

IN THE CIRCUIT COURT OF THE JUDICIAL CIRCUIT
IN AND FOR COUNTY, FLORIDA

IN RE: The Marriage of:
KYLE D GRANT,
Husband
and
TIFFANY M GRANT,
Wife

Case Number: 2015-DR-4874 FM
Division: FM-C

FINANCIAL AFFIDAVIT (LONG FORM)
(\$ 50,000 or more Individual Gross Annual Income)

I, KYLE D GRANT, being sworn, certify that the following information is true.

SECTION I. INCOME

- 1. My age is: 37
- 2. My Occupation is: unemployed
- 3. I am currently [X all that apply]
- a. Unemployed

Describe your efforts to find employment, how soon you expect to be employed, and the pay you expect to receive.
looking for employment, planning on being employed byt August 1, 2015.

 b. Employed by:

Telephone :

Address: , , FL

Pay rate: \$ 0.00

Pay Period : Monthly

If you are expecting to become unemployed or change jobs soon, describe the change you expect and 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.

17. \$ 0.00 PRESENT MONTHLY GROSS INCOME (From prior Page)

PRESENT MONTHLY DEDUCTIONS:

All amounts must be MONTHLY.

Monthly federal, state and local income tax (corrected for filing status and allowable dependents and income tax liabilities)

a. Filing Status SGL

Footnote No.

18. 0.00 b. Number of dependents claimed 1

19. 0.00 Monthly FICA or self-employment taxes

20. 0.00 Monthly Medicare payments

21. 0.00 Monthly mandatory union dues

22. 0.00 Monthly mandatory retirement payments

23. 0.00 Monthly health insurance payments (including dental insurance), excluding portion paid for any minor children of this relationship

24. 0.00 Monthly court-ordered child support actually paid for children from another relationship

Monthly court-ordered alimony actually paid

25a. from this case: \$ 0.00

25. 0.00 Add 25a and 25b 25b from other case(s): 0.00

TOTAL DEDUCTIONS ALLOWABLE UNDER SECTION 61.30,

26. \$ 0.00 **FLORIDA STATUTES** (Add lines 18 through 25)

27. \$ 0.00 **PRESENT NET MONTHLY INCOME** (Subtract line 26 from line 17)

SECTION II. AVERAGE MONTHLY EXPENSES

Proposed/Estimated Expenses. If this is a dissolution of marriage case and your expenses as listed below do not reflect what you actually pay currently, you should write "estimate" next to each amount that is estimated.

HOUSEHOLD

1.	<u>923.00</u>	Mortgage or Rent Payments	2 Wells Fargo Home
2.	<u>0.00</u>	Property Taxes (Not in Payment)	
3.	<u>0.00</u>	Insurance on Residence (Not in Pmt.)	
4.	<u>0.00</u>	Condo/Homeowner's Maint/Assoc Fees	
5.	<u>200.00</u>	Electricity	
6.	<u>100.00</u>	Water, Garbage and Sewer	
7.	<u>0.00</u>	Telephone	
8.	<u>0.00</u>	Fuel Oil or Natural Gas	
9.	<u>200.00</u>	Repairs and Maintenance	
10.	<u>0.00</u>	Lawn Care	
11.	<u>0.00</u>	Pool Maintenance	
12.	<u>0.00</u>	Pest Control	
13.	<u>0.00</u>	Misc. Household	
14.	<u>0.00</u>	Cable TV	
15.	<u>0.00</u>	Food and Home Supplies	
16.	<u>0.00</u>	Meals Outside Home	
17.	<u>0.00</u>	Alarm Service Contract	
18.	<u>0.00</u>	Service Contracts on Appliances	
19.	<u>0.00</u>	Maid Service	
20.	<u>0.00</u>	Internet Services	
21.	<u>1,423.00</u>	SUBTOTAL (add lines 1 through 20)	

AUTOMOBILE

22.	<u>100.00</u>	Gasoline and Oil	
23.	<u>0.00</u>	Repairs	
24.	<u>0.00</u>	Auto Tags and Emission Testing	
25.	<u>100.00</u>	Auto Insurance	
26.	<u>300.00</u>	Car Payments (Lease or Financing)	1 Wells Fargo Dealer
27.	<u>0.00</u>	Auto Rental/Replacement Cost	
28.	<u>0.00</u>	Alternative Transportation	
29.	<u>0.00</u>	Tolls and Parking	
30.	<u>500.00</u>	SUBTOTAL (add lines 22 through 29)	

CHILDREN'S EXPENSE FOR CHILDREN COMMON TO BOTH PARTIES

SECTION II. AVERAGE MONTHLY EXPENSES

Proposed/Estimated Expenses. If this is a dissolution of marriage case and your expenses as listed below do not reflect what you actually pay currently, you should write "estimate" next to each amount that is estimated.

