

IN THE CIRCUIT COURT OF THE _____ JUDICIAL CIRCUIT,
IN AND FOR _____ 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 why you are unemployed, your efforts to find employment, how soon you expect to be employed, the pay you expect to receive, and your highest gross earned income in the past five years: _____

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, explain why, describe the change you expect, and explain 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: _____

If you have an anticipated retirement date, please provide the date: _____

____ Check here if you are in or planning to enter the DROP program or any other deferred compensation plan or anticipated retirement plan.

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. \$ _____ Gross salary or wages
2. _____ Bonuses, commissions, allowances, overtime, tips, and similar payments
3. _____ 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. _____ Disability benefits/SSI for you
5. _____ Workers' compensation
6. _____ Reemployment assistance
7. _____ Pension, retirement, or annuity payments
8. _____ Social Security benefits
9. _____ Alimony actually received (Add 9a and 9b)
 - 9a. From this case: _____
 - 9b. From other case(s): _____
10. _____ Interest and dividends
11. _____ Rental income (gross receipts minus ordinary and necessary expenses required to produce income) **(Attach sheet itemizing such income and expenses for each property.)**
12. _____ Income from royalties, trusts, or estates
13. _____ Reimbursed expenses and in-kind payments to the extent that they reduce personal living expenses **(Attach sheet itemizing such income and expenses.)**
14. _____ 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. \$_____ Federal, state, and local income tax (corrected for filing status and allowable dependents and income tax liabilities)
 - 18a. Filing Status _____
 - 18b. Number of dependents claimed _____
- 19. _____ FICA or self-employment taxes
- 20. _____ Medicare payments
- 21. _____ Mandatory union dues
- 22. _____ Mandatory retirement payments
- 23. _____ Health insurance payments for you only (including medical, dental, and vision), excluding portion paid for any third party or minor children of this relationship
- 24. _____ Court-ordered child support actually paid for children from another relationship
- 25. _____ 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

Expenses. If your expenses as listed below do not reflect what you actually pay currently, you should write "estimate" next to each amount that is estimated.

PRIMARY HOUSEHOLD:

List the number of additional households for which you incur expenses:
(If more than one household, please identify the household for which the listed expenses are incurred and attach a separate sheet listing expenses for each additional household.)

- 1. \$_____ Mortgage or rent payments
- 2. _____ Property taxes (if not included in mortgage)
- 3. _____ Insurance on residence (if not included in mortgage)
- 4. _____ Condominium maintenance fees and homeowner's association fees
- 5. _____ Electricity
- 6. _____ Water, garbage, and sewer
- 7. _____ Telephone
- 8. _____ Fuel oil or natural gas
- 9. _____ Repairs and maintenance
- 10. _____ Lawn care
- 11. _____ Pool maintenance
- 12. _____ Pest control
- 13. _____ Misc. household
- 14. _____ Food and home supplies
- 15. _____ Meals outside home
- 16. _____ Cable t.v./internet

- 17. _____ Subscription streaming services
- 18. _____ Alarm service contract
- 19. _____ Service contracts on appliances
- 20. _____ Housekeeping service
- 21. _____ Communication technology/remote working subscriptions

Other:

- 22. _____
- 23. _____
- 24. _____
- 25. _____
- 26. _____

27. \$ _____ **SUBTOTAL** (add lines 1 through 26).

AUTOMOBILES:

List the number of automobiles for which you incur expenses: _____.

- 28. \$ _____ Gasoline and oil
- 29. _____ Electric car charging (outside of the home)
- 30. _____ Repairs
- 31. _____ Auto tags
- 32. _____ Insurance
- 33. _____ Payments (lease or financing)
- 34. _____ Rental
- 35. _____ Alternative transportation (bus, rail, carpool, taxi, ridesharing, etc.)
- 36. _____ Tolls and parking
- 37. _____ Automobile subscriptions and roadside services
- 38. _____ Other: _____

39. \$ _____ **SUBTOTAL** (add lines 28 through 35)

MONTHLY EXPENSES FOR MINOR OR DEPENDENT CHILDREN COMMON TO BOTH PARTIES:

List the number of minor or dependent children as defined in Section 743.07 (2), Florida Statutes common to both parties: _____.

