IN THE CIRCUIT COURT OF THE	JUDICIAL CIRCUIT,
IN AND FOR	COUNTY, FLORIDA
	Case No.:
	Division:
,	
Petitioner,	
and	
Respondent.	
FAMILY LAW FINA	· ··· · · -
(\$50,000 or more Individu	al Gross Annual Income)
I, {full legal name}	haina
sworn, certify that the following information is true:	, being
and the second state of the second se	
SECTION I. INCOME	
1. Date of Birth:	
2. My occupation is:	
3. I am currently	
[√all that apply]	
a. Unemployed	
Describe your efforts to find employment, how soon	
expect to receive:	
b. Employed by:	
Δddress·	
City State 7in code:	
Telephone Number:	
-	
Pay rate: every week	every other week twice a month
monthly other:	
If you are expecting to become unemployed or chang	e jobs soon, describe the change you expect and
why and how it will affect your income:	
Charlebon G	
☐ Check here if you currently have more than one j	
job(s) on a separate sheet and attach it to this affidavi	
c. Retired. Date of retirement: Employer from whom retired:	
Employer from whom lettled.	

Address:		
City, State, Zip code:	Telephone Number:	
LAST YEAR'S GROSS INCOME: Your Income	Other Party's Income	e (if known)
YEAR	•	(3
PRESENT MONTHLY GROSS INCOME:		
All amounts must be MONTHLY. See the instructions with this form	o figure out money amounts for anythin	g that is NOT paid
monthly. Attach more paper, if needed. Items included under "other" shapes	ould be listed separately with separate d	ollar amounts.
Monthly gross salary or wages	1.	
2. Monthly bonuses, commissions, allowances, overtime, tips, a	nd similar	
payments		
3. Monthly business income from sources such as self-employn	ent,	
partnerships, close corporations, and/or independent contract		
minus ordinary and necessary expenses required to produce i		
(Attach sheet itemizing such income and expenses.)	3.	
4. Monthly disability benefits/SSI	4.	
5. Monthly Workers' Compensation		
6. Monthly Unemployment Compensation		
7. Monthly pension, retirement, or annuity payments	_	
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.	\$0.00
10. Monthly interest and dividends	10.	\$0.00
11. Monthly rental income (gross receipts minus ordinary and ne	cessary expenses	
required to produce income) (
expense items.)		
12. Monthly income from royalties, trusts, or estates	12.	
13. Monthly reimbursed expenses and in-kind payments to the ex	tent that they reduce	
personal living expenses (Attach sheet itemizing		
14. Monthly gains derived from dealing in property (not includin		
gains)	=	
Any other income of a recurring nature (identify source)	17.	
15.	15.	
6.		
	10.	
17. PRESENT MONTHLY GROSS INCOME (Add lines 1-16) TOTAL: 17	\$0.0
(Alda Mico I To	, 101/1L. 1/	50.
PRESENT MONTHLY DEDUCTIONS:		
All amounts must be MONTHLY. See the instructions with this form to	o figure out money amounts for anything	that is NOT naid
nonthly.	rigare out money unloants for any time	, that is it or paid
8. Monthly federal, state, and local income tax (corrected for file	ng status and	
allowable dependents and income tax liabilities)		
a. Filing Status		
b. Number of dependents claimed	18.	
9. Monthly FICA or self-employment taxes		
20. Monthly Medicare payments	20.	W.L.

21.	Monthly mandatory union dues		21.		
22.	Monthly mandatory retirement payments		22.		
23.	Monthly health insurance payments (including dental ins	urance).excluding			
	portion paid for any minor children of this relationship	77	23.		
24.	Monthly court-ordered child support actually paid for chi	ldren from another			
	relationship		24		
25.	Monthly court-ordered alimony actually paid		۷٦.	·	
	25a.from this case:				
	25b. from other case(s):	Add 25a and 25b	25	ድል ልል	
	250. Hom other case(s).	Add 23a and 23b	25	\$0.00	
26.	TOTAL DEDUCTIONS ALLOWABLE UNDER SEC	TION 61 30			
	FLORIDA STATUTES (Add lines 18 through 25)	TOTAL:	26		60.00
	2 20 Miles 17 Miles 125 (Mad lines 16 tillough 25)	TOTAL:	26		\$0.00
27	DDECENT NET MONTHLY INCOME (Culture II)	NC C			
41.	PRESENT NET MONTHLY INCOME (Subtract line 2	26 from line 17)	27		\$0.00
_					
SE	CTION II. AVERAGE MONTHLY EXPENSES				
Pro	posed/Estimated Expenses. If this is a dissolution of man	riage case and your expense	s as listed below	-	
do 1	not reflect what you actually pay currently, you should wri	te "estimate" next to each am	ount that is		
esti	mated.	mone to bush uni	ount that is		
но	USEHOLD:				
1.	Monthly mortgage or rent payments		1.		
2.	Monthly property taxes (if not included in mortgage)		2.		
3.	Monthly insurance on residence (if not included in mortga	age)	3.		
4.	Monthly condominium maintenance fees and homeowner		4.		
5.	Monthly electricity		5.		
6.	Monthly water, garbage, and sewer		6.		
7.	Monthly telephone		7.		
8.	Monthly fuel oil or natural gas		8.		
	Monthly repairs and maintenance		9.		
10.	Monthly lawn care		10.		
	Monthly pool maintenance		11.		
	Monthly pest control		12.		
	Monthly misc. household		13.		
	Monthly food and home supplies		14		
	Monthly meals outside home		14 15		
	Monthly cable t.v.		16.		
	Monthly alarm service contract		17		
	Monthly service contracts on appliances		17.		
	Monthly maid service		18.		
Othe	•		19.		
			20		
21. 21			20	····	
 22			21.		
-2. 23			22.		
-3. 24			23.		
-⊣.			24		

