

INSTRUCTIONS FOR FLORIDA FAMILY LAW RULE OF PROCEDURE FORM 12.902(c),
FAMILY LAW FINANCIAL AFFIDAVIT

When should this form be used?

This form should be used when 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.**

This form should be typed or printed in black ink. After completing this form, you should sign the form before a **notary public**. You should then **file** the original with the **clerk of the circuit court** in the county where the **petition** was filed and keep a copy for your records.

What should I do next?

A copy of this form must be mailed or hand delivered to the other **party** in your case, if it is not served on him or her with your initial papers. This must be accomplished within 45 days of service of the petition.

Where can I look for more information?

Before proceeding, you should read “General Information for Self-Represented Litigants” found at the beginning of these forms. The words that are in “**bold underline**” in these instructions are defined there. For further information, see rule 12.285, Florida Family Law Rules of Procedure.

Special notes...

If this is a domestic violence case and you want to keep your address confidential for safety reasons, do not enter the address, telephone, and fax information at the bottom of this form. Instead, file **Petitioner’s Request for Confidential Filing of Address, O’** Florida Supreme Court Approved Family Law Form 12.980(i).

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 below for making these conversions.

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

Hourly amount	×	Hours worked per week	=	Weekly amount
Weekly amount	×	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	×	Days worked per week	=	Weekly amount
Weekly amount	×	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	×	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	×	26	=	Yearly amount
Yearly amount	÷	12 Months per year	=	Monthly Amount

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

Bi-monthly amount	×	2	=	Monthly Amount
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Expenses may be converted in the same manner.

Remember, a person who is NOT an attorney is called a nonlawyer. If a nonlawyer helps you fill out these

forms, that person must give you a copy of a **Disclosure from Nonlawyer, O'** Florida Family Law Rules of Procedure Form 12.900(a), before he or she helps you. A nonlawyer helping you fill out these forms also **must** put his or her name, address, and telephone number on the bottom of the last page of every form he or she helps you complete.

IN THE CIRCUIT COURT OF THE _____ JUDICIAL CIRCUIT,
IN AND FOR _____ COUNTY, FLORIDA

Case No.: _____

Division: _____

_____,
Petitioner,

and

_____,
Respondent.

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

1. Date of Birth: _____

2. Social Security Number: _____

3. My occupation is: _____

4. 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: _____

9 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: _____

- 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. 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. \$ _____

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. \$ _____

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. _____

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

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 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: DESCRIPTION OF ITEM(S) / the box next to any asset(s) which you are requesting the judge award to you.	B Current Fair Market Value	C Nonmarital (/ correct column)	
		husband	wife
9 Cash (on hand)	\$		

A ASSETS: DESCRIPTION OF ITEM(S) / the box next to any asset(s) which you are requesting the judge award to you.	B Current Fair Market Value	C Nonmarital (/ correct column)	
		husband	wife
<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"/>			

A LIABILITIES: DESCRIPTION OF ITEM(S) / the box next to any debt(s) for which you believe you should be responsible.	B Current Amount Owed	C Nonmarital (/ correct column)	
		husband	wife
9 Mortgages on real estate: (Home)	\$		
9 (Other)			
9			
9			
9 Charge/credit card accounts			
9			
9			
9			
9			
9			
9 Auto loan			
9 Auto loan			
9 Bank/Credit Union loans			
9			
9			
9			
9 Money you owe (not evidenced by a note)			
9			
9 Judgments			
9			
9 Other			
9			
9			
9			
9			
9			
9			
9			
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) \$ _____

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.

A Contingent Assets / the box next to any contingent asset(s) which you are requesting the judge	B Possible Value	C Nonmarital (/ correct column)	
		husband	wife
ward to you.	\$		
9			
9			
9			
9			
Total Contingent Assets	\$ _____		

A Contingent Liabilities / the box next to any contingent debt(s) for which you believe you should be	B Possible Amount Owed	C Nonmarital (/ correct column)	
		husband	wife
responsible.	\$		
9			
9			
9			
9			
9			
Total Contingent Liabilities	\$ _____		

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), 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.

[/ 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: () mailed, () faxed and mailed, or () hand delivered to the person(s) listed below on {date} _____.

Other party or his/her attorney:

Name: _____
Address: _____
City, State, Zip: _____
Fax Number: _____

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
Printed Name: _____
Address: _____
City, State, Zip: _____
Telephone Number: _____
Fax Number: _____

STATE OF FLORIDA
COUNTY OF _____

Sworn to or affirmed and signed before me on _____ by _____.

NOTARY PUBLIC or DEPUTY CLERK

[Print, type, or stamp commissioned name of notary or deputy clerk.]

____ Personally known
____ Produced identification
____ Type of identification produced _____

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

I, {full legal name and trade name of nonlawyer} _____,
a nonlawyer, located at {street} _____, {city} _____,
{state} _____, {phone} _____, helped {name} _____,
who is the [/ one only] ___ petitioner or ___ respondent, fill out this form.