

**INSTRUCTIONS FOR FLORIDA FAMILY LAW RULES OF PROCEDURE  
FORM 12.902(c)  
FAMILY LAW FINANCIAL AFFIDAVIT (LONG FORM)  
(06/25)**

**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 **\$50,000 OR MORE** per year unless:

- (1) You are filing a simplified dissolution of marriage under rule 12.105 and both parties have waived the filing of financial affidavits;
- (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. You should then **file** this document 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**, or the party's attorney if the party is represented, 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 General Practice and Judicial Administration 2.516.

A copy of this form must be filed with the court and served on the other party or his or her attorney. The copy you are serving to the other party must be either mailed, e-mailed, or hand-delivered to the opposing party or his or her attorney on the same day indicated on the certificate of service. If it is mailed, it must be postmarked on the date indicated in the certificate of service.

**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.

**IMPORTANT INFORMATION REGARDING E-FILING**

The Florida Rules of General Practice and Judicial Administration require that all petitions, pleadings, and documents be filed electronically except in certain circumstances. **Self-represented litigants may file petitions or other pleadings or documents electronically; however, they are not required to do so.** If you choose to file your pleadings or other documents electronically, you must do so in accordance with Florida Rule of General Practice and Judicial Administration 2.525, and you must follow the procedures of the judicial circuit in which you file. The rules and procedures should be carefully read and followed.

## IMPORTANT INFORMATION REGARDING E-SERVICE ELECTION

After the initial service of process of the petition or supplemental petition by the Sheriff or certified process server, the Florida Rules of General Practice and Judicial Administration require that all documents required or permitted to be served on the other party must be served by electronic mail (e-mail) except in certain circumstances. **You must strictly comply with the format requirements set forth in the Florida Rules of General Practice and Judicial Administration.** If you elect to participate in electronic service, which means serving or receiving pleadings by electronic mail (e-mail), or through the Florida Courts E-Filing Portal, you must review Florida Rule of General Practice and Judicial Administration 2.516. You may find this rule at [www.flcourts.org](http://www.flcourts.org) through the link to the Rules of General Practice and Judicial Administration provided under either Family Law Forms: Getting Started, or Rules of Court in the A-Z Topical Index.

**SELF-REPRESENTED LITIGANTS MAY SERVE DOCUMENTS BY E-MAIL; HOWEVER, THEY ARE NOT REQUIRED TO DO SO.** If a self-represented litigant elects to serve and receive documents by email, the procedures must always be followed once the initial election is made.

To serve and receive documents by e-mail, you must designate your e-mail addresses by using the Designation of Current Mailing and E-mail Address, Florida Supreme Court Approved Family Law Form 12.915, and you must provide your e-mail address on each form on which your signature appears. Please **CAREFULLY** read the rules and instructions for: **Certificate of Service (General), Florida Supreme Court Approved Family Law Form 12.914; Designation of Current Mailing and E-mail Address, Florida Supreme Court Approved Family Law Form 12.915;** and Florida Rule of General Practice and Judicial Administration 2.516.

### Special notes . . .

If you want to keep your address confidential because you have been found by a judge to be the victim of sexual battery, aggravated child abuse, aggravated stalking, harassment, aggravated battery, or domestic violence do not enter the address and telephone 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 to monthly 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.

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

Case No.: \_\_\_\_\_  
Division: \_\_\_\_\_

\_\_\_\_\_  
Petitioner,

and

\_\_\_\_\_  
Respondent.

### FAMILY LAW FINANCIAL AFFIDAVIT (LONG FORM)

(\$50,000 or more Individual Gross Annual Income)

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

#### SECTION I. INCOME

1. My age is: \_\_\_\_\_
2. My occupation is: \_\_\_\_\_
3. I am currently

[Check **all** that apply]

a.  Unemployed

Describe why you are unemployed, your efforts to find employment, how soon you expect to be employed, the pay you expect to receive, and your highest gross earned income in the past five years: \_\_\_\_\_

b.  Employed by: \_\_\_\_\_

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

City, State, Zip code: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Pay rate: \$ \_\_\_\_\_ ( ) every week ( ) every other week ( ) twice a month  
( ) monthly ( ) other: \_\_\_\_\_

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

c. \_\_\_\_ Retired. Date of retirement: \_\_\_\_\_

Employer from whom retired: \_\_\_\_\_

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

City, State, Zip code: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

If you have an anticipated retirement date, please provide the date: \_\_\_\_\_

\_\_\_\_ Check here if you are in or planning to enter the DROP program or any other deferred compensation plan or anticipated retirement plan.

