



Child Support Program

CS-OA11
Rule 12E-1.036
Florida Administrative Code
Effective 09/19/17

Financial Affidavit
Administrative Support Proceeding

<< Date >>

Business Partner Number: <<RecipientNum >>

Your full name

INCOME

List separately all sources of income received over the last two years. Examples of income include all wages, business income, worker's compensation, unemployment compensation, Social Security, Veteran's benefits, pensions, gifts, rental income, and alimony.

Example:

Table with 5 columns: Date from, To, Source of Income, Rate of Pay, Hours Worked. Example row: 01/01/07, 04/07/09, Wages, \$ 7.25 per Hour, 40 per Week

Date from To Source of Income Rate of Pay Hours Worked

Table with 5 columns: Date from, To, Source of Income, Rate of Pay, Hours Worked. Four empty rows for data entry.

Reason you left your last job

XXXX
XXXX
XXXX
XXXX
XXXX
XXXX
XXXX
XXXX
XXXX
XXXX
XXXX

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Business Partner Number: <<RecipientNum>>

**DEDUCTIONS**

List separately all legally required deductions from your income. Some examples are deductions for state and federal income taxes, FICA, Medicare, health insurance premiums, and mandatory union dues.

| <u>Type of Deduction</u> | <u>Amount</u> | <u>Frequency (month, week, year)</u> |
|--------------------------|---------------|--------------------------------------|
| _____                    | \$ _____      | per _____                            |
| _____                    | \$ _____      | per _____                            |
| _____                    | \$ _____      | per _____                            |
| _____                    | \$ _____      | per _____                            |

Number of tax exemptions you claim on your W-4 form: \_\_\_\_\_

**Attach a copy of your most recent pay stub, benefits statement or other proof of your income and deductions.**

**SELF EMPLOYMENT**

Are you self-employed?  YES or  NO If Yes, please provide the following information:

Business Name: \_\_\_\_\_

Type of work: \_\_\_\_\_

**Attach a copy of your last Federal tax return, 1099, or other proof of income.**

**OTHER SUPPORT OBLIGATIONS**

(Complete only if you pay support. Do not enter support you receive.)

Do you pay ordered support for other children?  Yes  No \$ \_\_\_\_\_ per \_\_\_\_\_  
(month, week, etc.)

If yes, child(ren) name: \_\_\_\_\_

XXXX The order was issued in \_\_\_\_\_, \_\_\_\_\_  
XXXX County State  
XXXX by \_\_\_\_\_ on \_\_\_\_/\_\_\_\_/\_\_\_\_.  
XXXX Court or Agency Date

**Provide a copy of the order and payment record for any order that the Department of Revenue is not enforcing.**

XXXX  
XXXX  
XXXX  
XXXX  
XXXX  
XXXX  
XXXX  
XXXX  
XXXX  
XXXX  
XXXX

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**INSURANCE COVERAGE**

Do you presently have health insurance?  Yes  No

Insurance company name Address Policy number

The total premium you now pay for health insurance is \$\_\_\_\_\_ per \_\_\_\_\_.  
(month, week, etc.)

List the names of all persons covered on this policy.

FULL NAME

RELATIONSHIP TO YOU

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

Is the child(ren) on this case covered by your health insurance?  YES or  NO

**If you are not currently providing health insurance for the child(ren) in this case,**

Is health insurance available through your employer for the child(ren)?  Yes  No

If no, do you have access to any other health insurance for the child(ren)?  Yes  No

If yes to either of the above questions, please provide the cost to cover the child(ren):

Provider: \_\_\_\_\_ Cost \$\_\_\_\_\_ per \_\_\_\_\_.  
(month, week, etc.)

**CHILD CARE EXPENSES**

The amount you now pay is \$\_\_\_\_\_ per \_\_\_\_\_ for \_\_\_\_\_ child(ren).  
(month, week, etc.) (number)

Which child(ren) do you now pay child care expenses for?

XXXX  
XXXX  
XXXX  
XXXX  
XXXX  
XXXX  
XXXX  
XXXX  
XXXX  
XXXX  
XXXX

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**DEVIATIONS (Complete this section only if you are requesting a deviation.)**

The support amount calculated under Florida child support guidelines is presumed to be the correct amount of support owed. In some circumstances, the support amount may be adjusted to an amount more or less than the guideline amount. The deviation factors are found in section 61.30 (11)(a) & (b), Florida Statutes, which is available online at [www.leg.state.fl.us](http://www.leg.state.fl.us). If you believe any of these factors apply to your case, state your reasons below and give us any supporting documents you have.

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Under penalties of perjury, I declare that I have read this Financial Affidavit and that the facts stated in it, and in any attached pages, are true and correct.

\_\_\_\_\_  
Sign

\_\_\_\_\_  
Date

After completing and signing this affidavit, return it to:

Florida Department of Revenue  
Child Support Program  
P.O. Box 5330  
Tallahassee, FL 32314-5330

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