25.	SUBTOTAL (add lines 1 through 24)	25	\$0.00
AUTO	OMOBILE:		
26. M	Ionthly gasoline and oil	26	
	Ionthly repairs	26	
	onthly auto tags and emission testing	27.	
	Conthly insurance	28	
	onthly payments (lease or financing)	29.	
31. M	fonthly rental/replacements	30.	
	onthly alternative transportation (bus, rail, car pool, etc.)	31.	
	onthly tolls and parking	32.	
	ther:	33. 34.	
35.	SUBTOTAL (add lines 26 through 34)	35.	
		<i></i>	
MON: PART	THLY EXPENSES FOR CHILDREN COMMON TO BOTH TIES:		
	onthly nursery, babysitting, or day care	36.	
37. M	onthly school tuition		***
	onthly school supplies, books, and fees	37.	
	onthly after school activities	38. 39.	
	onthly lunch money	40.	
	onthly private lessons or tutoring	· · · · · · · · · · · · · · · · · · ·	
	onthly allowances	41.	
	onthly clothing and uniforms	42.	
	onthly entertainment (movies, parties, etc.)	43.	
	onthly health insurance	44.	
	onthly medical, dental, prescriptions (nonreimbursed only)	45	
	onthly psychiatric/psychological/counselor	46.	
	onthly orthodontic	47.	
	onthly vitamins	48.	
	onthly beauty parlor/barber shop	49.	
50. M	onthly nonprescription medication	50.	
	onthly cosmetics, toiletries, and sundries	51.	<u></u>
52. IVI	onthly diffe from shild(ren) to others (ask as ability of the state of	52.	
54 M	onthly gifts from child(ren) to others (other children, relatives, teachers, etc.) onthly camp or summer activities	53.	
		54.	
	onthly clubs (Boy/Girl Scouts, etc.) onthly access expenses (for nonresidential parent)	55.	
	onthly miscellaneous	56. 57.	
37. IVI	onthly miscenaneous	57.	
58.	SUBTOTAL (add lines 36 through 57)	58	\$0.00
	THLY EXPENSES FOR CHILD(REN) FROM ANOTHER		
	TIONSHIP (other than court-ordered child support)		
^{39.} —		59	
· —		60	
01		61	
62.		62	

