

SECTION I. INCOME

1 My Occupation:

2 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:

b. Employed by: _____ Telephone: (_____) _____ - _____

Business Address: _____ City/State/Zip: _____

Pay Rate(Regular) _____ Pay Period: _____

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 piece of paper:

- 1. _____
- 2. _____

c. Retired.

Date of Retirement: _____

Employer from whom retired: _____

Address: _____

City, State and Zip code: _____

NOTE : As you complete this Affidavit, please complete each and every line that may apply. There are some specific notes in each section to help you as you go along. If you or your child(ren) have a monthly expense that SOMEONE ELSE PAYS, please include the expense and specify who pays it.

SECTION I. AVERAGE MONTHLY INCOME

PRESENT MONTHLY GROSS INCOME

All amounts must be MONTHLY. Attach more paper if needed. Items included under "other" should be listed separately with separate dollar amounts

* Explanations

	Monthly GROSS salary or wages		<i>W-2/OTHER INCOME</i> : If you provide us with your most current pay stub, Disability statement, Social Security income statement, or other documentation of your regular ongoing pay, we can calculate your average monthly income for you.
	Monthly bonuses, commissions, allowances, OT, tips & similar pymnts		
	Monthly business income from sources such as self-employment, partnerships, close corporation, and/or independent contracts (gross receipts minus ordinary and necessary expenses required to produce income (☞ Attach sheet itemizing such income and expenses)		
	Monthly disability benefits/SSI		<i>IF SELF EMPLOYED</i> : Please provide a complete list of all income in the last 12 months, along with a complete list of expenses and we can calculate your average monthly income for you.
	Monthly Workers' Compensation		
	Monthly Unemployment Compensation		
	Monthly Pension, retirement, or annuity payments		
	Monthly Social Security benefits		
	Monthly Alimony actually received (total of 9a. And 9b.)		
	9a. From this case \$ _____		
	9b. From other case \$ _____		
	Monthly interest and dividends		
	Monthly rental income (gross receipts less ordinary and necessary expenses required to produce income). (☞ Attach itemization of income and expense)		<i>Please provide total monthly rental income and a detailed list of all expenses associated with this property (please specify if an expense is weekly, monthly or annual)</i>
	Monthly reimbursed expenses and in-kind payments to the extent they reduce personal living expenses. (Attach sheet itemizing each item and amount)		
	Monthly gains derived from dealing in property (not including non-recurring gains) Any other income of a recurring nature (identify source):		
	Additional Income		

MONTHLY DEDUCTIONS

All Amounts must be MONTHLY

* Explanations

	Monthly Mandatory Union Dues		
	Monthly Mandatory Retirement Payments		
	Monthly health insurance payments (including dental insurance), excluding portion paid for any minor children of THIS relationship		
	Monthly court-ordered child support actually paid for children from another relationship		
	Monthly court-ordered alimony actually paid		
	26a.		
	26b.		

SECTION II. AVERAGE MONTHLY EXPENSES

PRESENT HOUSEHOLD EXPENSES

If this is a dissolution of marriage case AND your expenses as listed below do not reflect what you *actually* pay, write "estimate" next to each estimated amount.

*** Explanations**

E	Monthly mortgage or rent		For this Section, there are 3 types of expenses: 1. For expenses that vary from month to month (like electric, water, etc.) you can use a 3-6 month average of what you have spent, or provide us with the statements and we can average it for you. 2. For expenses that never change (like rent), just list what you pay each month. 3. For Groceries and Eating Out At Restaurants, please provide the amount you spend on average each WEEK.
E	Monthly property taxes (if not included in the mortgage)		
E	Monthly insurance on residence (if not included in the mortgage)		
E	Monthly condo maintenance fees and homeowner's association fees		
E	Monthly electricity		
E	Monthly water, garbage, and sewer		
E	Monthly telephone		
E	Monthly fuel oil or natural gas (residence)		
E	Monthly repairs and maintenance		
E	Monthly lawn care		
E	Monthly pool maintenance		Please be specific
E	Monthly pest control		
E	Monthly miscellaneous household		
E	Monthly food and home supplies		
E	Monthly meals outside home		
E	Monthly cable TV.		
E	Monthly alarm service contract		
E	Monthly service contracts on appliances		
E	Monthly maid service		
E	Monthly household cleaning supplies		
E	Monthly cellular service		
E			

PRESENT AUTOMOBILE EXPENSES

*** Explanations**

E	Monthly gasoline		How many times do you fill up each month, and how much does it cost on average, EACH time?
E	Monthly repairs and oil changes		How much did you spend on repairs in the last 12 months, and what were they? (please be specific). Do you have any major repairs currently needed? What are they and how much are they estimated to cost? (please be specific). How often to you the car(s) serviced and how much does it cost each time? For multiple cars, please list them and their individual expenses separately. We will calculate the monthly averages from the information provided.
E	Monthly auto tags and emission testing		How much does each car/vehicle costs to renew the registration each year?
E	Monthly insurance		If you have a statement detailing the vehicles covered and the premiums for each one, you may provide that and we can calculate the total monthly average.
E	Monthly payments (leasing or financing)		Please provide your most recent statement for each car payment made monthly.
E	Monthly rentals/replacements		
E	Monthly alternative transportation		
E	Monthly tolls and parking		Include Sunpass here, if applicable
E			

