INSTRUCTIONS FOR FLORIDA FAMILY LAW RULES OF PROCEDURE FORM 12.902(b), FAMILY LAW FINANCIAL AFFIDAVIT (SHORT FORM)

When should this form be used?

This form should be used when you are involved in a family law case which requires a <u>financial</u> <u>affidavit</u> and your individual gross income is UNDER \$50,000 per year unless:

- 1) You are filing a simplified dissolution of marriage under rule 12.105 and both parties have waived the filing of a financial affidavit;
- 2) You have no minor children, no support issues, and have filed a written settlement agreement disposing of all financial issues; or
- 3) The court lacks jurisdiction to determine any financial issues.

If your gross income is \$50,000 or over per year, call us at: << CountyPhoneNumber>> and request a Financial Affidavit (Long Form).

This form should be typed or printed in black ink. After completing this form, you should sign the form before a **notary public** and return it to: Child Support Program, 5050 W. Tennessee Street, Building L, Tallahassee, FL 32399-0195.

What should I do next?

A copy of this form must be served on the other party in your case within 45 days of being served with the petition, if it is not served on him or her with your initial papers. Service must be in accordance with Florida Rule of Judicial Administration 2.516.

Where can I look for more information?

Before completing this form, you should read the "General Information" and "Glossary" sections of the Florida Family Law Rules of Procedure 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 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 a **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 below for making these conversions.

XXXX

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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 vear
                                                            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
                                                            Monthly Amount
                                 12 Months per year
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
                                                            Monthly Amount
                                 12 Months per year
                                                       =
Bi-monthly - If you are paid twice per month, you may convert your income to monthly as follows:
        Bi-monthly amount x
                                                     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**, 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.

XXXX XXXX

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 (SHORT FORM)

(Under \$50,000 Individual Gross Annual Income)

I, < <ncporcpname>>, being sworn, certify that the fo</ncporcpname>	ollowing information is true.
My Occupation: << Option 2>>	Employed by: < <option 2="">></option>
Business Address: << Option 2>>	
Pay rate: \$ () every week () every other v () other:	veek () twice a month () monthly
Check here if unemployed and explain on a sepemployment.	parate sheet your efforts to find
SECTION I. PRESENT MONTHLY GROSS INCOME All amounts must be MONTHLY. See the instruction amounts for anything that is NOT paid monthly. Attack under "other" should be listed separately with separate	ns with this form to figure out money h more paper, if needed. Items included
Monthly gross salary or wages	1. \$
2. Monthly bonuses, commissions, allowances, overti	
 Monthly business income from sources such as sell close corporations, and/or independent contracts (grand necessary expenses required to produce incompute income and expenses.) Monthly disability benefits/SSI Monthly Workers' Compensation Monthly Unemployment Compensation Monthly pension, retirement, or annuity payments Monthly Social Security benefits Monthly alimony actually received From this case 	gross receipts minus ordinary
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 nec	essary expenses
required to produce income) (Attach sheet itemizing such income and e. 12. Monthly income from royalties, trusts, or estates 13. Monthly reimbursed expenses and in-kind payment reduce personal living expenses 14. Monthly gains derived from dealing in property (not	12s to the extent that they 13 including nonrecurring gains)
15. Any other income of a recurring nature (list source)	14 15
16	16
17 PRESENT MONTHLY GROSS INCOME (Add lines 1-	16) TOTAL: 17. \$

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XXXX XXXX XXXX XXXX XXXX XXXX XXXX XXXX

XXXX XXXX

PRESENT MONTHLY DEDUCTIONS

	ral, state, and local income lents and income tax liabilities)	e tax (corrected for filing state	us and	
•	State:	Local:	= 18.	\$
19. Monthly FICA	A or self-employment taxes		19.	
20. Monthly Med	icare payments		20.	
21. Monthly man	datory union dues		21.	
	datory retirement payments		22.	
23. Monthly heal	th insurance payments (inc	cluding dental insuran	ce), excluding	
portion paid f	or any minor children of thi	is relationship	23.	
•	t-ordered child support act	•		
relationship (Complete if you PAY supp	ort. Do not enter supp	ort you receive.)	
			24.	
	t-ordered alimony actually			
	. From this case \$			
25b	. From other case(s)		25.	
	UCTIONS ALLOWABLE (JNDER SECTION 61.	•	
(Add lines 18 th	nrough 25)		26.	\$
OF DRECENT N	ET MONTHI VINCOME	0. htm - t lin - 00 from 47)	27	¢
ZI. PKESENI N	ET MONTHLY INCOME (S	Subtract line 26 from 17)	27.	

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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.

