

IN THE CIRCUIT COURT OF THE SIXTH JUDICIAL CIRCUIT,  
IN AND FOR PINELLAS COUNTY, FLORIDA

Case No.: \_\_\_\_\_

Division: \_\_\_\_\_

\_\_\_\_\_,  
Petitioner,

and

\_\_\_\_\_,  
Respondent.

**FAMILY LAW FINANCIAL AFFIDAVIT (SHORT FORM)**

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

I, \_\_\_\_\_, 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) ( <input type="checkbox"/> Attach sheet itemizing such income and expenses.) |             |
| 4. Monthly disability benefits/SSI   | 3. _____    |
| 5. Monthly Workers' Compensation   | 4. _____    |
| 6. Monthly Unemployment Compensation   | 5. _____    |
| 7. Monthly pension, retirement, or annuity payments  | 6. _____    |
| 8. Monthly Social Security benefits  | 7. _____    |
| 9. Monthly alimony actually received   | 8. _____    |
| 9a. From this case: \$ _____   |             |
| 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 necessary expenses required to produce income) ( <input type="checkbox"/> Attach sheet itemizing such income and expense items.)  |             |
| 12. Monthly income from royalties, trusts, or estates  | 11. _____   |
| 13. Monthly reimbursed expenses and in-kind payments to the extent that they reduce personal living expenses   | 12. _____   |
| 14. Monthly gains derived from dealing in property (not including nonrecurring gains)  | 13. _____   |
| 15. Any other income of a recurring nature (list source) _____   | 14. _____   |
| 16. _____  | 15. _____   |
|  | 16. _____   |

**17. PRESENT MONTHLY GROSS INCOME** (Add lines 1–16)      **TOTAL:**      **17. \$** \_\_\_\_\_

**PRESENT MONTHLY DEDUCTIONS:**

- 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 \_\_\_\_\_ 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 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 line 17) **27. \$** \_\_\_\_\_

**SECTION II. AVERAGE MONTHLY EXPENSES**

**A. HOUSEHOLD:**

- Mortgage or rent \$ \_\_\_\_\_
- 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 \$ \_\_\_\_\_
- Other: \_\_\_\_\_ \$ \_\_\_\_\_

**E. OTHER EXPENSES NOT LISTED ABOVE**

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

**F. PAYMENTS TO CREDITORS**

CREDITOR:	MONTHLY 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.)

**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). DO NOT LIST ACCOUNT NUMBERS. ✓ the box next to any asset(s) which you are requesting the judge award to you.	Current Fair Market Value	Nonmarital (✓ correct column)	
		husband	wife
<input type="checkbox"/> Cash (on hand)	\$		
<input type="checkbox"/> Cash (in banks or credit unions)			
<input type="checkbox"/> Stocks, Bonds, Notes			
<input type="checkbox"/> Real estate: (Home)			
<input type="checkbox"/> (Other)			
<input type="checkbox"/> Automobiles			
<input type="checkbox"/> Other personal property			
<input type="checkbox"/> Retirement plans (Profit Sharing, Pension, IRA, 401(k)s, etc.)			
<input type="checkbox"/> Other			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/> ✓ here if additional pages are attached.			
<b>Total Assets</b> (add next column)	\$ _____		

**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). DO NOT LIST ACCOUNT NUMBERS. ✓ the box next to any debt(s) for which you believe you should be responsible.	Current Amount Owed	Nonmarital (✓ correct column)	
		husband	wife
<input type="checkbox"/> Mortgages on real estate: First mortgage on home	\$		
<input type="checkbox"/> Second mortgage on home			
<input type="checkbox"/> Other mortgages			
<input type="checkbox"/>			
<input type="checkbox"/> Auto loans			
<input type="checkbox"/>			
<input type="checkbox"/> Charge/credit card accounts			
<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"/> ✓ here if additional pages are attached.			
<b>Total Debts</b> (add next column)	\$ _____		

**C. 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 asset(s) which you are requesting the judge award to you.	Possible Value	Nonmarital (✓ correct column)	
		husband	wife
<input type="checkbox"/>	\$		
<input type="checkbox"/>			
<b>Total Contingent Assets</b>	\$ _____		

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

**SECTION IV. CHILD SUPPORT GUIDELINES WORKSHEET**

\_\_\_ **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.

**Other party or his/her attorney:**

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

\_\_\_\_\_  
**Signature of Party**  
Printed Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_

**STATE OF FLORIDA**  
**COUNTY OF PINELLAS** \_\_\_\_\_

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 \_\_\_\_\_

**CERTIFICATE OF SERVICE**

**I HEREBY CERTIFY** that a true copy of the foregoing has been furnished by U.S. Mail to,

\_\_\_\_\_  
on this \_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
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