- 40. \$ _____ Childcare
- 41. _____ School tuition
- 42. _____ School supplies, books, and fees
- 43. _____ Extracurricular activities
- 44. _____ School uniforms
- 45. _____ Lunch money
- 46. _____ Private lessons or tutoring
- 47. _____ Allowances
- 48. _____ Clothing
- 49. _____ Entertainment (movies, parties, video games etc.)
- 50. _____ Health insurance (including dental and vision)
- 51. _____ Medical, dental, prescriptions (nonreimbursed only)
- 52. _____ Psychiatric/psychological/counselor
- 53. _____ Orthodontic
- 54. _____ Grooming
- 55. _____ Nonprescription medications, supplements, and vitamins

- 56. _____ Cosmetics, toiletries, and sundries
- 57. _____ Gifts from child(ren) to others (other children, relatives, teachers, etc.)
- 58. _____ Camp or summer activities
- 59. _____ Clubs (Boy/Girl Scouts, etc.)
- 60. _____ Cost required to exercise time-sharing (supervised visitation, travel and lodging expenses, etc.)
- 61. _____ Religious training
- 62. _____ Remote learning
- 63. _____ Subscription service (if not listed on line 17 above)
- 64. _____ Other
- 65. \$ _____ **SUBTOTAL** (add lines 40 through 64)

MONTHLY EXPENSES FOR MINOR OR DEPENDENT CHILD(REN) FROM ANOTHER RELATIONSHIP

List the number of minor or dependent children as defined in Florida Statutes Section 743.07 (2) from another relationship: _____.

(other than court-ordered child support)

- 66. \$ _____
- 67. _____
- 68. _____
- 69. _____
- 70. \$ _____ **SUBTOTAL** (add lines 66 through 69)

MONTHLY INSURANCE:

- 71. \$ _____ Health insurance (if not listed on lines 23 of deductions or 50 of expenses)
- 72. _____ Life insurance
- 73. _____ Dental insurance (if not listed on lines 23 of deductions or 50 of expenses)
- 74. _____ Vision insurance (if not listed on lines 23 of deductions or 50 of expenses)
- 75. _____ Long term care insurance
- 76. _____ Disability insurance
- Other:
- 77. _____
- 78. _____
- 79. \$ _____ **SUBTOTAL** (add lines 71 through 78)

OTHER MONTHLY EXPENSES NOT LISTED ABOVE:

- 80. \$ _____ Dry cleaning and laundry
- 81. _____ Clothing
- 82. _____ Medical, dental, and prescription (unreimbursed only)
- 83. _____ Psychiatric, psychological, or counselor (unreimbursed only)
- 84. _____ Non-prescription medications, cosmetics, toiletries, and sundries
- 85. _____ Grooming
- 86. _____ Gifts
- 87. _____ Pet care
- 88. _____ Club dues and membership
- 89. _____ Sports and hobbies
- 90. _____ Entertainment

- 91. _____ Periodicals/books/other subscription service
- 92. _____ Charitable donations
- 93. _____ Gambling and lottery
- 94. _____ Tobacco, alcohol, and vaping
- 95. _____ Attorney fees and court costs
 - 95a. _____ Related to this case
 - 95b. _____ Other
- 96. _____ Professional training fees (unreimbursed only)
- 97. _____ Vacations
- 98. _____ Religious organizations
- 99. _____ Bank charges/credit card fees
- 100. _____ Education expenses (unreimbursed only)
- 101. _____ Other: (include any regular and recurring expenses not otherwise mentioned in the items listed above) _____
- 102. _____
- 103. _____
- 104. _____
- 105. \$ _____ **SUBTOTAL** (add lines 80 through 104)

MONTHLY PAYMENTS TO CREDITORS:

List only when payments are currently made by you on outstanding balances and not listed elsewhere on this affidavit. For student loans listed below, list **each** student loan together with its date of origination. List only last 4 digits of account numbers.