LAST YEAR'S GROSS INCOME:	Your Income	Other Party's Income (if known)
YEAR _____	\$ _____	\$ _____

**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. \$ \_\_\_\_\_ Gross salary or wages
2. \_\_\_\_\_ Bonuses, commissions, allowances, overtime, tips, and similar payments
3. \_\_\_\_\_ 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 such income and expenses.)**
4. \_\_\_\_\_ Disability benefits/SSI for you
5. \_\_\_\_\_ Workers' compensation
6. \_\_\_\_\_ Reemployment assistance
7. \_\_\_\_\_ Pension, retirement, or annuity payments
8. \_\_\_\_\_ Social Security benefits
9. \_\_\_\_\_ Alimony actually received (Add 9a and 9b)
  - 9a. From this case: \_\_\_\_\_
  - 9b. From other case(s): \_\_\_\_\_
10. \_\_\_\_\_ Interest and dividends
11. \_\_\_\_\_ Rental income (gross receipts minus ordinary and necessary expenses required to produce income) **(Attach sheet itemizing such income and expenses for each property.)**
12. \_\_\_\_\_ Income from royalties, trusts, or estates
13. \_\_\_\_\_ Reimbursed expenses and in-kind payments to the extent that they reduce personal living expenses **(Attach sheet itemizing such income and expenses.)**
14. \_\_\_\_\_ Gains derived from dealing in property (not including nonrecurring gains)  
\_\_\_\_\_ Any other income of a recurring nature (identify source):
15. \_\_\_\_\_
16. \_\_\_\_\_
17. \$ \_\_\_\_\_ **TOTAL PRESENT MONTHLY GROSS INCOME** (Add lines 1 through 16).

**PRESENT MONTHLY DEDUCTIONS:**

**All amounts must be MONTHLY.** See the instructions with this form to figure out money amounts for anything that is NOT paid monthly.

- 18. \$\_\_\_\_\_ Federal, state, and local income tax (corrected for filing status and allowable dependents and income tax liabilities)
  - 18a. Filing Status \_\_\_\_\_
  - 18b. Number of dependents claimed \_\_\_\_\_
- 19. \_\_\_\_\_ FICA or self-employment taxes
- 20. \_\_\_\_\_ Medicare payments
- 21. \_\_\_\_\_ Mandatory union dues
- 22. \_\_\_\_\_ Mandatory retirement payments
- 23. \_\_\_\_\_ Health insurance payments for you only (including medical, dental, and vision), excluding portion paid for any third party or minor children of this relationship
- 24. \_\_\_\_\_ Court-ordered child support actually paid for children from another relationship
- 25. \_\_\_\_\_ Court-ordered alimony actually paid (Add 25a and 25b)
  - 25a. From this case: \_\_\_\_\_
  - 25b. From other case(s): \_\_\_\_\_
  
- 26. \$\_\_\_\_\_ **TOTAL DEDUCTIONS ALLOWABLE UNDER SECTION 61.30, FLORIDA STATUTES**  
(Add lines 18 through 25).
  
- 27. \$\_\_\_\_\_ **PRESENT NET MONTHLY INCOME**  
(Subtract line 26 from line 17).

**SECTION II. AVERAGE MONTHLY EXPENSES**

**Expenses.** If your expenses as listed below do not reflect what you actually pay currently, you should write "estimate" next to each amount that is estimated.

**PRIMARY HOUSEHOLD:**

List the number of additional households for which you incur expenses:

(If more than one household, please identify the household for which the listed expenses are incurred and attach a separate sheet listing expenses for each additional household.)

