

INSTRUCTIONS FOR FLORIDA FAMILY LAW RULE OF PROCEDURE FORM 12.902(c), FAMILY LAW FINANCIAL AFFIDAVIT (LONG FORM)(01/15)

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 unless:

- (1) You are filing a simplified dissolution of marriage under rule 12.105 and both parties have waived the filing of financial affidavits;
- (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.

This form should be typed or printed in black ink. After completing this form, you should sign the form before a **notary public** or **deputy clerk**. 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 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 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 Florida Family Law Rule of Procedure 12.285.

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 **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

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

Semi-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.

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

Case No.: _____

Division: _____

Petitioner,

and

Respondent.

FAMILY LAW FINANCIAL AFFIDAVIT (LONG FORM)

(\$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. My age is: _____
2. My occupation is: _____
3. I am currently

[Check 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: _____

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: _____
 Address: _____
 City, State, Zip code: _____ Telephone Number: _____

LAST YEAR'S GROSS INCOME:

	Your Income	Other Party's Income (if known)
YEAR _____	\$ _____	\$ _____

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
2. _____ Monthly bonuses, commissions, allowances, overtime, tips, and similar payments
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.)
4. _____ Monthly disability benefits/SSI
5. _____ Monthly Workers' Compensation
6. _____ Monthly Unemployment Compensation
7. _____ Monthly pension, retirement, or annuity payments
8. _____ Monthly Social Security benefits
9. _____ Monthly alimony actually received (Add 9a and 9b)
 - 9a. From this case: \$ _____
 - 9b. From other case(s): _____
10. _____ Monthly interest and dividends
11. _____ Monthly rental income (gross receipts minus ordinary and necessary expenses required to produce income) (Attach sheet itemizing such income and expense items.)
12. _____ Monthly income from royalties, trusts, or estates
13. _____ Monthly reimbursed expenses and in-kind payments to the extent that they reduce personal living expenses (Attach sheet itemizing each item and amount.)
14. _____ Monthly gains derived from dealing in property (not including nonrecurring gains)
 Any other income of a recurring nature (identify source)
15. _____
16. _____
17. \$ _____ **TOTAL PRESENT MONTHLY GROSS INCOME** (Add lines 1 through 16).

PRESENT MONTHLY DEDUCTIONS:

All amounts must be MONTHLY. See the instructions with this form to figure out money amounts for anything that is NOT paid monthly.

18. \$ _____ Monthly federal, state, and local income tax (corrected for filing status and allowable dependents and income tax liabilities)
 - a. Filing Status _____
 - b. Number of dependents claimed _____
19. _____ Monthly FICA or self-employment taxes

- 20. _____ Monthly Medicare payments
- 21. _____ Monthly mandatory union dues
- 22. _____ Monthly mandatory retirement payments
- 23. _____ Monthly health insurance payments (including dental insurance), excluding portion paid for any minor children of this relationship
- 24. _____ Monthly court-ordered child support actually paid for children from another relationship
- 25. _____ Monthly court-ordered alimony actually paid (Add 25a and 25b)
 - 25a. from this case: \$ _____
 - 25b. from other case(s): _____

- 26. \$ _____ **TOTAL DEDUCTIONS ALLOWABLE UNDER SECTION 61.30, FLORIDA STATUTES**
(Add lines 18 through 25).

- 27. \$ _____ **PRESENT NET MONTHLY INCOME**
(Subtract line 26 from line 17).

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
- 2. _____ Monthly property taxes (if not included in mortgage)
- 3. _____ Monthly insurance on residence (if not included in mortgage)
- 4. _____ Monthly condominium maintenance fees and homeowner's association fees
- 5. _____ Monthly electricity
- 6. _____ Monthly water, garbage, and sewer
- 7. _____ Monthly telephone
- 8. _____ Monthly fuel oil or natural gas
- 9. _____ Monthly repairs and maintenance
- 10. _____ Monthly lawn care
- 11. _____ Monthly pool maintenance
- 12. _____ Monthly pest control
- 13. _____ Monthly misc. household
- 14. _____ Monthly food and home supplies
- 15. _____ Monthly meals outside home
- 16. _____ Monthly cable t.v.
- 17. _____ Monthly alarm service contract
- 18. _____ Monthly service contracts on appliances
- 19. _____ Monthly maid service

Other:

- 20. _____
- 21. _____
- 22. _____
- 23. _____
- 24. _____

25. \$ _____ **SUBTOTAL** (add lines 1 through 24).

AUTOMOBILE:

- 26. \$ _____ Monthly gasoline and oil
- 27. _____ Monthly repairs
- 28. _____ Monthly auto tags and emission testing
- 29. _____ Monthly insurance
- 30. _____ Monthly payments (lease or financing)
- 31. _____ Monthly rental/replacements
- 32. _____ Monthly alternative transportation (bus, rail, car pool, etc.)
- 33. _____ Monthly tolls and parking
- 34. _____ Other: _____
- 35. \$ _____ **SUBTOTAL** (add lines 26 through 34)

MONTHLY EXPENSES FOR CHILDREN COMMON TO BOTH PARTIES:

