

INSTRUCTIONS FOR FLORIDA FAMILY LAW RULES OF PROCEDURE FORM 12.902(b), FAMILY LAW FINANCIAL aFFIDAVIT (SHORT FORM) (09/12)

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 UNDER \$50,000 per year unless: (1) You are filing a simplified dissolution of marriage under rule 12.105 and both parties have waived the filing of a financial affidavit;

(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 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 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.

Instructions to Florida Family Law Rules of Procedure Form 12.902(b), Family Law Financial Affidavit (Short Form)
(09/12)

IN THE CIRCUIT COURT OF THE _____ JUDICIAL CIRCUIT
IN AND FOR _____ 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 other() week () twice a month () month () 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 instruction 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) (Attach sheet itemizing this income and expenses.) 3. \$ _____
- 4. Monthly disability benefits/SSI 4. \$ _____
- 5. Monthly Workers' Compensation 5. \$ _____
- 6. Monthly Unemployment Compensation 6. \$ _____
- 7. Monthly pension, retirement, or annuity payments 7. \$ _____
- 8. Monthly Social Security benefits 8. \$ _____
- 9. Monthly alimony actually received
 - 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) (Attach sheet itemizing this income and expenses.) 11. \$ _____
- 12. Monthly income from royalties, trust, or estates. 12. \$ _____
- 13. Monthly reimbursement expenses and in kind payments to the extent that they reduce personal living expenses 13. \$ _____
- 14. Monthly gains derived from dealing in property (not including nonrecurring gains) 14. \$ _____
- 15. Any other income of a recurring nature (listsources) 15. \$ _____
- 16. _____ 16. \$ _____
- 17. PRESENT MONTHLY GROSS INCOME (Add lines 1-16) 17. \$ _____

PRESENT MONTHLY DEDUCTIONS

- 18. Monthly federal, state, and local income taxes (corrected for filing status and actual number of withholding allowances) 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 children of this relationship 23.\$ _____
 24. Monthly court ordered child support actually paid for children from another
 relationship. 24.\$ _____
 25. Monthly court-ordered child support actually paid.
 25a. from this case: \$ _____ Add 25a and 25b 25 \$ _____
 25b. from other case(s) _____
 26. TOTAL DEDUCTION ALLOWABLE UNDER SECTION 61.30,
 FLORIDA STATUTES (Add lines 18 through 25) TOTAL 26. \$ _____
 27. PRESENT NET MONTHLY INCOME (Subtract lines 26 from line 17) 27.\$ _____

SECTION II. AVERAGE MONTHLY EXPENSES

A. HOUSEHOLD

Mortgage or Rents \$ _____
 Property Taxes _____
 Utilities _____
 Telephone _____
 Food _____
 Meals outside home _____
 Maintenance/Repairs _____
 Other: _____

D. OTHER EXPENSES NOT LISTED ABOVE

Clothing \$ _____
 Medical/Dental(uninsured) _____
 Grooming _____
 Entertainment _____
 Gifts _____
 Church/Charities _____
 Miscellaneous _____
 Other: _____

B. AUTOMOBILE:

Gasoline \$ _____
 Repairs _____
 Insurance _____

E. PAYMENTS TO CREDITORS

Creditor:	Monthly payments
_____	\$ _____
_____	_____
_____	_____
_____	_____

C. CHILDREN'S EXPENSES:

Day Care \$ _____
 Lunch Money _____
 Clothing _____
 Grooming _____
 Gifts for holidays _____
 Medical/dental(uninsured) _____
 Other: _____

F. INSURANCE

Medical/Dental \$ _____
 Life \$ _____
 Other: \$ _____

28. TOTAL MONTHLY EXPENSES (add ALL monthly amounts in A through F above) \$ _____

SUMMARY

29. \$ _____ TOTAL PRESENT MONTHLY NET INCOME (LINE 27)
 30. \$ _____ TOTAL MONTHLY EXPENSES (LINE 28)

____ Other _____

 TOTAL DEBTS _____

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 the here:

Contingent Assets	Possible Value	Nonmarital	
		Husband	Wife
_____	_____	_____	_____
Contingent Liabilities	Possible Amount	Nonmarital	
	Owed	Husband	Wife
_____	_____	_____	_____

CHILD SUPPORT GUIDELINES WORKSHEET (Florida Family Law Form 12,90(g) Child Support Guidelines Worksheet, MUST be filed in all cases in which the parties have a minor child in common INCLUDING modification of child support).

X one only

____ A Child Support Guidelines Worksheet IS being filed in this case. The parties have a minor child(ren) in common or one of the parties is requesting a modification of a previous court order regarding child support.

____ A Child Support Guidelines Worksheet IS NOT being filed in this case. There are no minor children in common to the parties in this case or, if this case involves a modification of a previous court order, child support is not an issue.

I certify that a copy of this document was (check only one) ____ mailed, ____ faxes and mailed, or ____ hand delivered to the person(s) listed below on (date) _____.

Other party or their attorney:

Name _____
 Address _____

 City State Zip
 Telephone No. _____
 Fax No. _____

I understand that I am swearing 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: _____

(area code and number)

Fax number: _____

(area code and number)

STATE OF _____

COUNTY OF _____

Sworn to (or affirmed) and subscribed before me on (date) _____,
by (name) _____.

NOTARY PUBLIC

(Print, type, or stamp commissioned name of notary)

("X" one only)

____ Personally known

____ Produced identification Type of identification produced: _____

IF A NONLAWYER HELPED YOU FILL OUT THIS FORM THEY MUST FILL IN THE BLANKS
BELOW: (fill in all blanks)

I, (name of nonlawyer) _____, a nonlawyer, located
at: (street) _____ (city) _____ (state) _____
(phone) _____, helped (name) _____, who is
the ("X" one only) _____ petitioner or _____ respondent, fill out this form.

