

**DISTRICT COURT OF APPEAL  
FIRST DISTRICT, FLORIDA  
DOCKET NUMBER\_\_\_\_\_**

**FINANCIAL AFFIDAVIT**

FULL NAME AND ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

City\_\_\_\_\_ State\_\_\_\_\_  
Zip Code\_\_\_\_\_

MARITAL STATUS: Telephone Number (\_\_\_\_)\_\_\_\_\_  
Single\_\_\_ Married\_\_\_ Separated\_\_\_  
Divorced\_\_\_\_\_

IF MARRIED SPOUSE'S  
FULL NAME: \_\_\_\_\_

NUMBER OF DEPENDENTS: \_\_\_\_\_  
NAME OF DEPENDENT'S \_\_\_\_\_  
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:	VALUE:
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:	
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
<b>TOTAL ASSETS:</b>	\$ _____

LIABILITIES:

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

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

SUMMARY OF ASSETS AND LIABILITIES

<b>TOTAL ASSETS</b>	\$ _____
<b>LESS TOTAL WORTH</b>	\$ _____
<b>NET WORTH</b>	\$ _____

**ALL FINANCIAL AFFIDAVITS MUST BE ACCOMPANIED BY A COPY OF YOUR LAST YEARS FEDERAL TAX RETURN.**

\_\_\_\_\_  
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

\_\_\_\_\_ Type of Identification Produced \_\_\_\_\_

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

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