- 36. \$ _____ Monthly nursery, babysitting, or day care
- 37. _____ Monthly school tuition
- 38. _____ Monthly school supplies, books, and fees
- 39. _____ Monthly after school activities
- 40. _____ Monthly lunch money
- 41. _____ Monthly private lessons or tutoring
- 42. _____ Monthly allowances
- 43. _____ Monthly clothing and uniforms
- 44. _____ Monthly entertainment (movies, parties, etc.)
- 45. _____ Monthly health insurance
- 46. _____ Monthly medical, dental, prescriptions (nonreimbursed only)
- 47. _____ Monthly psychiatric/psychological/counselor
- 48. _____ Monthly orthodontic
- 49. _____ Monthly vitamins
- 50. _____ Monthly beauty parlor/barber shop
- 51. _____ Monthly nonprescription medication
- 52. _____ Monthly cosmetics, toiletries, and sundries
- 53. _____ Monthly gifts from child(ren) to others (other children, relatives, teachers, etc.)
- 54. _____ Monthly camp or summer activities
- 55. _____ Monthly clubs (Boy/Girl Scouts, etc.)
- 56. _____ Monthly time-sharing expenses
- 57. _____ Monthly miscellaneous
- 58. \$ _____ **SUBTOTAL** (add lines 36 through 57)

MONTHLY EXPENSES FOR CHILD(REN) FROM ANOTHER RELATIONSHIP

(other than court-ordered child support)

- 59. \$ _____
- 60. _____
- 61. _____
- 62. _____
- 63. \$ _____ **SUBTOTAL** (add lines 59 through 62)

MONTHLY INSURANCE:

64. \$ _____ Health insurance, excluding portion paid for any minor child(ren) of this relationship

65. _____ Life insurance

66. _____ Dental insurance

Other:

67. _____

68. _____

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

OTHER MONTHLY EXPENSES NOT LISTED ABOVE:

70. \$ _____ Monthly dry cleaning and laundry

71. _____ Monthly clothing

72. _____ Monthly medical, dental, and prescription (unreimbursed only)

73. _____ Monthly psychiatric, psychological, or counselor (unreimbursed only)

74. _____ Monthly non-prescription medications, cosmetics, toiletries, and sundries

75. _____ Monthly grooming

76. _____ Monthly gifts

77. _____ Monthly pet expenses

78. _____ Monthly club dues and membership

79. _____ Monthly sports and hobbies

80. _____ Monthly entertainment

81. _____ Monthly periodicals/books/tapes/CDs

82. _____ Monthly vacations

83. _____ Monthly religious organizations

84. _____ Monthly bank charges/credit card fees

85. _____ Monthly education expenses

86. _____ Other: (include any usual and customary expenses not otherwise mentioned in the items listed above) _____

87. _____

88. _____

89. _____

90. \$ _____ **SUBTOTAL** (add lines 70 through 89)

MONTHLY PAYMENTS TO CREDITORS: (only when payments are currently made by you on outstanding balances). List only last 4 digits of account numbers.

MONTHLY PAYMENT AND NAME OF CREDITOR(s):

91. \$ _____

92. _____

93. _____

94. _____

95. _____

96. _____

97. _____

98. _____

99. _____

100. _____

101. _____

102. _____

103. _____

104. \$ _____ SUBTOTAL (add lines 91 through 103)

105. \$ _____ TOTAL MONTHLY EXPENSES:
(add lines 25, 35, 58, 63, 69, 90, and 104 of Section II, Expenses)

SUMMARY

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

107. \$ _____ TOTAL MONTHLY EXPENSES (from line 105 above)

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.)

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.)

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 line 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) LIST ONLY LAST FOUR DIGITS OF ACCOUNT NUMBERS. Check the line next to any asset(s) which you are requesting the judge award to you.	B Current Fair Market Value	C Nonmarital (Check 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"/>		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Stocks/Bonds		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

	Notes (money owed to you in writing)			
	Money owed to you (not evidenced by a note)			
	Real estate: (Home)			
	(Other)			
	Business interests			
	Automobiles			
	Boats			
	Other vehicles			
	Retirement plans (Profit Sharing, Pension, IRA, 401(k)s, etc.)			
	Furniture & furnishings in home			
	Furniture & furnishings elsewhere			
	Collectibles			

A LIABILITIES: DESCRIPTION OF ITEM(S) LIST ONLY LAST FOUR DIGITS OF ACCOUNT NUMBERS. Check the line next to any debt(s) for which you believe you should be responsible.		B Current Amount Owed	C Nonmarital (Check correct column)	
			husband	wife
	Mortgages on real estate: First mortgage on home	\$		
	Second mortgage on home			
	Other mortgages			
	Charge/credit card accounts			
	Auto loan			
	Auto loan			
	Bank/Credit Union loans			
	Money you owe (not evidenced by a note)			
	Judgments			
	Other:			
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 Check the line next to any contingent asset(s) which you are requesting the judge award to you.		B Possible Value	C Nonmarital (Check correct column)	
			husband	wife
		\$		
Total Contingent Assets		\$		

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

E. 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.

[Check 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 [check all used]: () e-mailed () mailed, () faxed () hand delivered to the person(s) listed below on {date} _____.

Other party or his/her attorney:

Name: _____
Address: _____
City, State, Zip: _____
Fax Number: _____
E-mail Address(es): _____

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: _____
Fax Number: _____
E-mail Address(es): _____

STATE OF FLORIDA
COUNTY OF PALM BEACH

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} _____

{city} _____, *{state}* _____, *{telephone number}* _____.