MONTHLY PAYMENT AND NAME OF CREDITOR(s):

- 106. \$ _____
- 107. _____
- 108. _____
- 109. _____
- 110. _____
- 111. _____
- 112. _____
- 113. _____
- 114. _____
- 115. _____
- 116. _____
- 117. _____
- 118. _____
- 119. \$ _____ **SUBTOTAL** (add lines 106 through 118)
- 120. \$ _____ **TOTAL MONTHLY EXPENSES:**
(add lines 27, 39, 65, 70, 79, 105, and 119 of Section II, Expenses)

SUMMARY

- 121. \$ _____ **TOTAL PRESENT MONTHLY NET INCOME** (from line 27 of SECTION I. INCOME)
- 122. \$ _____ **TOTAL MONTHLY EXPENSES** (from line 120 above)
- 123. \$ _____ **SURPLUS** (If line 121 is more than line 122, subtract line 122 from line 121. This is the amount of your surplus. Enter that amount here.)
- 124. (\$ _____) **(DEFICIT)** (If line 122 is more than line 121, subtract line 121 from line 122. This is the amount of your deficit. Enter that amount here.)

SECTION III. ASSETS AND LIABILITIES

A. ASSETS

If you have an equitable distribution schedule or balance sheet that includes the information below, you may attach the document instead of filling out Section III.

INSTRUCTIONS:

STEP 1: Describe the Asset. In column A, list a description of each separate item owned by you (or your spouse, if this is an original action for dissolution). Include items held in a revocable trust. List only the last 4 digits of account numbers. Blank spaces are provided if you need to list more than one of a certain type of asset. If you need to list more assets than blank spaces provided, please attach a separate sheet listing additional assets.

STEP 2: Select Assets. (Initial Dissolution Matter ONLY) If this is an original action for dissolution, check the box to the left of the description in column A next to any asset that you are requesting the judge award to you. **Disregard this step in all other domestic relations matters and proceed to step 4.**

STEP 3: State the Value of Marital Assets and Non-Marital Assets (Initial Dissolution Matter ONLY) If this is an original action for dissolution, in column B, place the current fair market value of all marital assets. If you believe that the asset described in column A is your non-marital asset, write what you believe its fair market value to be in column C under "Petitioner" if you are the Petitioner, or under "Respondent" if you are the Respondent. If the asset has a marital and non-marital component, write what you believe the fair market value of the marital portion is in column B and what you believe the fair market value of the non-marital portion is in the appropriate column in column C. The total of column B and column C must equal the asset value on the appropriate valuation date. Disregard this step in all other domestic relation matters and proceed to step 4.

STEP 4: State the Value of Non-marital Assets. (OTHER THAN Initial Dissolution Matters ONLY) If this is a matter OTHER THAN an original dissolution, write what you believe the fair market value to be in column C under Petitioner if you are the Petitioner, or under Respondent if you are the Respondent. **DO NOT USE COLUMN B in any domestic relations matter that is NOT an original dissolution; use only column C.** 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 box on the left in column A next to any asset(s) which you are requesting be awarded to you.			B Marital Assets – Current Fair Market Value	C Nonmarital Assets – Current Fair Market Value	
				Petitioner	Respondent
Requesting to be Awarded		Title Owner			
	Cash (on hand)		\$		
	Cash (in banks and credit unions, including checking, savings and money market accounts, certificates of deposit, and in safe deposit boxes)				

	Cash (in digital wallets, including but not limited to Venmo, Apple Wallet, and PayPal)				
	Virtual currency and cryptocurrency (attach a schedule that shows number of units held of virtual currency or cryptocurrency and unit value at time of preparation of this form)				
	Non-Fungible Tokens (NFT) and the like				
	Stocks/Bonds, investment/brokerage accounts				
	Notes (money owed to you in writing)				
	Money owed to you (not evidenced by a note)				
	Real estate: (Home)				
	Real estate (Other)				

