

DISTRICT COURT OF APPEAL
FIRST DISTRICT, FLORIDA
DOCKET NUMBER _____

FINANCIAL AFFIDAVIT

FULL NAME AND ADDRESS: _____

City _____ State _____
Zip Code _____
Telephone Number (____) _____
MARITAL STATUS: Single ___ Married ___ Separated ___
Divorced _____

IF MARRIED SPOUSE'S
FULL NAME: _____

NUMBER OF DEPENDENTS: _____
NAME OF DEPENDENTS
AND AGE: _____

EMPLOYMENT:
NAME OF EMPLOYER: _____
ADDRESS OF EMPLOYER: _____

City _____ State _____
Zip Code _____
Telephone Number (____) _____

HOW LONG IN THIS
POSITION: _____

MONTHLY INCOME: \$ _____

AVERAGE GROSS MONTHLY INCOME FROM EMPLOYMENT: \$ _____

BONUSES, COMMISSIONS, ALLOWANCES, OVERTIME, TIPS, ETC.: \$ _____

BUSINESS INCOME:
From Sources Such As Self-Employment, Partnership, etc. \$ _____

DISABILITY BENEFITS: \$ _____

WORKERS' COMPENSATION: \$ _____

UNEMPLOYMENT COMPENSATION: \$ _____

PENSION, RETIREMENT, ANNUITY PAYMENTS: \$ _____

SOCIAL SECURITY BENEFITS: \$ _____

SPOUSAL SUPPORT RECEIVED FROM PREVIOUS MARRIAGE: \$ _____

INTEREST AND DIVIDENDS: \$ _____

RENTAL INCOME: \$ _____

INCOME FROM ROYALTIES, TRUSTS, OR ESTATES: \$ _____

ITEMIZE ANY OTHER INCOME OF A RECURRING NATURE: \$ _____

TOTAL MONTHLY INCOME: \$ _____

LESS DEDUCTION:

FEDERAL, STATE, AND LOCAL INCOME TAX: \$ _____

FICA OR SELF-EMPLOYMENT TAX: \$ _____

MANDATORY UNION DUES: \$ _____

HEALTH INSURANCE PAYMENTS: \$ _____

COURT-ORDERED SUPPORT
PAYMENTS FOR CHILDREN
ACTUALLY PAID:

\$ _____

TOTAL DEDUCTIONS:

TOTAL MONTHLY INCOME: \$ _____

LESS TOTAL DEDUCTIONS: \$ _____

NET MONTHLY INCOME: \$ _____

DOES ANYONE CONTRIBUTE TO YOUR INCOME OR HELP PAY YOUR EXPENSES
(SPOUSE, ROOMMATE, ETC.?) YES _____ NO _____

IF "YES" COMPLETE THE FOLLOWING:

<u>Name of Contributor</u>	<u>Relationship To Claimant</u>	<u>Total Monthly Dollar Amount of Contribution</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

TOTAL: \$ _____

HOUSEHOLD:

AVERAGE MONTHLY EXPENSES

Mortgage or Rent Payment	\$ _____
Property Taxes and Insurance	\$ _____
Electricity	\$ _____
Water, Garbage, and Sewer	\$ _____
Telephone	\$ _____
Fuel Oil or Natural Gas	\$ _____
Pest Control	\$ _____
<u>Other:</u>	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

AUTOMOBILE:

Loan Payment	\$ _____
Auto Tags and License	\$ _____
Car Insurance	\$ _____
Other	\$ _____

INSURANCES:

Health	\$ _____
Life	\$ _____
Other	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

OTHER EXPENSES NOT LISTED ABOVE:

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

TOTAL HOUSEHOLD EXPENSES: \$ _____

PAYMENTS TO CREDITORS:

<u>To Whom:</u>	<u>Balance Due:</u>	<u>Monthly Payment</u>
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
		\$ _____
TOTAL MONTHLY PAYMENTS TO CREDITORS:		\$ _____

TOTAL MONTHLY EXPENSES \$ _____

SUMMARY OF INCOME AND EXPENSES:

TOTAL MONTHLY NET INCOME	\$ _____
MONTHLY CONTRIBUTION-OTHERS	\$ _____
SUBTOTAL	\$ _____
LESS MONTHLY EXPENSES	\$ _____
BALANCE (+ OR -)	\$ _____

ASSETS: (Ownership: if joint, allocate and indicate
Your Share and Ownership Interest of Others)

DESCRIPTION:	<u>VALUE:</u>		
Cash (On Hand Or In Bank)	\$ _____		
Stocks/Bonds/Notes	\$ _____		
Real Estate:			
Home/ Lease Option			
_____	\$ _____		
_____	\$ _____		
 AUTOMOBILES:			
<u>Make</u>	<u>Model</u>	<u>Year</u>	<u>Value</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
 Money Held In Escrow By Your Attorney On Your Behalf:			\$ _____
 Other Personal Property: Contents Of Home, Jewelry etc.			\$ _____
 Life Insurance/Cash Surrender Value:			\$ _____
 Other Assets:			\$ _____
_____			\$ _____
_____			\$ _____
_____			\$ _____
_____			\$ _____
TOTAL ASSETS:			\$ _____

LIABILITIES:

(If joint, allocate equally and indicate your share only)

<u>CREDITOR</u>	<u>ADDRESS</u>	<u>BALANCE</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
TOTAL LIABILITIES:		\$ _____

SUMMARY OF ASSETS AND LIABILITIES

TOTAL ASSETS	\$ _____
LESS TOTAL WORTH	\$ _____
NET WORTH	\$ _____

Your Signature

SWORN CERTIFICATION

I hereby certify that _____, who being sworn and deposed, did personally appear before me and states that this Financial Affidavit was his/her act and deed and that all information therein is true and accurate.

STATE OF FLORIDA

COUNTY OF _____

The forgoing instrument was acknowledged before me this ____ day of _____, 20__ by _____

(Name of person acknowledging)

(Signature of Notary Public)

(Print, Type, or Stamp Commissioned

Name of Notary)

Personally Known _____ OR Produced Identification

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the above
Financial Affidavit has been furnished by _____ this
_____ day of _____, 20__, to: _____

Address:

Signature

