

INSTRUCTIONS FOR FLORIDA FAMILY LAW RULES OF PROCEDURE FORM 12.902(b),  
FAMILY LAW FINANCIAL AFFIDAVIT (SHORT FORM)

**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**.

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 mailed or hand delivered to the other **party** in your case, if it is not served on him or her with your initial papers. This must be accomplished within 45 days of service of the petition.

**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 rule 12.285, Florida Family Law Rules of Procedure.

**Special notes...**

If this is a domestic violence case and you want to keep your address confidential for safety reasons, do not enter the address, telephone, and fax information at the bottom of this form. Instead, file **Petitioner's 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.

<b>Hourly</b> - 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	=	<b>Monthly Amount</b>
<b>Daily</b> - 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	=	<b>Monthly Amount</b>
<b>Weekly</b> - 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	=	<b>Monthly Amount</b>
<b>Bi-weekly</b> - 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	=	<b>Monthly Amount</b>
<b>Semi-monthly</b> - If you are paid twice per month, you may convert your income to monthly as follows:				
Semi-monthly amount	x	2	=	<b>Monthly Amount</b>

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.

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, {full legal name} \_\_\_\_\_, being sworn, certify that the following information is true:

My Occupation: \_\_\_\_\_ Employed by: \_\_\_\_\_

Business Address: \_\_\_\_\_

Pay rate: \$ \_\_\_\_\_ ( ) every week ( ) every other week ( ) twice a month ( ) monthly ( ) 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 instructions 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) ( <input type="checkbox"/> Attach sheet itemizing such income and expenses.) | _____       |
| 4. Monthly disability benefits/SSI   | 3. _____    |
| 5. Monthly Workers' Compensation   | 4. _____    |
| 6. Monthly Unemployment Compensation   | 5. _____    |
| 7. Monthly pension, retirement, or annuity payments  | 6. _____    |
| 8. Monthly Social Security benefits  | 7. _____    |
| 9. Monthly alimony actually received   | 8. _____    |
| 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) ( <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 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 (list source) _____   | 15. _____   |
| 16. _____  | 16. _____   |

**17. PRESENT MONTHLY GROSS INCOME (Add lines 1-16) TOTAL: 17. \$ \_\_\_\_\_**

**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 \_\_\_\_\_
- 19. Monthly FICA or self-employment taxes
- 20. Monthly Medicare payments
- 21. Monthly mandatory union dues
- 22. Monthly mandatory retirement payments
- 23. Monthly health insurance payments (including dental insurance), excluding portion paid for any minor children of this relationship
- 24. Monthly court-ordered child support actually paid for children from another relationship
- 25. Monthly court-ordered alimony actually paid
  - 25a. from this case: \$ \_\_\_\_\_
  - 25b. from other case(s): \_\_\_\_\_

18. \$ \_\_\_\_\_  
19. \_\_\_\_\_  
20. \_\_\_\_\_  
21. \_\_\_\_\_  
22. \_\_\_\_\_  
23. \_\_\_\_\_  
24. \_\_\_\_\_  
25. \_\_\_\_\_

**26. TOTAL DEDUCTIONS ALLOWABLE UNDER SECTION 61.30, FLORIDA STATUTES (Add lines 18 through 25)** TOTAL: 26. \$ \_\_\_\_\_

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

**SECTION II. AVERAGE MONTHLY EXPENSES**

**A. HOUSEHOLD:**

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

**E. OTHER EXPENSES NOT LISTED ABOVE**

- Clothing \$ \_\_\_\_\_
- Medical/Dental (uninsured) \$ \_\_\_\_\_
- Grooming \$ \_\_\_\_\_
- Entertainment \$ \_\_\_\_\_
- Gifts \$ \_\_\_\_\_
- Religious organizations \$ \_\_\_\_\_
- Miscellaneous \$ \_\_\_\_\_
- Other: \_\_\_\_\_ \$ \_\_\_\_\_
- \_\_\_\_\_ \$ \_\_\_\_\_
- \_\_\_\_\_ \$ \_\_\_\_\_
- \_\_\_\_\_ \$ \_\_\_\_\_
- \_\_\_\_\_ \$ \_\_\_\_\_
- \_\_\_\_\_ \$ \_\_\_\_\_

**B. AUTOMOBILE**

- Gasoline \$ \_\_\_\_\_
- Repairs \$ \_\_\_\_\_
- Insurance \$ \_\_\_\_\_

**C. CHILD(REN)'S EXPENSES**

- Day care \$ \_\_\_\_\_
- Lunch money \$ \_\_\_\_\_
- Clothing \$ \_\_\_\_\_
- Grooming \$ \_\_\_\_\_
- Gifts for holidays \$ \_\_\_\_\_
- Medical/Dental (uninsured) \$ \_\_\_\_\_
- Other: \_\_\_\_\_ \$ \_\_\_\_\_

