

IN THE CIRCUIT COURT OF THE FIFTEENTH  
JUDICIAL CIRCUIT, IN AND FOR PALM BEACH  
COUNTY, FLORIDA

FAMILY DIVISION

IN RE: THE MARRIAGE OF

CASE NO:

Petitioner/Wife,  
and

Respondent/Husband.  
\_\_\_\_\_ /

**FINANCIAL AFFIDAVIT**

STATE OF FLORIDA                    )  
COUNTY OF PALM BEACH         )

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

ITEM 1: EMPLOYMENT AND INCOME

OCCUPATION:  
EMPLOYED BY:  
ADDRESS:

PAY PERIOD:  
RATE OF PAY:

If you are employed, but expecting soon to become unemployed or change jobs, describe the change you  
expect and why and how it will affect your income. If currently unemployed, describe your efforts to find  
employment, how soon you expect to be employed, and the pay you expect to receive.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ALL OF THE FOLLOWING MUST BE ATTACHED TO THE COPY OF THIS FINANCIAL AFFIDAVIT SERVED ON THE  
OPPOSING PARTY. THE ATTACHMENTS SHALL NOT BE FILED WITH THE COURT. Your three most recent pay stubs,  
your most recent Federal tax return, and the most recent W-2 forms. If last year's Federal income tax return has  
not yet been filed, attach W-2's, 1099's, K-1's, and any other document to be attached to your tax return. If the  
attachments are not made to the copy served on the opposing party, an explanation is required. See also Fla.  
Fam. L. R. P. 12.285.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## AVERAGE GROSS MONTHLY INCOME FROM EMPLOYMENT

If any items are paid on a weekly basis, multiply by 52 and divide by 12 to obtain average monthly amounts. If any items are paid twice monthly, multiply by 24 and divide by 12 to obtain average monthly amount. If any items are paid every two weeks, multiply by 26 and divide by 12 to obtain average monthly amounts. Attach additional sheets, if needed. Items included under "other" should be listed separately with separate dollar amounts.

Present gross income from employment	\$
Bonuses, commissions, allowances, overtime, tips, and similar payment	\$
Business income from sources such as self-employment, partnership, close corporations, and/or independent contracts (gross receipts minus ordinary and necessary expenses required to produce income)	\$
Disability benefits	\$
Workers' Compensation	\$
Unemployment Compensation	
Pension, retirement, or annuity payments	\$
Social Security benefits	
Spousal support received from previous marriage	\$
Interest and dividends	\$
Rental income (gross receipts minus ordinary and necessary expenses required to produce income)	\$
Income from royalties, trust, or estates	\$
Reimbursed expenses and in kind payments to the extent that they reduce personal living expenses	\$
Gains derived from dealing in property (not including nonrecurring gains)	
Itemize any other income of a recurring nature	
<b>TOTAL MONTHLY INCOME</b>	<b>\$</b>

## LESS MONTHLY DEDUCTIONS

If any items are paid on a weekly basis, multiply by 52 and divide by 12 to obtain average monthly amounts. If any items are paid annually divide by 12 to obtain average monthly amounts. Attach an additional sheet, if needed. Items included under "other" should be listed separately with separate dollar amounts:

Federal, state, and local income taxes (corrected for filing status and actual number of withholding allowances)	\$
FICA or self-employment tax (annualized)	\$
Medicare	\$
Mandatory union dues	\$
Mandatory retirement	\$
Health insurance payments	
Court ordered support payments for the children actually paid	\$
Total Deductions	\$
<b>TOTAL NET INCOME</b>	<b>\$</b>

ITEM 2: AVERAGE MONTHLY EXPENSES

HOUSEHOLD:

Mtg. or rent payments  
Property taxes &  
insurance  
Electricity  
Water, garbage, & sewer  
Telephone  
Fuel oil or natural gas  
Repairs and maintenance  
Lawn and pool care  
Pest control  
Misc. household  
Food and grocery items  
Meals outside home  
Other:

AUTOMOBILE:

Gasoline and oil  
Repairs  
Auto tags and license  
Insurance  
Other:

CHILDREN'S EXPENSES:

Nursery or babysitting  
School tuition  
School supplies  
Lunch money  
Allowance  
Clothing  
Medical, dental,  
prescriptions  
Vitamins

OTHER EXPENSES:

Barber/beauty parlor  
Cosmetics/toiletries  
Gifts for special holidays  
Other expenses:

INSURANCES:

Health  
Life  
Other insurance:

OTHER EXPENSES NOT LISTED ABOVE:

Dry cleaning and laundry  
Affiant's clothing  
Affiant's medical,  
dental, prescriptions  
Affiant's beauty salon  
Affiant's gifts  
(special holidays)

Pets:

Grooming  
Veterinarian

Membership dues:  
Professional dues  
Social dues

Entertainment  
Vacations  
Publications  
Religious organizations  
Charities

Miscellaneous

TOTAL ABOVE EXPENSES \$

PAYMENTS TO CREDITORS:

TO WHOM:

BALANCE  
DUE

MONTHLY  
PAYMENTS:

TOTAL MONTHLY PAYMENTS TO CREDITORS:

\$

TOTAL MONTHLY EXPENSES:

\$

ITEM 3: ASSETS (OWNERSHIP: IF MARITAL, PUT ONE-HALF OF THE TOTAL VALUE UNDER HUSBAND AND ONE-HALF UNDER WIFE. See appendix 2 for definition of "marital and nonmarital" assets and obligations.)

<u>Description</u>	<u>Value</u>	<u>Husband</u>	<u>Wife</u>
Cash (on hand or in banks)			
Stocks/bonds/notes			
Real estate:			
Home:			
Automobiles:			
Other personal property:			
Contents of home			
Jewelry			
Life ins./cash surrender value			
Other assets:			
TOTAL ASSETS:	\$	\$	\$

ITEM 4: LIABILITIES

<u>Creditor</u>	<u>Security</u>	<u>Balance</u>	<u>Husband</u>	<u>Wife</u>
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TOTAL LIABILITIES		\$	\$	\$
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ITEM 5: NET WORTH

Total Assets				\$
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Less: Total Liabilities (excluding contingent liabilities)

New Worth				\$
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UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THIS DOCUMENT  
AND THE FACTS STATED THEREIN ARE TRUE.

\_\_\_\_\_  
Print Name: \_\_\_\_\_  
Affiant