

IN THE CIRCUIT COURT OF THE NINTH JUDICIAL CIRCUIT,
IN AND FOR ORANGE COUNTY, FLORIDA

Case No.: _____
Division: _____

Jim A. Smith,
Petitioner

and

Jenny B. Smith,
Respondent

**FAMILY LAW FINANCIAL AFFIDAVIT
(\$50,000 or more Individual Gross Annual Income)**

I, **Jim A. Smith**, being sworn, certify that the following information is true:

SECTION I. INCOME

1. My age is: 30
2. My occupation is: US Navy officer
3. I am currently
Employed by: US Navy
Address: 1000 Green Devil Way
City, State, Zip code: Fort Bragg, NC 28310
Telephone Number: 910-432-2000
Pay rate: \$ 4,500.00

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:

LAST YEAR'S GROSS INCOME:

YEAR 2014

Your income \$ 85,000.00

Other Party's Income (if known) \$ 80,000.00

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. \$ 6,000.00 Monthly gross salary or wages
 - 2. \$ 1,800.00 Monthly bonuses, commissions, allowances, overtime, tips, and similar payments
 - 3. \$ 0.00 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.) (Attach sheet itemizing such income and expenses.)
 - 4. \$ 0.00 Monthly disability benefits/SSI
 - 5. \$ 0.00 Monthly Workers' Compensation
 - 6. \$ 0.00 Monthly Unemployment Compensation
 - 7. \$ 0.00 Monthly pension, retirement, or annuity payments
 - 8. \$ 0.00 Monthly Social Security benefits
 - 9. \$ 0.00 Monthly alimony actually received (Add 9a and 9b)
 - 9a. From this case: \$ 0.00
 - 9b. From other case(s): \$ 0.00
 - 10. \$ 200.00 Monthly interest and dividends
 - 11. \$ 0.00 Monthly rental income (gross receipts minus ordinary and necessary expenses required to produce income) (Attach sheet itemizing such income and expense items.)
 - 12. \$ 0.00 Monthly income from royalties, trusts, or estates
 - 13. \$ 0.00 Monthly reimbursed expenses and in-kind payments to the extent that they reduce personal living expenses (Attach sheet itemizing each item and amount.)
 - 14. \$ 0.00 Monthly gains derived from dealing in property (not including nonrecurring gains)
- Any other income of a recurring nature (list source)
- 15. \$ 0.00
 - 16. \$ 0.00
 - 17. \$ 8,000.00 **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. \$ 1,400.00 Monthly federal, state, and local income tax (corrected for filing status and allowable dependents and income tax liabilities)
 - a. Filing Status **Married Filing Jointly**
 - b. Number of dependents claimed **1**

19. \$ 0.00 Monthly FICA or self-employment taxes
 20. \$ 200.00 Monthly Medicare payments
 21. \$ 0.00 Monthly mandatory union dues
 22. \$ 0.00 Monthly mandatory retirement payments
 23. \$ 0.00 Monthly health insurance payments (including dental insurance), excluding portion paid for any minor children of this relationship
 24. \$ 0.00 Monthly court-ordered child support actually paid for children from another relationship
 25. \$ 0.00 Monthly court-ordered alimony actually paid (Add 25a and 25b)
 25a. from this case: \$ 0.00
 25b. from other case(s): \$ 0.00
- 26. \$ 1,600.00 TOTAL DEDUCTIONS ALLOWABLE UNDER SECTION 61.30, FLORIDA STATUTES**
 (Add lines 18 through 25)
- 27. \$ 6,400.00 PRESENT NET MONTHLY INCOME (Subtract line 26 from line 17)**

SECTION II. AVERAGE MONTHLY EXPENSES

Proposed/Estimated Expenses. If this is a dissolution of marriage case and your expenses as listed below do not reflect what you actually pay currently, you should write 'estimate' next to each amount that is estimated.

HOUSEHOLD

1. \$ 0.00 Monthly mortgage or rent payments
 2. \$ 180.00 Monthly property taxes (if not included in mortgage)
 3. \$ 80.00 Monthly insurance on residence (if not included in mortgage)
 4. \$ 0.00 Monthly condominium maintenance fees and homeowner's association fees
 5. \$ 50.00 Monthly electricity
 6. \$ 50.00 Monthly water, garbage, and sewer
 7. \$ 150.00 Monthly telephone
 8. \$ 40.00 Monthly fuel oil or natural gas
 9. \$ 100.00 Monthly repairs and maintenance
 10. \$ 60.00 Monthly lawn care
 11. \$ 0.00 Monthly pool maintenance
 12. \$ 20.00 Monthly pest control
 13. \$ 50.00 Monthly misc. household
 14. \$ 800.00 Monthly food and home supplies
 15. \$ 800.00 Monthly meals outside home
 16. \$ 110.00 Monthly cable t.v.
 17. \$ 30.00 Monthly alarm service contract
 18. \$ 0.00 Monthly service contracts on appliances
 19. \$ 0.00 Monthly maid service
 Other:
 20. \$ 0.00
 21. \$ 0.00
 22. \$ 0.00
 23. \$ 0.00
 24. \$ 0.00
- 25. \$ 2,520.00 SUBTOTAL (add lines 1 through 24).**

