

FINANCIAL AFFIDAVIT WORKSHEET

Short Form

1. Answer all questions completely. If you need more space, you may make a duplicate copy of the section of the questionnaire as needed, or use additional paper and attach it to this questionnaire.

2. Items that are marked with an asterisk (*) are calculations. If you wish, you can leave those blank and let us do the calculations for you.

CONFIDENTIALITY: The information you enter in this questionnaire is confidential and protected by Attorney-Client Privilege. The information will not be disclosed to anyone outside of this office, except in the course of rendering legal services on your behalf or as otherwise provided by law.

Name of Client: _____

Date: _____

EMPLOYMENT INFORMATION:

Your Occupation: _____

Employed by: _____

Business Address: _____

Pay rate: \$ _____

Frequency: () every week () every other week () twice a month () monthly () other: _____

_____ Check here if you are unemployed, and explain below your efforts to find employment:

PRESENT MONTHLY GROSS INCOME:

All amounts must be 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 3.\$ _____
4. Monthly disability benefits/SSI 4.\$ _____

- 5. Monthly Workers' Compensation 5.\$ _____
- 6. Monthly Reemployment Assistance 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 11.\$ _____
- 12. Monthly income from royalties, trusts, or estates 12.\$ _____
- 13. Monthly reimbursed expenses and in-kind payments to the extent that they reduce personal living expenses 13.\$ _____
- 14. Monthly gains derived from dealing in property 14.\$ _____
- Any other income of a recurring nature (list source):
- 15. _____ 15.\$ _____
- 16. _____ 16.\$ _____

17. *PRESENT MONTHLY GROSS INCOME (Lines 1-17) \$ _____
 16)

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) \$ _____
- 25.\$ _____
26. ***TOTAL DEDUCTIONS ALLOWABLE UNDER*26. \$ _____**
S. 61.30, FLORIDA STATUTES (Add lines 18 through 25)
27. ***PRESENT NET MONTHLY INCOME *27.\$ _____**

AVERAGE MONTHLY EXPENSES: _____

A. HOUSEHOLD:

- Mortgage or rent \$ _____
- Property taxes \$ _____
- Utilities \$ _____
- Telephone \$ _____
- Food \$ _____
- Meals outside home \$ _____
- Maintenance/Repairs \$ _____
- Other: _____ \$ _____
- Other: _____ \$ _____

B. AUTOMOBILE:

- Gasoline \$ _____
- Repairs \$ _____
- Insurance \$ _____

C. CHILDREN'S EXPENSES:

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

D. INSURANCE:

Medical/dental	\$ _____
Children's medical/dental	\$ _____
Life	\$ _____
Other: _____	\$ _____

E. OTHER EXPENSES NOT LISTED ABOVE:

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

F. PAYMENTS TO CREDITORS:

CREDITOR:	MONTHLY PAYMENT
-----------	-----------------

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

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

SUMMARY: _____

29. *TOTAL PRESENT MONTHLY NET INCOME* **29. \$** _____
(line 27)

30. *TOTAL MONTHLY EXPENSES (line 28) ***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.(\$** _____ **)**

ASSETS and LIABILITIES:

1. Answer all questions completely. If a question does not apply, enter "n/a". If you do not know an answer, leave the space blank. If there is not enough space to enter all items within a category, check as indicated at the bottom of the page, and attach the information to this questionnaire on separate sheets.

2. If you are preparing this Worksheet for a **dissolution or related proceeding** (and you are married to the opposing party), list **all** assets and liabilities of you and your spouse, and complete the following information:

(a) Indicate whether an asset or liability should be awarded to you by placing a check mark in the blank in the **left column** next to the asset or liability.

(b) Indicate whether the item is a nonmarital asset or liability by circling the "H" for "Husband" or "W" for "Wife" in the **Nonmarital** column on the right. If you have any questions about whether an item is nonmarital, please ask your attorney.

3. If you are preparing this Worksheet for **any other proceeding** (and you are not married to the opposing party), list **all** of your assets and liabilities (but NOT the assets and liabilities of the opposing party), and DISREGARD the **left column** and the **Nonmarital** column, unless your attorney instructs you otherwise.

<u>Cash (on hand)</u>	Balance	Nonmarital Asset	
Cash on hand in possession of Husband:	\$ _____	H	W
Cash on hand in possession of Wife:	\$ _____	H	W
_____ TOTAL CASH ON HAND (sum of above):	\$ _____	H	W

<u>Cash in bank or credit unions</u>	Balance	Nonmarital Asset	
_____	\$ _____	H	W

Name of Institution/Type of Account

Acct No. _____

Name _____ on

Account: _____ You _____ Spouse _____ Othe

r

_____ \$ _____ H W
Name of Institution/Type of Account
Acct No. _____
Name _____ on
Account: _____ You _____ Spouse _____ Othe
r

_____ \$ _____ H W
Name of Institution/Type of Account
Acct No. _____
Name _____ on
Account: _____ You _____ Spouse _____ Othe
r

_____ \$ _____ H W
Name of Institution/Type of Account
Acct No. _____
Name _____ on
Account: _____ You _____ Spouse _____ Othe
r

_____ \$ _____ H W
Name of Institution/Type of Account
Acct No. _____
Name _____ on
Account: _____ You _____ Spouse _____ Othe
r