	Business interests (also indicate % of ownership interest next to each entity listed)				
	Automobiles				
	Boats				
	Other vehicles				
	Retirement plans (Profit Sharing, Pension, IRA, 401(k)s, etc.)				
	Furniture & furnishings in home				
	Furniture & furnishings elsewhere				
	Collectibles and commodities (including but not limited to cards, precious metals, coins, stamps, and art)				
	Jewelry				
	Life insurance (cash surrender value)				

STEP 3: State the Value of Marital Debts and Non-Marital Debts (Initial Dissolution Matter ONLY). If this is an original action for dissolution, in **column B**, write what you believe the current amount owed for each marital debts listed.

If you believe that the debt described in column A is a non-marital debt, write what you believe the current amount owed is in column C under Petitioner if you believe the Petitioner should be responsible for the debt, or under Respondent if you believe the Respondent should be responsible for the debt.

If the debt has a marital and non-marital component, write what you believe the current amount owed of the marital portion is in column B and what you believe the current amount owed of the non-marital portion in the appropriate column in column C. The total of column B and column C must equal the total debt value on the appropriate valuation date. **Disregard this step in all other domestic relations matters and proceed to step 4.**

STEP 4: State Value of Non-Marital Debts (OTHER THAN Initial Dissolution Matters ONLY). If this is a matter OTHER THAN an original dissolution, write what you believe the current amount owed to be in column C under Petitioner, if you are the Petitioner or under Respondent, if you are the Respondent. **DO NOT USE COLUMN B in any domestic relations matter that is NOT an original dissolution; use only column C.** 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 LIABILITIES: DESCRIPTION OF ITEM(S) LIST ONLY LAST FOUR DIGITS OF ACCOUNT NUMBERS. Check the box on the left of column A next to any debt(s) for which you believe you should be responsible.				B Marital Liabilities – Current Amount Owed	C Nonmarital Liabilities – Current Amount Owed	
					Petitioner	Respondent
Requesting to be Responsible for		Debtor/ Obligor/ Title Holder	Creditor			
	Mortgages on real estate			\$		
	Charge/credit card accounts					

	Student loans (list each loan individually)					
	Medical liabilities					
	Auto loans					
	Bank/Credit Union loans					
	Tax liabilities					
	Notes (money you owe in writing)					
	Money you owe (not evidenced by a note)					
	Judgments (against you)					
	Other liabilities:					
	Total Amount Owed on Marital Liabilities (add column B)			\$		
	Total Amount Owed on Nonmarital Liabilities (add column C)			\$		

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** (possible lawsuits, 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 box in column A next to any contingent asset(s) which you are requesting the court assign to you.			B Marital Contingent Assets – Possible Value	C Nonmarital Contingent Assets – Possible Value	
				Petitioner	Respondent
Requesting to be Awarded		Title Owner	\$		
	Stock Options				
	Other				
Total Possible Value of Marital Contingent Assets (add column B)			\$		
Total Possible Value of Nonmarital Contingent Assets (add column C)			\$		

A Contingent Liabilities Check the box in column A next to any contingent debt(s) for which you believe you should be responsible.				B Marital Contingent Liabilities – Possible Amount Owed	C Nonmarital Contingent Liabilities – Possible Amount Owed	
					Petitioner	Respondent
Requesting to be Responsible For		Debtor/ Obligor / Title Holder	Creditor	\$	\$	\$
	Attorney Fees					
Total Possible Amount Owed on 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, hand delivered to the person(s) listed below on {date} _____.

Other party or his/her attorney:

Name: _____

Address: _____

City, State, Zip: _____

E-mail Address(es): _____

Under penalties of perjury, I declare that I have read this document and the facts stated in it are true.

Dated: _____

Signature of Party
Printed Name: _____
Address: _____
City, State, Zip: _____
E-mail Address(es): _____

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} _____.