax Number: _____

Under penalties of perjury, I declare that I have read this document and that the facts stated in it are true.

Dated: _____

Signature of Party
Printed Name: _____
Address: <<Option 2>> _____
City, State, Zip: <<Option 2>> _____
Telephone Number: _____
Fax Number: _____

IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW: [fill in **all** blanks]

This form was prepared for the: {choose only **one**} () Petitioner () Respondent

This form was completed with the assistance of:

{name of individual} _____,
{name of business} _____,
{address} _____,
{city} _____, {state} _____, {telephone number} _____,

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OPTION 1 (automatically default to A. B is used if we need to change the styling)

A.

State of Florida Department of Revenue
Child Support Program and

<<CP NAME>>

Petitioners,

and

<<NCP NAME>>

Respondent.

B.

<<FreeFormTextStyling>>

NOTE: This form may be sent to both parties at the same time.

OPTION 2

A. If recipient of form has active “Requests Non-Disclosure” relationship with other parent on case or activity, print Confidential Information in these fields.

B. If recipient of form does not have active “Requests Non-Disclosure” relationship with other parent on case or activity, leave field blank.