

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 **financial affidavit and your individual gross income is UNDER \$50,000 per year**. If your gross income is \$50,000.00 or over per year call us at: <<Option 1>> 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.

Where can I look for more information?

Before completing this form, you may want to 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 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**, 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.

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

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

Bi-monthly amount	x	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**, 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.

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CS-PO31
Rule 12E-1.036
Florida Administrative Code
Effective 09/19/17

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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 2>>

FAMILY LAW FINANCIAL AFFIDAVIT (SHORT FORM)

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

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

My Occupation: _____ Employed by: _____

Business Address: _____

Pay rate: \$ _____ () every week () every other week () twice a month () monthly () other: _____

Check here if unemployed and explain on a separate sheet your efforts to find employment.

SECTION I. 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.

- | | |
|--|------------------------|
| 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 _____ | |
| | 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 | 13. _____ |
| 14. Monthly gains derived from dealing property (not including nonrecurring gains) | 14. _____ |
| 15. Any other income of a recurring nature (list source) _____ | 15. _____ |
| 16. _____ | 16. _____ |
| 17. PRESENT MONTHLY GROSS INCOME (Add lines 1-16) TOTAL: | 17. \$ _____ |

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PRESENT MONTHLY DEDUCTIONS

18. Monthly federal, state, and local income tax (corrected for filing status and allowable dependents and income tax liabilities)
 Federal: _____ State: _____ Local: _____ = 18. \$ _____
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 (Complete if you PAY support. Do not enter support you receive.) 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. \$ _____**
- PRESENT NET MONTHLY INCOME: (Subtract line 26 from 17) 27. \$ _____**

SECTION II. AVERAGE MONTHLY EXPENSES

A. HOUSEHOLD:

- Mortgage or rent \$ _____ Other: _____ \$ _____
- Property taxes \$ _____
- Utilities \$ _____
- Telephone \$ _____
- Food \$ _____
- Meals outside home \$ _____
- Maintenance/Repairs \$ _____
- Other: _____ \$ _____

B. AUTOMOBILE

- Gasoline \$ _____
- Repairs \$ _____
- Insurance \$ _____

C. CHILD(REN)'S EXPENSES

- Day care \$ _____
- Lunch money \$ _____
- Clothing \$ _____
- Grooming \$ _____
- Gifts for holidays \$ _____
- Medical/dental (uninsured) \$ _____
- Other: _____ \$ _____

D. INSURANCE

- Medical/dental \$ _____
- Child(ren)'s medical/dental \$ _____
- Life \$ _____

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E. OTHER EXPENSES NOT LISTED ABOVE

- Clothing \$ _____
- Medical/Dental (uninsured) \$ _____
- Grooming \$ _____
- Entertainment \$ _____
- Gifts \$ _____
- Religious Organizations \$ _____
- Miscellaneous \$ _____
- Other: _____ \$ _____
- _____ \$ _____
- _____ \$ _____
- _____ \$ _____
- _____ \$ _____
- _____ \$ _____
- _____ \$ _____

F. PAYMENTS TO CREDITORS MONTHLY CREDITOR PAYMENT

- _____ \$ _____
- _____ \$ _____
- _____ \$ _____
- _____ \$ _____
- _____ \$ _____
- _____ \$ _____
- _____ \$ _____
- _____ \$ _____
- _____ \$ _____
- _____ \$ _____
- _____ \$ _____

28. TOTAL MONTHLY EXPENSES (add ALL monthly amounts in A through F above) **28. \$** _____

SUMMARY

29. TOTAL PRESENT MONTHLY NET INCOME (from line 27 of SECTION I, INCOME) **29. \$** _____

30. TOTAL MONTHLY EXPENSES (from line 28 above) **30. \$** _____

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.) **31. \$** _____

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.) **32. (\$** _____)

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.)

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C. 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). √the box next to any asset(s) which you are requesting the judge award to you.	Nonmarital		
	Current Fair Market value	(√ correct column)	
		husband	wife
<input type="checkbox"/> Cash (on hand)	\$	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Cash (in banks or credit unions)		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Stocks, Bonds, Notes		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Real estate (Home)		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> (Other)		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Automobiles		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other personal property		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Retirement plans (Profit Sharing, Pension, IRA, 401(k), etc.)		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other		<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
B)		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> √ here if additional pages are attached		<input type="checkbox"/>	<input type="checkbox"/>
Total Assets (add column B)	\$ _____		

D. 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). √ the box next to any debt(s) for which you believe you should be responsible	Nonmarital		
	Current Fair Market value	(√ correct column)	
		husband	wife
<input type="checkbox"/> Mortgages on real estate	\$	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Auto loans		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	<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"/>		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/> √ here if additional pages are attached		<input type="checkbox"/>	<input type="checkbox"/>
Total Debts (add column B)	\$ _____		

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E. 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.

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

Contingent Liabilities ✓ the box next to any contingent debts(s) for which you believe you should be responsible	Possible Amount Owed	Nonmarital (✓ correct column)	
		husband	wife
<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Total Contingent Liabilities	\$ _____		

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.)

[✓ 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 document was [✓one only] () e-mailed () mailed () faxed () hand delivered to the person(s) listed below on {date} _____.

Other party or his/her attorney:

Name: _____ E-mail Address(es) _____
 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: _____

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

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STATE OF _____
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:** [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} _____,

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Option 1 (If case is handled in Miami Dade, fetch current Miami Dade phone number from ZCCOUNTY_CODES table. If case is handled in any other county except Miami Dade, fetch current State Office phone number from ZCCOUNTY_CODES table.)

<<ZCCOUNTY_CODES>>

Option 2 (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.

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