- 1. \$\_\_\_\_\_ Mortgage or rent payments
- 2. \_\_\_\_\_ Property taxes (if not included in mortgage)
- 3. \_\_\_\_\_ Insurance on residence (if not included in mortgage)
- 4. \_\_\_\_\_ Condominium maintenance fees and homeowner's association fees
- 5. \_\_\_\_\_ Electricity
- 6. \_\_\_\_\_ Water, garbage, and sewer
- 7. \_\_\_\_\_ Telephone
- 8. \_\_\_\_\_ Fuel oil or natural gas
- 9. \_\_\_\_\_ Repairs and maintenance
- 10. \_\_\_\_\_ Lawn care
- 11. \_\_\_\_\_ Pool maintenance
- 12. \_\_\_\_\_ Pest control
- 13. \_\_\_\_\_ Misc. household
- 14. \_\_\_\_\_ Food and home supplies
- 15. \_\_\_\_\_ Meals outside home
- 16. \_\_\_\_\_ Cable t.v./internet

- 17. \_\_\_\_\_ Subscription streaming services
- 18. \_\_\_\_\_ Alarm service contract
- 19. \_\_\_\_\_ Service contracts on appliances
- 20. \_\_\_\_\_ Housekeeping service
- 21. \_\_\_\_\_ Communication technology/remote working subscriptions

Other:

- 22. \_\_\_\_\_
- 23. \_\_\_\_\_
- 24. \_\_\_\_\_
- 25. \_\_\_\_\_
- 26. \_\_\_\_\_

27. \$ \_\_\_\_\_ **SUBTOTAL** (add lines 1 through 26).

**AUTOMOBILES:**

List the number of automobiles for which you incur expenses: \_\_\_\_\_.

- 28. \$ \_\_\_\_\_ Gasoline and oil
- 29. \_\_\_\_\_ Electric car charging (outside of the home)
- 30. \_\_\_\_\_ Repairs
- 31. \_\_\_\_\_ Auto tags
- 32. \_\_\_\_\_ Insurance
- 33. \_\_\_\_\_ Payments (lease or financing)
- 34. \_\_\_\_\_ Rental
- 35. \_\_\_\_\_ Alternative transportation (bus, rail, carpool, taxi, ridesharing, etc.)
- 36. \_\_\_\_\_ Tolls and parking
- 37. \_\_\_\_\_ Automobile subscriptions and roadside services
- 38. \_\_\_\_\_ Other: \_\_\_\_\_

39. \$ \_\_\_\_\_ **SUBTOTAL** (add lines 28 through 35)

**MONTHLY EXPENSES FOR MINOR OR DEPENDENT CHILDREN COMMON TO BOTH PARTIES:**

List the number of minor or dependent children as defined in Section 743.07 (2), Florida Statutes common to both parties: \_\_\_\_\_.

- 40. \$ \_\_\_\_\_ Childcare
- 41. \_\_\_\_\_ School tuition
- 42. \_\_\_\_\_ School supplies, books, and fees
- 43. \_\_\_\_\_ Extracurricular activities
- 44. \_\_\_\_\_ School uniforms
- 45. \_\_\_\_\_ Lunch money
- 46. \_\_\_\_\_ Private lessons or tutoring
- 47. \_\_\_\_\_ Allowances
- 48. \_\_\_\_\_ Clothing
- 49. \_\_\_\_\_ Entertainment (movies, parties, video games etc.)
- 50. \_\_\_\_\_ Health insurance (including dental and vision)
- 51. \_\_\_\_\_ Medical, dental, prescriptions (nonreimbursed only)
- 52. \_\_\_\_\_ Psychiatric/psychological/counselor
- 53. \_\_\_\_\_ Orthodontic
- 54. \_\_\_\_\_ Grooming
- 55. \_\_\_\_\_ Nonprescription medications, supplements, and vitamins

- 56. \_\_\_\_\_ Cosmetics, toiletries, and sundries
- 57. \_\_\_\_\_ Gifts from child(ren) to others (other children, relatives, teachers, etc.)
- 58. \_\_\_\_\_ Camp or summer activities
- 59. \_\_\_\_\_ Clubs (Boy/Girl Scouts, etc.)
- 60. \_\_\_\_\_ Cost required to exercise time-sharing (supervised visitation, travel and lodging expenses, etc.)
- 61. \_\_\_\_\_ Religious training
- 62. \_\_\_\_\_ Remote learning
- 63. \_\_\_\_\_ Subscription service (if not listed on line 17 above)
- 64. \_\_\_\_\_ Other
- 65. \$ \_\_\_\_\_ **SUBTOTAL** (add lines 40 through 64)

**MONTHLY EXPENSES FOR MINOR OR DEPENDENT CHILD(REN) FROM ANOTHER RELATIONSHIP**

List the number of minor or dependent children as defined in Florida Statutes Section 743.07 (2) from another relationship: \_\_\_\_\_.