CHILDREN'S EXPENSE FOR CHILDREN COMMON TO BOTH PARTIES

- 31. 0.00 Nursery, Babysitting or Daycare
- 32. 0.00 School Tuition
- 33. 0.00 School Supplies and Books, Fees
- 34. 0.00 After School Activities
- 35. 0.00 Lunch Money
- 36. 0.00 Private Lessons / Tutoring
- 37. 0.00 Allowance
- 38. 0.00 Clothing / Uniforms
- 39. 0.00 Entertainment-Movies, Parties, Etc.
- 40. 0.00 Health Insurance
- 41. 0.00 Medical, Dental, Prescriptions (NR)
- 42. 0.00 Psychiatric/Psychological/Counselor
- 43. 0.00 Vitamins
- 44. 0.00 Beauty Parlor/Barbershop
- 45. 0.00 Non-Prescription Medication
- 46. 0.00 Cosmetics/Toiletries and Sundries
- 47. 0.00 Gifts From Children to Others
- 48. 0.00 Vacation
- 49. 0.00 Camp or/and Other Summer Activities
- 50. 0.00 Clubs (Boy/Girl Scouts, Etc)
- 51. 0.00 Time-Sharing Expense Non-Res Parent
- 52. 0.00 Orthodontic
- 53. 0.00 Miscellaneous
- 54. 0.00 **SUBTOTAL** (add lines 31 through 53)

CHILD(REN) ANOTHER RELATIONSHIP (OTHER THAN COURT-ORDERED CHILD...

- 55. 0.00 Nursery, Babysitting or Daycare
- 56. 0.00 School Tuition
- 57. 0.00 School Supplies and Books, Fees
- 58. 0.00 After School Activities
- 59. 0.00 Lunch Money
- 60. 0.00 Private Lessons / Tutoring

SECTION II AVERAGE MONTHLY EXPENSES

Proposed/Estimated Expenses. If this is a dissolution of marriage case and your expenses as listed below do not reflect what you actually pay currently, you should write "estimate" next to each amount that is estimated.

CHILD(REN) ANOTHER RELATIONSHIP (OTHER THAN COURT-ORDERED CHILD...

- 61. 0.00 Allowance
- 62. 0.00 Clothing / Uniforms
- 63. 0.00 Entertainment-Movies, Parties, Etc
- 64. 0.00 Health Insurance
- 65. 0.00 Medical, Dental, Prescriptions
- 66. 0.00 Psychiatric/Psychological/Counselor
- 67. 0.00 Vitamins
- 68. 0.00 Beauty Parlor/Barbershop
- 69. 0.00 Non-Prescription Medication (NR)
- 70. 0.00 Cosmetics/Toiletries and Sundries
- 71. 0.00 Gifts From Children to Others
- 72. 0.00 Vacation
- 73. 0.00 Camp or/and Other Summer Activities
- 74. 0.00 Clubs (Boy/Girl Scouts, Etc)
- 75. 0.00 Time-Sharing Expense-Non-Res Parent
- 76. 0.00 Orthodontic
- 77. 0.00 Miscellaneous
- 78. 0.00 **SUBTOTAL** (add lines 55 through 77)

INSURANCE

- 79. 0.00 Health Insurance-Excluding Children
- 80. 0.00 Life Insurance
- 81. 0.00 Dental Insurance
- 82. 0.00 **SUBTOTAL** (add lines 79 through 81)

OTHER MONTHLY EXPENSES NOT LISTED ABOVE

- 83. 0.00 Dry Cleaning & Laundry
- 84. 0.00 Clothing
- 85. 0.00 Medical/Dental/Prescriptions (NR)
- 86. 0.00 Psychiatric/Psychological/Counselor
- 87. 0.00 Non-Prescription Medications
- 88. 0.00 Cosmetics, Toiletries, Sundries

SECTION II AVERAGE MONTHLY EXPENSES

Proposed/Estimated Expenses. If this is a dissolution of marriage case and your expenses as listed below do not reflect what you actually pay currently, you should write "estimate" next to each amount that is estimated.

OTHER MONTHLY EXPENSES NOT LISTED ABOVE

89.	<u>20.00</u>	Grooming
90.	<u>0.00</u>	Gifts
91.	<u>0.00</u>	Pet Expenses
92.	<u>0.00</u>	Club Dues and Memberships
93.	<u>0.00</u>	Sports and Hobbies
94.	<u>0.00</u>	Entertainment
95.	<u>0.00</u>	Periodicals/Books/Tapes/CD's
96.	<u>0.00</u>	Vacations
97.	<u>0.00</u>	Religious Organizations
98.	<u>0.00</u>	Bank Charges/ Credit Card Fees
99.	<u>0.00</u>	Education Expenses
100.	<u>0.00</u>	Professional Expenses
101.	<u>20.00</u>	SUBTOTAL (add lines 83 through 100)

SECTION II AVERAGE MONTHLY EXPENSES

Proposed/Estimated Expenses. If this is a dissolution of marriage case and your expenses as listed below do not reflect what you actually pay currently, you should write "estimate" next to each amount that is estimated.