OTHER MONTHLY EXPENSES NOT LISTED ABOVE

E	Monthly dry cleaning and laundry		
E	Monthly clothing		
E	Monthly medical, dental and prescription (unreimbursed only)		Anything insurance does NOT pay.
E	Monthly psychiatric, psychological or counselor (unreimbursed only)		Anything insurance does NOT pay.
E	Monthly non-prescription medications, cosmetics, toiletries and sundries		
E	Monthly grooming		
E	Monthly gifts		
E	Monthly pet expenses		Annual Vet: \$ _____, Monthly Food: \$ _____, Monthly Medications: \$ _____, Kenneling \$ _____, Any other expense: \$ _____
E	Monthly club dues and membership		
E	Monthly sports and hobbies		
E	Monthly entertainment		
E	Monthly periodicals/books/tapes/CD's		
E	Monthly vacations		
E	Monthly religious organizations		
E	Monthly bank charges/credit card fees		
E	Monthly education expenses		
E			NOTE: This section is for your PERSONAL expenses. Please complete each line item in this section even if it does not have a specific note attached.
E			
E			
E			

MONTHLY PAYMENT TO CREDITORS (only when payments are currently made by YOU on outstanding balances)

NAME OF CREDITOR AND ACCOUNT NUMBER

*** Explanations**

E	Student Loan:		Please list any and all creditors and how much you pay each creditor each month.
E	Student Loan:		
E	Credit Card:		
E			
E			
E			
E			
E			
E			
E			
E			
E			

SECTION III. ASSETS & LIABILITIES

A		B	C		D
ASSETS: Description of Item(s)		Current Fair Market Value	√ if Non-Nominal H W		* Explanations
	<input checked="" type="checkbox"/> You are requesting Judge to Keep				
A		Cash (on hand)	\$ -		
A		Cash (in banks or credit unions)			<i>Please provide the most CURRENT statement for EACH bank account titled in your name, or for which you have signatory authority.</i>
A					
A					
A					
A					
A					
A		Stocks/Bonds			
A		Notes: (money owed to you in writing)			
A					
A		Money owed to you (not evidenced by a note)			
A					
A		Real Estate: (Home)			<i>Please provide the complete address for each property you own. If any property is located out of State, please provide the County in which it is located.</i>
A		(Other)			
A					
A		Business Interests			
A					
A		Automobiles:			<i>Please list the year, make, model, body style and mileage and each vehicle you own. Please specify if the vehicle has any special features.</i>
A					
A					
A		Boats			<i>Please provide all the specifications for any boat, trailer or engine</i>
A					
A		Other Vehicles			<i>Please provide all the specifications for any Motorcycle, ATV or other vehicle, including year, make, model, body style, mileage and any special features that will help identify the vehicle for an accurate NADA value search.</i>
A					
A					
A					
A		Retirement Plans (Profit Sharing, Pension, IRA, 401(k)'s, etc.)			<i>Please provide the most CURRENT statement for ALL Retirement, Investment, Pension or Stock accounts you have.</i>
A					
A					
A		Furniture and furnishings in home			
A					
A		Furniture & furnishings elsewhere			<i>For Furniture/Furnishings please calculate garage sale/pawn shop values and provide a detailed list by room. You will not need to include anything with a value less than \$100. Please do the same for all collectibles, guns and/or jewelry you or your spouse may have</i>
A		Refrigerator and outdoor patio furniture			
A		Collectibles (stamps, coins, guns, sports, etc.)			
A					
A		Jewelry:			
A					
A					
A					

A		B	C		D
ASSETS: Description of Item(s)		Current Fair Market Value	√ if Non- Marital		* Explanations
<input checked="" type="checkbox"/>	Items you are requesting to keep		H	W	
A	<input type="checkbox"/> Life insurance (cash surrender value)				<i>Please provide the most CURRENT statement for EACH policy you may have</i>
A	<input type="checkbox"/>				
A	<input type="checkbox"/>				
A	<input type="checkbox"/> Sporting and entertainment (T.V. stereo, etc.) equipment				<i>These may be included in your furniture lists, if it easier to do so.</i>
A	<input type="checkbox"/>				
A	<input type="checkbox"/> Other assets:				<i>NOTE: Please include ANY asset worth more than \$100 owned by either you or your spouse, even if you do not see if specified in this section.</i>
A	<input type="checkbox"/> Washer/Dryer				
A	<input type="checkbox"/> Computer				
A	<input type="checkbox"/>				
A	<input type="checkbox"/>				

A		B	C		D
LIABILITIES: Description of Item(s)		Current Fair Market Value	√ if Non- Marital		* Explanations
<input type="checkbox"/>	Items you are requesting to keep		H	W	
L	<input type="checkbox"/> Mortgages on real estate:				<i>For this section, please provide the most CURRENT statement for EACH mortgage, line of credit, credit card, student loan, auto loan, promissory note or ANY OTHER DEBT titled in your name individually or jointly held with another person.</i>
L	<input type="checkbox"/> Second mortgage on home				
L	<input type="checkbox"/> Other mortgages				
L	<input type="checkbox"/> Charge/credit card accounts				
L	<input type="checkbox"/>				
L	<input type="checkbox"/>				
L	<input type="checkbox"/>				
L	<input type="checkbox"/>				
L	<input type="checkbox"/>				
L	<input type="checkbox"/> Auto Loan:				
L	<input type="checkbox"/> Bank/Credit Union Loans				
L	<input type="checkbox"/> Money you owe (not evidenced by a note):				
L	<input type="checkbox"/> Other:				
L	<input type="checkbox"/>				
L	<input type="checkbox"/>				

A		B	C		* Explanations
Contingent Assets		Possible Value	√ if Non-Marital		
			H	W	
CA					
CA	Total Contingent Assets	\$ -			

A		B	C		D
Contingent Liabilities		Possible Value	√ if Non-Marital		* Explanations
			H	W	
CL					
CL	Total Contingent Liabilities	\$ -			