(other than court-ordered child support)

- 66. \$ \_\_\_\_\_
- 67. \_\_\_\_\_
- 68. \_\_\_\_\_
- 69. \_\_\_\_\_
- 70. \$ \_\_\_\_\_ **SUBTOTAL** (add lines 66 through 69)

**MONTHLY INSURANCE:**

- 71. \$ \_\_\_\_\_ Health insurance (if not listed on lines 23 of deductions or 50 of expenses)
- 72. \_\_\_\_\_ Life insurance
- 73. \_\_\_\_\_ Dental insurance (if not listed on lines 23 of deductions or 50 of expenses)
- 74. \_\_\_\_\_ Vision insurance (if not listed on lines 23 of deductions or 50 of expenses)
- 75. \_\_\_\_\_ Long term care insurance
- 76. \_\_\_\_\_ Disability insurance
- Other:
- 77. \_\_\_\_\_
- 78. \_\_\_\_\_
- 79. \$ \_\_\_\_\_ **SUBTOTAL** (add lines 71 through 78)

**OTHER MONTHLY EXPENSES NOT LISTED ABOVE:**

- 80. \$ \_\_\_\_\_ Dry cleaning and laundry
- 81. \_\_\_\_\_ Clothing
- 82. \_\_\_\_\_ Medical, dental, and prescription (unreimbursed only)
- 83. \_\_\_\_\_ Psychiatric, psychological, or counselor (unreimbursed only)
- 84. \_\_\_\_\_ Non-prescription medications, cosmetics, toiletries, and sundries
- 85. \_\_\_\_\_ Grooming
- 86. \_\_\_\_\_ Gifts
- 87. \_\_\_\_\_ Pet care
- 88. \_\_\_\_\_ Club dues and membership
- 89. \_\_\_\_\_ Sports and hobbies
- 90. \_\_\_\_\_ Entertainment

- 91. \_\_\_\_\_ Periodicals/books/other subscription service
- 92. \_\_\_\_\_ Charitable donations
- 93. \_\_\_\_\_ Gambling and lottery
- 94. \_\_\_\_\_ Tobacco, alcohol, and vaping
- 95. \_\_\_\_\_ Attorney fees and court costs
  - 95a. \_\_\_\_\_ Related to this case
  - 95b. \_\_\_\_\_ Other
- 96. \_\_\_\_\_ Professional training fees (unreimbursed only)
- 97. \_\_\_\_\_ Vacations
- 98. \_\_\_\_\_ Religious organizations
- 99. \_\_\_\_\_ Bank charges/credit card fees
- 100. \_\_\_\_\_ Education expenses (unreimbursed only)
- 101. \_\_\_\_\_ Other: (include any regular and recurring expenses not otherwise mentioned in the items listed above) \_\_\_\_\_
- 102. \_\_\_\_\_
- 103. \_\_\_\_\_
- 104. \_\_\_\_\_
- 105. \$ \_\_\_\_\_ **SUBTOTAL** (add lines 80 through 104)

**MONTHLY PAYMENTS TO CREDITORS:**

List only when payments are currently made by you on outstanding balances and not listed elsewhere on this affidavit. For student loans listed below, list **each** student loan together with its date of origination. List only last 4 digits of account numbers.

MONTHLY PAYMENT AND NAME OF CREDITOR(s):

- 106. \$ \_\_\_\_\_
- 107. \_\_\_\_\_
- 108. \_\_\_\_\_
- 109. \_\_\_\_\_
- 110. \_\_\_\_\_
- 111. \_\_\_\_\_
- 112. \_\_\_\_\_
- 113. \_\_\_\_\_
- 114. \_\_\_\_\_
- 115. \_\_\_\_\_
- 116. \_\_\_\_\_
- 117. \_\_\_\_\_
- 118. \_\_\_\_\_
- 119. \$ \_\_\_\_\_ **SUBTOTAL** (add lines 106 through 118)
- 120. \$ \_\_\_\_\_ **TOTAL MONTHLY EXPENSES:**  
(add lines 27, 39, 65, 70, 79, 105, and 119 of Section II, Expenses)

**SUMMARY**

- 121. \$ \_\_\_\_\_ **TOTAL PRESENT MONTHLY NET INCOME** (from line 27 of SECTION I. INCOME)
- 122. \$ \_\_\_\_\_ **TOTAL MONTHLY EXPENSES** (from line 120 above)
- 123. \$ \_\_\_\_\_ **SURPLUS** (If line 121 is more than line 122, subtract line 122 from line 121. This is the amount of your surplus. Enter that amount here.)
- 124. (\$ \_\_\_\_\_) **(DEFICIT)** (If line 122 is more than line 121, subtract line 121 from line 122. This is the amount of your deficit. Enter that amount here.)