**F. PAYMENTS TO CREDITORS**

CREDITOR:	MONTHLY PAYMENT
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

**D. INSURANCE**

- Medical/Dental \$ \_\_\_\_\_
- Child(ren)'s medical/dental \$ \_\_\_\_\_
- Life \$ \_\_\_\_\_
- Other: \_\_\_\_\_ \$ \_\_\_\_\_

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

**SUMMARY**

**29. TOTAL PRESENT MONTHLY NET INCOME**

(from line 27 of SECTION I. INCOME)

29. \$ \_\_\_\_\_

**30. TOTAL MONTHLY EXPENSES** (from line 28 above)

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. (\$ \_\_\_\_\_)

**SECTION III. ASSETS AND LIABILITIES**

Use the nonmarital column 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(s) or debt belongs. (Typically, you will only use this column if property/debt was owned/owed 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. ASSETS:**

DESCRIPTION OF ITEM(S). List a description of each separate item owned by you (and/or your spouse, if this is a petition for dissolution of marriage). DO NOT LIST ACCOUNT NUMBERS. ✓ the box next to any asset(s) which you are requesting the judge award to you.	Current Fair Market Value	Nonmarital (✓ correct column)	
		husband	wife
<input type="checkbox"/> Cash (on hand)	\$		
<input type="checkbox"/> Cash (in banks or credit unions)			
<input type="checkbox"/> Stocks, Bonds, Notes			
<input type="checkbox"/> Real estate: (Home)			
<input type="checkbox"/> (Other)			
<input type="checkbox"/> Automobiles			
<input type="checkbox"/> Other personal property			
<input type="checkbox"/> Retirement plans (Profit Sharing, Pension, IRA, 401(k)s, etc.)			
<input type="checkbox"/> Other			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
✓ here if additional pages are attached.			
<b>Total Assets (add next column)</b>	<b>\$</b>		

**B. LIABILITIES:**

DESCRIPTION OF ITEM(S). List a description of each separate debt owed by you (and/or your spouse, if this is a petition for dissolution of marriage). DO NOT LIST ACCOUNT NUMBERS. ✓ the box next to any debt(s) for which you believe you should be responsible.	Current Amount Owed	Nonmarital (✓ correct column)	
		husband	wife
<input type="checkbox"/> Mortgages on real estate: First mortgage on home	\$		
<input type="checkbox"/> Second mortgage on home			
<input type="checkbox"/> Other mortgages			
<input type="checkbox"/>			
<input type="checkbox"/> Auto loans			
<input type="checkbox"/>			
<input type="checkbox"/> Charge/credit card accounts			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/> Other			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/> ✓ here if additional pages are attached.			
<b>Total Debts (add next column)</b>	<b>\$</b>		

**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 them here.

Contingent Assets ✓ the box next to any contingent asset(s) which you are requesting the judge award to you.	Possible Value	Nonmarital (✓ correct column)	
		husband	wife
<input type="checkbox"/>	\$		
<input type="checkbox"/>			
<b>Total Contingent Assets</b>	<b>\$</b>		

Contingent Liabilities ✓ the box next to any contingent debt(s) for which you believe you should be responsible.	Possible Amount Owed	Nonmarital (✓ correct column)	
		husband	wife
<input type="checkbox"/>	\$		
<input type="checkbox"/>			
<b>Total Contingent Liabilities</b>	<b>\$</b>		

**SECTION IV. CHILD SUPPORT GUIDELINES WORKSHEET**

(Florida Family Law Rules of Procedure 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 cannot be waived by the parties.)

[  one only]

A Child Support Guidelines Worksheet IS or WILL BE filed in this case. This case involves the establishment or modification of child support.

A Child Support Guidelines Worksheet IS NOT being filed in this case. The establishment or modification of child support is not an issue in this case.

I certify that a copy of this document was [  one only ] (  ) mailed (  ) faxed and mailed (  ) hand delivered to the person(s) listed below on {date} \_\_\_\_\_.

**Other party or his/her attorney:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Fax Number: \_\_\_\_\_

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: \_\_\_\_\_

\_\_\_\_\_  
Signature of Party  
Printed Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

Sworn to or affirmed and signed before me on \_\_\_\_\_ by \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC or DEPUTY CLERK  
\_\_\_\_\_  
[Print, type, or stamp commissioned name of notary or deputy clerk.]

Personally known  
 Produced identification  
Type of identification produced \_\_\_\_\_

**IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW: [fill in all blanks]**

I, {full legal name and trade name of nonlawyer} \_\_\_\_\_,  
a nonlawyer, located at {street} \_\_\_\_\_, {city} \_\_\_\_\_,  
{state} \_\_\_\_\_, {phone} \_\_\_\_\_, helped {name} \_\_\_\_\_,  
who is the [  one only ]  petitioner or  respondent, fill out this form.