MONTHLY INSURANCE 64. 64. 65. 65. 65. 65. 66	63.	SUBTOTAL (add lines 59 through 62)	63	\$0.00
64. Health insurance, excluding portion paid for any minor child(ren) of this relationship 65. Life insurance 66. Cental insurance Cheber: 67.	MONTHLY	INSURANCE		
65. Life insurance 66. Dental insurance Other: 67. 67. 67. 68. 68. 68. 69. SUBTOTAL (add lines 64 through 68) 69. 50.00 OTHER MONTHLY EXPENSES NOT LISTED ABOVE: 70. Monthly dry cleaning and laundry 71. Monthly medical, dental, and prescription (unreimbursed only) 72. Monthly medical, dental, and prescription (unreimbursed only) 73. Monthly psychiatric, psychological, or counselor (unreimbursed only) 74. Monthly psychiatric, psychological, or counselor (unreimbursed only) 75. Monthly grooming 76. Monthly grooming 77. Monthly grooming 78. Monthly genoming 79. Monthly by expenses 79. Monthly sports and hobbies 79. Monthly sports and hobbies 80. Monthly entertainment 81. Monthly periodicals/books/tapes/CD's 82. Monthly retigious organizations 83. Monthly retigious organizations 84. Monthly bank charges/credit card fees 85. Monthly bank charges/credit card fees 85. Monthly education expenses Other: (include any usual and customary expenses not otherwise mentioned in the items listed above) 86. 87. 88. 88. 88. 89. 99. 90. SUBTOTAL (add lines 70 through 89) 90. SO.00 MONTHLY PAYMENTS TO CREDITORS: (only when payments are currently made by you on outstanding balances) NAME OF CREDITOR(s): 91. 92. 93. 93. 94. 94. 94. 94. 95. 96. 96. 96. 97. 97.			61	
66. Dental insurance Other: 67. 68. 69. SUBTOTAL (add lines 64 through 68) 69. SUBTOTAL (add lines 64 through 68) 69. SUBTOTAL (add lines 64 through 68) 69. OTHER MONTHLY EXPENSES NOT LISTED ABOVE: 70. Monthly dry cleaning and laundry 71. Monthly clothing 71. 72. Monthly ledining 73. Monthly medical, dental, and prescription (unreimbursed only) 73. Monthly psychiatric, psychological, or counselor (unreimbursed only) 73. Monthly non-prescription medications, cosmetics, toiletries, and sundries 74. 75. Monthly grooming 76. Monthly grooming 77. 78. Monthly pet expenses 77. 78. Monthly pet expenses 77. 78. Monthly pet and hobbies 79. Monthly periodicals/books/tapes/CD's 80. Monthly periodicals/books/tapes/CD's 81. Monthly religious organizations 81. Monthly religious organizations 82. Monthly hank charges/credit card fees 83. Monthly ductation expenses Other: (include any usual and customary expenses not otherwise mentioned in the items listed above) 86. 87. 88. 88. 89. 90. SUBTOTAL (add lines 70 through 89) 90. SUBTOTAL (add lines 70 through 89) 90. SO.00 MONTHLY PAYMENTS TO CREDITORS: (only when payments are currently made by you on outstanding balances) NAME OF CREDITOR(s): 91. 92. 93. 94. 94. 95. 96. 96. 97. 97.	65. Life insu	rance		
Other: 67. 68. 68. 68. 68. 68. 69. \$0.00 OTHER MONTHLY EXPENSES NOT LISTED ABOVE: 70. 70. 71. 71. 72. 71. 71. 72. 72. 73. Monthly clothing 71. 72. 73. 74. <td></td> <td></td> <td>66.</td> <td></td>			66.	
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74. Monthly non-prescription medications, cosmetics, toiletries, and sundries 75. Monthly grooming 76. Monthly grifts 76. Monthly gifts 77. Monthly pet expenses 77. Monthly pet expenses 78. Monthly sports and hobbies 79. Monthly sports and hobbies 80. Monthly entertainment 80. Monthly entertainment 81. Monthly periodicals/books/tapes/CD's 81. Monthly religious organizations 82. Monthly vacations 83. Monthly religious organizations 84. Monthly bank charges/credit card fees 85. Monthly duducation expenses Other: (include any usual and customary expenses not otherwise mentioned in the items listed above) 86. 87. 88. 88. 88. 89. 99. SUBTOTAL (add lines 70 through 89) 90. \$0.00 MONTHLY PAYMENTS TO CREDITORS: (only when payments are currently made by you on outstanding balances) NAME OF CREDITOR(s): 91. 92. 92. 93. 94. 94. 94. 94. 94. 94. 95. 96. 96. 99. 97.			72.	
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76. Monthly grits 77. Monthly pet expenses 77			75.	
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Monthly bank charges/credit card fees	82. Monthly	vacations	82.	
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85. Monthly education expenses Other: (include any usual and customary expenses not otherwise mentioned in the items listed above) 86.			84	
Other: (include any usual and customary expenses not otherwise mentioned in the items listed above) 86.	85. Monthly	education expenses	85	···
the items listed above) 86	Other: (includ	e any usual and customary expenses not otherwise mentioned in		
88.	the items liste	d above)		
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SUBTOTAL (add lines 70 through 89) 90. \$0.00 MONTHLY PAYMENTS TO CREDITORS: (only when payments are currently made by you on outstanding balances) NAME OF CREDITOR(s): 91. 92. 92. 92. 93. 93. 94. 94. 95. 96. 96. 97. 97.	89.		89.	
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outstanding balances) NAME OF CREDITOR(s): 91. 92. 93. 94. 95. 96. 97.	MONTHI V		·	
NAME OF CREDITOR(s): 91. 92. 93. 94. 95. 96. 97.	outstanding b	planeae)	by you on	
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	70.		98	

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99		99.	
100.		100.	
101.		101.	
102		102.	
103.		103.	
104.	SUBTOTAL (add lines 91 through 103)	104.	\$0.00
105. TOTAL	MONTHLY EXPENSES:		
(add lines	25, 35, 58, 63, 69, 90, and 104 of Section II, Expenses)	105.	\$0.00
SUMMARY			
106. TOTAL	PRESENT MONTHLY NET INCOME		
(from lin	e 27 of SECTION I. INCOME)	106.	\$0.00
107. TOTAL	MONTHLY EXPENSES (from line 105 above)	107.	\$0.00
108. SURPLU	US (If line 106 is more than line 107, subtract line 107 from line 106.		
	e amount of your surplus. Enter that amount here.)	108.	\$0.00
	T) (If line 107 is more than line 106, subtract line 106 from line 107.		
109. (DEFICI	1) (If fine 107 is more than line 100, subtract line 106 from line 107.		