**SECTION III. ASSETS AND LIABILITIES**

**A. ASSETS**

If you have an equitable distribution schedule or balance sheet that includes the information below, you may attach the document instead of filling out Section III.

**INSTRUCTIONS:**

**STEP 1: Describe the Asset. In column A,** list a description of each separate item owned by you (or your spouse, if this is an original action for dissolution). Include items held in a revocable trust. List only the last 4 digits of account numbers. Blank spaces are provided if you need to list more than one of a certain type of asset. If you need to list more assets than blank spaces provided, please attach a separate sheet listing additional assets.

**STEP 2: Select Assets. (Initial Dissolution Matter ONLY)** If this is an original action for dissolution, check the box to the left of the description in column A next to any asset that you are requesting the judge award to you. **Disregard this step in all other domestic relations matters and proceed to step 4.**

**STEP 3: State the Value of Marital Assets and Non-Marital Assets (Initial Dissolution Matter ONLY)** If this is an original action for dissolution, in column B, place the current fair market value of all marital assets. If you believe that the asset described in column A is your non-marital asset, write what you believe its fair market value to be in column C under "Petitioner" if you are the Petitioner, or under "Respondent" if you are the Respondent. If the asset has a marital and non-marital component, write what you believe the fair market value of the marital portion is in column B and what you believe the fair market value of the non-marital portion is in the appropriate column in column C. The total of column B and column C must equal the asset value on the appropriate valuation date. Disregard this step in all other domestic relation matters and proceed to step 4.

**STEP 4: State the Value of Non-marital Assets. (OTHER THAN Initial Dissolution Matters ONLY)** If this is a matter OTHER THAN an original dissolution, write what you believe the fair market value to be in column C under Petitioner if you are the Petitioner, or under Respondent if you are the Respondent. **DO NOT USE COLUMN B in any domestic relations matter that is NOT an original dissolution; use only column C.** 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.

<b>A</b> <b>ASSETS: DESCRIPTION OF ITEM(S)</b>  <b>LIST ONLY LAST FOUR DIGITS OF ACCOUNT NUMBERS.</b> <b>Check the box on the left in column A next to any asset(s)</b> <b>which you are requesting be awarded to you.</b>			<b>B</b> <b>Marital</b> <b>Assets –</b> <b>Current</b> <b>Fair</b> <b>Market</b> <b>Value</b>	<b>C</b> <b>Nonmarital Assets –</b> <b>Current Fair Market Value</b>	
				Petitioner	Respondent
<b>Requesting to be Awarded</b>		<b>Title Owner</b>			
	Cash (on hand)		\$		
	Cash (in banks and credit unions, including checking, savings and money market accounts, certificates of deposit, and in safe deposit boxes)				

	Cash (in digital wallets, including but not limited to Venmo, Apple Wallet, and PayPal)				
	Virtual currency and cryptocurrency (attach a schedule that shows number of units held of virtual currency or cryptocurrency and unit value at time of preparation of this form)				
	Non-Fungible Tokens (NFT) and the like				
	Stocks/Bonds, investment/brokerage accounts				
	Notes (money owed to you in writing)				
	Money owed to you (not evidenced by a note)				
	Real estate: (Home)				
	Real estate (Other)				

	Business interests (also indicate % of ownership interest next to each entity listed)				
	Automobiles				
	Boats				
	Other vehicles				
	Retirement plans (Profit Sharing, Pension, IRA, 401(k)s, etc.)				
	Furniture & furnishings in home				
	Furniture & furnishings elsewhere				
	Collectibles and commodities (including but not limited to cards, precious metals, coins, stamps, and art)				
	Jewelry				
	Life insurance (cash surrender value)				



**STEP 3: State the Value of Marital Debts and Non-Marital Debts (Initial Dissolution Matter ONLY).** If this is an original action for dissolution, in **column B**, write what you believe the current amount owed for each marital debts listed.

If you believe that the debt described in column A is a non-marital debt, write what you believe the current amount owed is in column C under Petitioner if you believe the Petitioner should be responsible for the debt, or under Respondent if you believe the Respondent should be responsible for the debt.