**Balance / Current
Fair Market Value**

**Nonmarital
Asset**

Stocks / Bonds

_____	\$ _____	H	W
Description / # of Shares			
Date Issued: _____			
Certificate #'s: _____			
Pledged as collateral? _____			
_____	\$ _____	H	W
Description / # of Shares			
Date Issued: _____			
Certificate #'s: _____			
Pledged as collateral? _____			
_____	\$ _____	H	W
Description / # of Shares			
Date Issued: _____			
Certificate #'s: _____			
Pledged as collateral? _____			
_____	\$ _____	H	W
Description / # of Shares			
Date Issued: _____			
Certificate #'s: _____			
Pledged as collateral? _____			

Automobiles

Current
Fair Market Value

Nonmarital
Asset

	Current Fair Market Value	Nonmarital Asset
Year: _____ Make: _____ Model: _____ Record _____ Title _____ Owner: _____ You _____ Spouse _____ Other _____ Purchase Price: \$ _____ If loan, amount owed: \$ _____ Down Payment: \$ _____ Source of Down Payment: _____ Primary _____ User: _____ You _____ Spouse _____ Other _____ Mileage: _____ Describe condition of vehicle and if immediate repairs are needed: _____ _____ _____	\$ _____	H W
Year: _____ Make: _____ Model: _____ Record _____ Title _____ Owner: _____ You _____ Spouse _____ Other _____ Purchase Price: \$ _____ If loan, amount owed: \$ _____ Down Payment: \$ _____ Source of Down Payment: _____ Primary _____ User: _____ You _____ Spouse _____ Other _____ Mileage: _____ Describe condition of vehicle and if immediate repairs are needed: _____ _____ _____	\$ _____	H W
		W

___ Check here if there are additional autos or vehicles not listed above; if so, attach info

Other personal property:

Balance / Current
Fair Market Value

Nonmarital
Asset

____ Description: _____ \$ _____ H W
Purchase Price: _____
Subject to security interest? _____

____ Description: _____ \$ _____ H W
Purchase Price: _____
Subject to security interest? _____

____ Description: _____ \$ _____ H W
Purchase Price: _____
Subject to security interest? _____

____ Description: _____ \$ _____ H W
Purchase Price: _____
Subject to security interest? _____

Retirement Plans (profit sharing, pension, IRA, etc.):

Balance / Current
Fair Market Value

Nonmarital
Asset

_____ \$ _____ H W

Name of Institution/Type of Account

Acct No. _____

Name on Account: ____ You ____ Spouse

Current

Beneficiary: ____ You ____ Spouse ____ Ot

her

Balance on Date of Marriage: \$ _____

Prior Withdrawals: _____

_____ \$ _____ H W

Name of Institution/Type of Account

Acct No. _____

Name on Account: _____ You _____ Spouse

Current

Beneficiary: _____ You _____ Spouse _____ Other

Balance on Date of Marriage: \$ _____

Prior Withdrawals: _____

Auto Loans

Amount Owed /
Payoff

Nonmarital
Liability

_____ \$ _____ H W

Name of Lender

Vehicle securing loan: _____

Account Number: _____

Last Payment Due Date: _____

Name _____ on

Loan: _____ You _____ Spouse _____ Other

Avg. Monthly Payment: \$ _____

_____ \$ _____ H W

Name of Lender

Vehicle securing loan: _____

Account Number: _____

Last Payment Due Date: _____

Name _____ on

Loan: _____ You _____ Spouse _____ Other

Avg. Monthly Payment: \$ _____

_____ \$ _____ H W

Name of Lender _____

Vehicle securing loan: _____

Account Number: _____

Last Payment Due Date: _____

Name _____ on _____

Loan: _____ You _____ Spouse _____ Other _____

Avg. Monthly Payment: \$ _____

Charge/Credit Card Account - page 1

Amount Owed /
Payoff

Nonmarital
Liability

_____ \$ _____ H W

Name of Creditor _____

Account Number: _____

Card Expiration Date: _____

Amt Charged by: You \$ _____ Spouse \$ _____

Security, if any: _____

Name _____ on _____

Account: _____ You _____ Spouse _____ Other _____

Avg. Monthly Payment: \$ _____

_____ \$ _____ H W

Name of Creditor _____

Account Number: _____

Card Expiration Date: _____

Amt Charged by: You \$ _____ Spouse \$ _____

Security, if any: _____

Name _____ on _____

Account: _____ You _____ Spouse _____ Other _____

Avg. Monthly Payment: \$ _____

_____ \$ _____ H W

Name of Creditor

Account Number: _____

Card Expiration Date: _____

Amt Charged by: You \$_____ Spouse \$____

Security, if any: _____

Name _____ on

Account: _____ You _____ Spouse _____ Other

Avg. Monthly Payment: \$_____

_____ \$_____ H W

Name of Creditor

Account Number: _____

Card Expiration Date: _____

Amt Charged by: You \$_____ Spouse \$____

Security, if any: _____

Name _____ on

Account: _____ You _____ Spouse _____ Other

Avg. Monthly Payment: \$_____

_____ \$_____ H W

Name of Creditor

Account Number: _____

Card Expiration Date: _____

Amt Charged by: You \$_____ Spouse \$____

Security, if any: _____

Name _____ on

Account: _____ You _____ Spouse _____ Other

Avg. Monthly Payment: \$_____

<u>Other (debts, loans, liabilities)</u>	Amount Owed / Payoff	Nonmarital Liability
_____	\$_____	H W

Name of Creditor

Account Number, if any: _____

Date incurred: _____

Reason for debt: _____

Security, if any: _____

Name _____ on

Debt: _____ You _____ Spouse _____ Other

Avg. Monthly Payment: \$ _____

\$ _____ H W

Name of Creditor

Account Number, if any: _____

Date incurred: _____

Reason for debt: _____

Security, if any: _____

Name _____ on

Debt: _____ You _____ Spouse _____ Other

Avg. Monthly Payment: \$ _____