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). Blank spaces are provided if you need to list more than one of an item.

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 to you.

<u>STEP 3</u>: 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 ASSETS: DESCRIPTION OF ITEM(S) DO NOT LIST ACCOUNT NUMBERS.	B Current Fair Market Value	(Nonm (√ correc	C narital t column)
$\sqrt{\text{the box next to any asset(s)}}$ which you are requesting the judge award to you.		husband	wife
☐ Cash (on hand)			
☐ Cash (in banks or credit unions)			
□ Stocks/Bonds			

A	В		C
ASSETS: DESCRIPTION OF ITEM(S)	Current Fair		o narital
DO NOT LIST ACCOUNT NUMBERS.	Market Value	(√ corre	ct column)
\int the box next to any asset(s) which you are requesting the judge award to you.		husband	wife
□ Notes (money owed to you in writing)	•		
☐ Money owed to you (not evidenced by a note)			
☐ Real estate: (Home)			
□ (Other)			
□ Business interests			
□ Automobiles			
□ Boats			
□ Other vehicles			
☐ Retirement plans (Profit Sharing, Pension, IRA, 401(k)s, etc.)			
☐ Furniture & furnishings in home			
			77
□ Furniture & furnishings elsewhere			

A ASSETS: DESCRIPTION OF ITEM(S) DO NOT LIST ACCOUNT NUMBERS.	B Current Fair Market Value	C Nonmarital (√ correct column)	
√ the box next to any asset(s) which you are requesting the judge award to you.		husband	wife
☐ Life insurance (cash surrender value)			
Dire insurance (cash surrender value)			
☐ Sporting and entertainment (T.V., stereo, etc.) equipment			
□ Other assets			
Total Assets (add column B)	\$0.00		

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). Blank spaces are provided if you need to list more than one of an item.

<u>STEP 2</u>: 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 the debt belongs to only one of you and should not be divided. You should indicate to whom you believe the debt belongs. (Typically, you will only use Column C if the debt was 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 LIABILITIES: DESCRIPTION OF ITEM(S) DO NOT LIST ACCOUNT NUMBERS	B Current Amount Owed	C Nonmarital (√ correct column)	
\checkmark the box next to any debt(s) for which you believe you should be responsible.		husband	wife
☐ Mortgages on real estate: First mortgage on home			
☐ Second mortgage on home			
□ Other mortgages			
☐ Charge/credit card accounts			
В			
□ Auto loan			
□ Auto loan			
□ Bank/Credit Union loans			
☐ Money you owe (not evidenced by a note)			
□ Judgments			
□ Other			
Total Debts (add column B)	\$0.00		
C. NET WORTH (excluding contingent assets and liabilities)	•		

Total Assets (enter total of Column B in Asset Table; Section A)	\$0.00
Total Liabilities (enter total of Column B in Liabilities Table; Section B)	\$0.00
TOTAL NET WORTH (Total Assets minus Total Liabilities)	
(excluding contingent assets and liabilities)	\$0.00

.20%

The Contract of the Contract o

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, contingent tax liabilities, debts assumed by another), you must list them here.

A Contingent Assets	B B	Nonn	C narital	
\checkmark the box next to any contingent asset(s) which you are requesting the judge award to you.	Possible Value	(√ correct husband	et column)	
the sox text to any contingent asset(s) which you are requesting the judge award to you.		nusband	wife	
Total Contingent Assets	\$0.00			
	\$0.00		L	
A Contingent Liabilities	B Possible Amount Owed	Nonn	C narital et column)	
\checkmark the box next to any contingent debt(s) for which you believe you should be responsible.		husband	wife	
Total Contingent Liabilities	\$0.00			
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. [✓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: mailed, faxed and mailed, or hand				
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:	
STATE OF FLORIDA COUNTY OF Sworn to or affirmed and signed before me on	Signature of Party Printed Name: Address: City, State, Zip: Telephone Number: Fax Number:
	NOTARY PUBLIC or DEPUTY CLERK
Personally known Produced identification Type of identification produced	[Print, type, or stamp commissioned name of notary or deputy clerk.]
	TE OF SERVICE d correct copy of the foregoing was mailed and/or hand, 2011, to:
	Law Offices of Mark Abzug, P.A. Attorney for 2801 University Drive, Suite 203 Coral Springs, FL 33065
	By: Mark Abzug, Esq. F.B.N. 927945