

IN THE CIRCUIT COURT OF THE  
FIFTEENTH JUDICIAL CIRCUIT IN AND  
FOR PALM BEACH COUNTY, FLORIDA

FAMILY DIVISION

CASE NO.

IN RE: The Marriage of

Petitioner,

and

Respondent.

\_\_\_\_\_ /

**FAMILY LAW FINANCIAL AFFIDAVIT (LONG FORM)**

I, \_\_\_\_\_, being sworn certify that the following information is true:

**SECTION I. PRESENT MONTHLY INCOME**

1. Date of Birth: \_\_\_\_\_
2. Social Security Number: \_\_\_\_\_
3. My occupation is: \_\_\_\_\_
4. I am currently
  - \_\_\_\_\_ a. Unemployed  
Describe your efforts to find employment , how soon you expect to be employed, and the pay your expect to receive.
  - \_\_\_\_\_ b. Employed by: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip code: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Pay rate: \$ \_\_\_\_\_ every week ( ) every other week ( ) twice a month ( ) monthly ( ) other: \_\_\_\_\_

If you are expecting to become unemployed or change jobs soon, describe the change you expect and why and how it will effect your income: \_\_\_\_\_

Check here if you currently have more than one job. List he information for the second job(s) on a separate sheet and attach it to this affidavit.

- \_\_\_\_\_ c. Retired. Date of retirement: \_\_\_\_\_  
Employer from whom you retired: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip code: \_\_\_\_\_  
Telephone: \_\_\_\_\_

**LAST YEAR'S GROSS INCOME:**

**Your Income**

**Other party's income**

**200** \_\_\_\_\_

**\$** \_\_\_\_\_

**\$** \_\_\_\_\_

**PRESENT MONTHLY GROSS INCOME:**

- |     |   |     |       |
|-----|---|-----|-------|
| 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) ( <input type="checkbox"/> Attach sheet itemizing such 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   | 9.  | _____ |
|     | a. From this case \$_____   |     |       |
|     | b. From other case(s) \$_____   |     |       |
| 10. | Monthly interest and dividends  | 10. | _____ |
| 11. | Monthly rental income (gross receipts minus ordinary and necessary expenses required to produce income)( <input type="checkbox"/> Attach sheet itemizing such income and expense items.)  | 11. | _____ |
| 12. | Monthly income from royalties, trusts or estates  | 12. | _____ |
| 13. | Monthly reimbursed expenses and in-kind payment to the extent that they reduce personal living expenses.  | 13. | _____ |
| 14. | Monthly gains derived from dealing in property (not including nonrecurring gains)<br>Any other income of recurring nature:  | 14. | _____ |
| 15. |   | 15. | _____ |
| 16. |   | 16. | _____ |
| 17. | <b>PRESENT MONTHLY GROSS INCOME</b> (Add lines 1-16)  | 17. | _____ |

**PRESENT MONTHLY DEDUCTIONS:**

- |     |  |     |       |
|-----|--|-----|-------|
| 18. | Monthly federal, state and local income tax (corrected for filing status and allowable dependents and income tax liabilities)      | 18. | _____ |
|     | a. Filing Status _____   |     |       |
|     | b. Number of dependants claimed _____  |     |       |
| 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   | 24. | _____ |

- from another relationship 25. \_\_\_\_\_
25. Monthly court ordered alimony actually paid
- a. From this case: \_\_\_\_\_
- b. From other case(s): \_\_\_\_\_
26. **TOTAL DEDUCTIONS ALLOWABLE UNDER SECTION 61.30 FLORIDA STATUTES** (Add lines 18-25) 26. \_\_\_\_\_

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