If the debt has a marital and non-marital component, write what you believe the current amount owed of the marital portion is in column B and what you believe the current amount owed of the non-marital portion in the appropriate column in column C. The total of column B and column C must equal the total debt value on the appropriate valuation date. **Disregard this step in all other domestic relations matters and proceed to step 4.**

**STEP 4: State Value of Non-Marital Debts (OTHER THAN Initial Dissolution Matters ONLY).** If this is a matter OTHER THAN an original dissolution, write what you believe the current amount owed to be in column C under Petitioner, if you are the Petitioner or under Respondent, if you are the Respondent. **DO NOT USE COLUMN B in any domestic relations matter that is NOT an original dissolution; use only column C.** 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.

<b>A</b> <b>LIABILITIES: DESCRIPTION OF ITEM(S)</b> <b>LIST ONLY LAST FOUR DIGITS OF ACCOUNT NUMBERS.</b> <b>Check the box on the left of column A next to any debt(s) for which you believe you should be responsible.</b>				<b>B</b> <b>Marital Liabilities – Current Amount Owed</b>	<b>C</b> <b>Nonmarital Liabilities – Current Amount Owed</b>	
					Petitioner	Respondent
Requesting to be Responsible for		Debtor/ Obligor/ Title Holder	Creditor			
	Mortgages on real estate			\$		
	Charge/credit card accounts					

	Student loans (list each loan individually)					
	Medical liabilities					
	Auto loans					
	Bank/Credit Union loans					
	Tax liabilities					
	Notes (money you owe in writing)					
	Money you owe (not evidenced by a note)					
	Judgments (against you)					
	Other liabilities:					
	<b>Total Amount Owed on Marital Liabilities (add column B)</b>			\$		
	<b>Total Amount Owed on Nonmarital Liabilities (add column C)</b>			\$		

**C. NET WORTH (excluding contingent assets and liabilities)**

\$ \_\_\_\_\_ **Total Assets** (enter total of Column B in Asset Table; Section A)

\$ \_\_\_\_\_ **Total Liabilities** (enter total of Column B in Liabilities Table; Section B)

\$ \_\_\_\_\_ **TOTAL NET WORTH (Total Assets minus Total Liabilities)**

(excluding contingent assets and liabilities)

**D. CONTINGENT ASSETS AND LIABILITIES**

**INSTRUCTIONS:**

If you have any **POSSIBLE assets** (possible lawsuits, 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.

A Contingent Assets  Check the box in column A next to any contingent asset(s) which you are requesting the court assign			B Marital Contingent Assets – Possible Value	C Nonmarital Contingent Assets – Possible Value	
				Petitioner	Respondent
Requesting to be Awarded		Title Owner	\$		
	Stock Options				
	Other				
<b>Total Possible Value of Marital Contingent Assets</b> (add column B)			\$		
<b>Total Possible Value of Nonmarital Contingent Assets</b> (add column C)			\$		

<b>A</b> <b>Contingent Liabilities</b>  Check the box in column A next to any contingent debt(s) for which you believe you should be responsible.				<b>B</b> <b>Marital</b> <b>Contingent</b> <b>Liabilities –</b> <b>Possible</b> <b>Amount Owed</b>	<b>C</b> <b>Nonmarital Contingent</b> <b>Liabilities –</b> <b>Possible Amount Owed</b>	
					Petitioner	Respondent
Requesting to be Responsible For		Debtor/ Obligor / Title Holder	Creditor	\$	\$	\$
	Attorney Fees					
<b>Total Possible Amount Owed on Contingent Liabilities</b>				\$	\$	\$

**E. 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. [Check **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 financial affidavit was [check all used]: ( ) e-mailed, ( ) mailed, ( ) hand delivered to the person(s) listed below on {date} \_\_\_\_\_.

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

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

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

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

E-mail Address(es): \_\_\_\_\_

**Under penalties of perjury, I declare that I have read this document and the facts stated in it are true.**

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of Party  
Printed Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
E-mail Address(es): \_\_\_\_\_

**IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW:**

[fill in **all** blanks] This form was prepared for the: *{choose only one}* ( ) Petitioner ( ) Respondent

This form was completed with the assistance of:

*{name of individual}* \_\_\_\_\_,

*{name of business}* \_\_\_\_\_,

*{address}* \_\_\_\_\_,

*{city}* \_\_\_\_\_, *{state}* \_\_\_\_\_, *{telephone number}* \_\_\_\_\_.