PAYMENTS TO CREDITORS

102.	<u>0.00</u>	Mortgages on realestate (Included Prior)
103.	<u>0.00</u>	Chase Credit Cards
104.	<u>0.00</u>	BOA Credit Cards
105.	<u>0.00</u>	Auto Loan Wells Fargo (Included Prior)
106.	<u>0.00</u>	State Tax lien
107.	<u>0.00</u>	SUBTOTAL (add lines 102 through 106)

108.	<u>1,943.00</u>	TOTAL MONTHLY EXPENSES:
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SUMMARY

		PRESENT MONTHLY NET INCOME
109.	<u>0.00</u>	(from line 27 of SECTION I. INCOME)
		TOTAL MONTHLY EXPENSES
110.	<u>1,943.00</u>	(from line 108. above)
		SURPLUS (if line 109 is greater than line 110)
111.	<u> </u>	(Subtract line 110 from line 109)
		(DEFICIT) (if line 110 is greater than line 109)
112.	<u>-1,943.00</u>	(Subtract line 109 from line 110)

SECTION III. ASSETS AND LIABILITIES

A. ASSETS: (This is where you list what you OWN.)

INSTRUCTIONS:

STEP 1: In column A, list a description of each separate item owned by you (and/or your spouse, if this is a petition for dissolution of marriage).

STEP 2: If this is a petition for dissolution of marriage, check the box, in Column A next to any item that you are requesting the judge award you.

STEP 3: In column B, write what you believe to be the current fair market value of all items listed.

STEP 4: Use column C only if this is a petition for dissolution of marriage and you believe an item is "nonmarital," meaning it belongs to only one of you and should not be divided. You should indicate to whom you believe the item belongs. (Typically, you will only use Column C if property was owned by one spouse before the marriage. 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	B	C	
ASSETS: DESCRIPTION OF ITEM(S)	Current Fair Market Value	Nonmarital (<input checked="" type="checkbox"/> Correct Column)	
FNN	Value	HUSBAND	WIFE
LIST ONLY LAST FOUR DIGITS OF ACCOUNT NUMBERS.			
Check the line next to any asset(s) which you are requesting the judge award to you.			
<hr/>			
Cash On Hand and In Banks			
<input type="checkbox"/> Cash	0	<input type="checkbox"/>	<input type="checkbox"/>
Totals	0		
<hr/>			
Stocks and Bonds			
<input type="checkbox"/> Stock	0	<input type="checkbox"/>	<input type="checkbox"/>
Totals	0		
<hr/>			
Real Estate Assets			
<input type="checkbox"/> Real Estate	0	<input type="checkbox"/>	<input type="checkbox"/>
Totals	0		
<hr/>			
Business Interests			
<input type="checkbox"/> Other Business	0	<input type="checkbox"/>	<input type="checkbox"/>
Totals	0		
<hr/>			

A	B	C	
ASSETS: DESCRIPTION OF ITEM(S)	Current	Nonmarital	
LIST ONLY LAST FOUR DIGITS OF ACCOUNT NUMBERS.	Fair	(<input checked="" type="checkbox"/> Correct Column)	
Check the line next to any asset(s) which you are requesting the judge award to you.	Market	(<input checked="" type="checkbox"/> HUSBAND	(<input type="checkbox"/> WIFE)
_____	FNN Value	_____	_____
Transportation Assets			
<input type="checkbox"/> Automobile	0	<input type="checkbox"/>	<input type="checkbox"/>
Totals	0		
Retirement Assets			
<input type="checkbox"/> Retirement Plan	0	<input type="checkbox"/>	<input type="checkbox"/>
Totals	0		
Insurance Assets			
<input type="checkbox"/> Life Insurance	0	<input type="checkbox"/>	<input type="checkbox"/>
Totals	0		
Furniture and Fixtures Assets			
<input checked="" type="checkbox"/> Grill	200	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Kitchen Table and Chairs	250	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Pots, Pans, Tableware	300	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Dining room Hutch, glasses	200	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Dining room table and chairs	250	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Living room set and tv	550	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Laundry set	300	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Master bedroom set and tv	700	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Guest Bedroom set	200	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Office Furniture	250	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Electronics	3,000	<input type="checkbox"/>	<input type="checkbox"/>
Totals	6,200		
Tangible Other Assets			
<input type="checkbox"/> Other Tangible	0	<input type="checkbox"/>	<input type="checkbox"/>
Totals	0		
Miscellaneous Assets			
<input type="checkbox"/> Miscellaneous	0	<input type="checkbox"/>	<input type="checkbox"/>
Totals	0		
Total Assets	6,200		

B. LIABILITIES/DEBTS: (This is where you list what you OWE.)

INSTRUCTIONS:

STEP 1: In column A, list a description of each separate debt owed by you (and/or your spouse, if this is a petition for dissolution of marriage).