A.	HOUSEHOLD:		E.	OTHER EXPENSES NOT LI	STED ABOVE
	Mortgage or rent	\$		Clothing	\$
	Property taxes	\$		Medical/Dental (uninsured)	\$
	Utilities	\$		Grooming	\$
	Telephone	\$		Entertainment	\$
	Food	\$		Gifts	\$
	Meals outside home	\$		Religious organizations	\$
	Maintenance/Repairs	\$		Miscellaneous	\$
	Other:	\$		Other:	\$
		T			\$
В.	AUTOMOBILE				\$
	Gasoline	\$			\$
	Repairs	\$			\$
	Insurance	\$			\$
C.	CHILD(REN)'S EXPENSES	•			
	Day care	\$	F.	PAYMENTS TO CREDITOR	S
	Lunch money	\$			MONTHLY
	Clothing	\$		CREDITOR	PAYMENT
	Grooming	\$			\$
	Gifts for holidays	\$			\$
	Medical/dental (uninsured)	\$			\$
	Other:	\$			\$
		Y			\$
D	. INSURANCE				\$
	Medical/dental (if not listed	on			\$
		\$			\$
	Child(ren)'s medical/dental	\$			\$
	Life	\$			\$
	Other:	¢			\$

XXXX XXXX XXXX XXXX XXXX XXXX XXXX XXXX

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28. \$	TOTAL MONTHLY	EXPENSES (add	d ALL monthly	amounts in A	through F above)
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- 29. **TOTAL PRESENT MONTHLY NET INCOME** (from line 27 of SECTION I, INCOME)
- 30. **\$____TOTAL MONTHLY EXPENSES** (from line 28 above)
- 31. **\$____SURPLUS** (If line 29 is more than line 30, subtract line 30 from line 29. This is the amount of your surplus. Enter that amount here.)
- 32. **(\$____) (DEFICIT)** (If line 30 is more than line 29, subtract line 29 from line 30. This is the amount of your deficit. Enter that amount here.)

SECTION III. ASSETS AND LIABILITIES

Use the nonmarital column 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(s) or debt belongs. (Typically, you will only use this column if property/debt was owned/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.)

A. ASSETS:

DESCRIPTION OF ITEM(S). List a description of each separate item owned by you (and/or your spouse, if this is a petition for dissolution of marriage). LIST ONLY LAST 4 DIGITS OF ACCOUNT NUMBERS. Check the line	Current Fair Market Value	Nonmarital (check correct column)	
next to any asset(s) which you are requesting the judge award to you.	value	husband	wife
Cash (on hand)	\$		
Cash (in banks or credit unions)			
Stocks, Bonds, Notes			
Real estate (Home)			
(Other)			
Automobiles			
Other personal property			
Retirement plans (Profit Sharing, Pension, IRA, 401(k)s, etc.)			
Other			
Check here if additional pages are attached.			
Total Assets (add next column)	\$		

XXXX XXXX XXXX XXXX XXXX

XXXX XXXX

XXXX XXXX XXXX

B. LIABILITIES:

DESCRIPTION OF ITEM(S). List a description of each separate debt owed by you (and/or your spouse, if this is a petition for dissolution of marriage). LIST	Current Amount	Nonmarital (check correct column)	
ONLY LAST 4 DIGITS OF ACCOUNT NUMBERS. Check the box next to any debt(s) for which you believe you should be responsible.	Owed	husband	wife
Mortgages on real estate: First mortgage on home	\$		
Second mortgage on home			
Other mortgages			
Auto loans			
Charge/credit card accounts			
Other			
Check here if additional pages are attached.			
Total Debts (add next column)	\$		

C. CONTINGENT ASSETS AND LIABILITIES:

INSTRUCTIONS: If you have any **POSSIBLE asset(s)** (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.

Contingent Assets		Noni	marital
	Possible	(check	c correct
Check the line next to any contingent asset(s)	Value	col	umn)
which you are requesting the judge award to you.		husband	wife
	\$		
Total Contingent Assets	\$		

Contingent Liabilities Check the line next to any contingent debt(s) for	Possible Amount Owed	Nonmarital (check correct column)	
which you believe you should be responsible	Owed	husband	wife
	\$		
Total Contingent Liabilities	\$		

XXXX XXXX XXXX

SECTION IV. 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.)

involves the establishment or modification	ksheet IS NOT being filed in this case. The
	[check all used]: () e-mailed () mailed () faxed below on {date}
Other party or his/her attorney: Name:	
	rming under oath to the truthfulness of the claims ishment for knowingly making a false statement
Dated:	
	Signature of Party
	Printed Name:Address: << Option 2>>
	City, State, Zip: < <option 2="">></option>
	Fax Number:
	E-mail Address(es):
	, , ,
STATE OF FLORIDA COUNTY OF	
Sworn to or affirmed and signed before m	ne onby
Chem to or animiou and eighted perere in	
	NOTARY PUBLIC or DEPUTY CLERK
Doroonally known	[Print, type, or stamp commissioned name of notary or deputy clerk.]
Personally knownProduced identification Type of identification produced	
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XXXX XXXX XXXX XXXX XXXX XXXX XXXX XXXX

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

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.