STEP 2: If this is a petition for dissolution of marriage, check the box, in Column A next to any debt(s) for which you believe you should be responsible.

STEP 3: In column B, write what you believe to be the current amount owed for all items listed.

STEP 4: Use column C only if this is a petition for dissolution of marriage and you believe an item is "nonmarital," meaning it belongs to only one of you and should not be divided. You should indicate to whom you believe the item belongs. (Typically, you will only use Column C if property was owned by one spouse before the marriage. 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	B	C	
LIABILITIES: DESCRIPTION OF ITEM(S) LIST ONLY LAST FOUR DIGITS OF ACCOUNT NUMBERS. Check the line next to any debt(s) for which you believe you should be responsible.	Current Amount Owed	Nonmarital (<input checked="" type="checkbox"/> Correct Column)	
<input type="checkbox"/> FNN		HUSBAND	WIFE
<input checked="" type="checkbox"/> Mortgages on realestate	132,000	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Chase Credit Cards	9,200	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> BOA Credit Cards	32,000	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Auto Loan Wells Fargo	13,972	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> State Tax lien	10,000	<input type="checkbox"/>	<input type="checkbox"/>
Totals For Unsecured Liabilities	197,172		
Total Liabilities	197,172		

C: NET WORTH (excluding contingent assets and liabilities)

Total Assets	\$	6,200
Total Liabilities		197,172
Total Net Worth (Assets minus Liabilities)	\$	-190,972

D. 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, debts assumed by another), you must list them here.

A Contingent Assets	FNN	B Possible Value	C Nonmarital (<input checked="" type="checkbox"/> Correct Column)	
Check the line next to any contingent assets(s) which you are requesting the judge award to you.			HUSBAND	WIFE
<input type="checkbox"/> Contingent Asset		0	<input type="checkbox"/>	<input type="checkbox"/>
Totals		0		

A Contingent Liabilities	FNN	B Possible Amount Owed	C Nonmarital (<input checked="" type="checkbox"/> Correct Column)	
Check the line next to any contingent debt(s) for which you believe you should be responsible.			HUSBAND	WIFE
<input type="checkbox"/> Contingent Liability		0	<input type="checkbox"/>	<input type="checkbox"/>
Totals		0		
Total Net Contingent Assets / Liabilities		0		

E: CHILD SUPPORT GUIDELINES WORKSHEET. Florida Family Law 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 can not be waived by the parties.

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 child(ren) in common or, if one of the parties is requesting a modification of a previous court order, child support is not an issue.

I understand that I am swearing or affirming 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: 06/11/2015

Kyle D. Grant

Signature of Party
Printed Name: Kyle D. Grant
Address: 5290 Pelington Creek Rd
City, State, Zip: Jacksonville, FL 32256
Telephone Number: 206-230-8703
Fax Number: _____

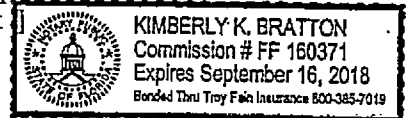
STATE OF FLORIDA
COUNTY OF DUVAL

Sworn to or affirmed and signed before me on 06-11-15 by KYLE DAVID GRANT

Kimberly K. Bratton
NOTARY PUBLIC or DEPUTY CLERK

[Print, type, or stamp commissioned name of notary or deputy clerk

Personally known
 Produced identification
Type of identification produced FL DRIVERS LICENSE



Jeffrey J. Sneed
Eakin and Sneed
599 Atlantic Blvd, Suite 6
Atlantic Beach, FL, 32233
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Designated Email: jeffsneed@comcast.net
Attorney for Husband

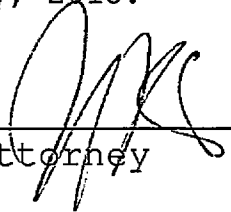
FOOTNOTES

Income and Expense Footnotes

- 1 Wells Fargo Dealer
- 2 Wells Fargo Home

CERTIFICATE OF SERVICE

I hereby certify that a true and correct copy of the foregoing has been furnished to Daniel P. Delves, 4613 US Highway 17, Suite 4, Fleming Island, FL 32003, via email transmission (dpdelves@yahoo.com) this 30 day of July, 2015.



Attorney