AUTOMOBILE:

- 26. \$ 0.00 Monthly gasoline and oil
- 27. \$ 100.00 Monthly repairs
- 28. \$ 10.00 Monthly auto tags and emission testing
- 29. \$ 100.00 Monthly insurance
- 30. \$ 0.00 Monthly payments (lease or financing)
- 31. \$ 0.00 Monthly rental/replacements
- 32. \$ 0.00 Monthly alternative transportation (bus, rail, car pool, etc.)
- 33. \$ 0.00 Monthly tolls and parking
- 34. \$ 0.00 Other
- 35. \$ 210.00 **SUBTOTAL (add lines 26 through 34)**

MONTHLY EXPENSES FOR CHILDREN COMMON TO BOTH PARTIES:

- 36. \$ 0.00 Monthly nursery, babysitting, or day care
- 37. \$ 0.00 Monthly school tuition
- 38. \$ 0.00 Monthly school supplies, books, and fees
- 39. \$ 0.00 Monthly after school activities
- 40. \$ 0.00 40. Monthly lunch money
- 41. \$ 0.00 Monthly private lessons or tutoring
- 42. \$ 0.00 Monthly allowances
- 43. \$ 0.00 Monthly clothing and uniforms
- 44. \$ 0.00 Monthly entertainment (movies, parties, etc.)
- 45. \$ 0.00 Monthly health insurance
- 46. \$ 0.00 Monthly medical, dental, prescriptions (nonreimbursed only)
- 47. \$ 0.00 Monthly psychiatric/psychological/counselor
- 48. \$ 0.00 48. Monthly orthodontic
- 49. \$ 0.00 Monthly vitamins
- 50. \$ 0.00 Monthly beauty parlor/barber shop
- 51. \$ 0.00 Monthly nonprescription medication
- 52. \$ 0.00 Monthly cosmetics, toiletries, and sundries
- 53. \$ 0.00 Monthly gifts from child(ren) to others (other children, relatives, teachers, etc.)
- 54. \$ 0.00 Monthly camp or summer activities
- 55. \$ 0.00 Monthly clubs (Boy/Girl Scouts, etc.)
- 56. \$ 0.00 Monthly time-sharing expenses
- 57. \$ 0.00 Monthly miscellaneous
- 58. \$ 0.00 **SUBTOTAL (add lines 36 through 57)**

MONTHLY EXPENSES FOR CHILD(REN) FROM ANOTHER RELATIONSHIP: (other than court-ordered child support)

59. \$ 0.00
60. \$ 0.00
61. \$ 0.00
62. \$ 0.00
63. \$ 0.00 SUBTOTAL (add lines 59 through 62)

MONTHLY INSURANCE:

64. \$ 0.00 Health insurance (if not listed on lines 23 or 45)
65. \$ 10.00 Life insurance
66. \$ 0.00 Dental insurance
67. \$ 0.00 Other:
68. \$ 0.00 Other:
69. \$ 0.00 SUBTOTAL (add lines 66 through 68, exclude lines 64 and 65)

OTHER MONTHLY EXPENSES NOT LISTED ABOVE:

70. \$ 0.00 Monthly dry cleaning and laundry
71. \$ 100.00 Monthly clothing
72. \$ 0.00 Monthly medical, dental, and prescription (unreimbursed only)
73. \$ 0.00 Monthly psychiatric, psychological, or counselor (unreimbursed only)
74. \$ 50.00 Monthly non-prescription medications, cosmetics, toiletries, and sundries
75. \$ 0.00 Monthly grooming
76. \$ 0.00 Monthly gifts
77. \$ 250.00 Monthly pet expenses
78. \$ 0.00 Monthly club dues and membership
79. \$ 0.00 Monthly sports and hobbies
80. \$ 200.00 Monthly entertainment
81. \$ 50.00 Monthly periodicals/books/tapes/CD's
82. \$ 0.00 Monthly vacations
83. \$ 0.00 Monthly religious organizations
84. \$ 0.00 Monthly bank charges/credit card fees
85. \$ 0.00 Monthly education expenses
Other: (include any usual and customary expenses not otherwise mentioned in the items listed above)
86. \$ 0.00
87. \$ 0.00
88. \$ 0.00
89. \$ 0.00
90. \$ 650.00 SUBTOTAL (add lines 70 through 89)

MONTHLY PAYMENTS TO CREDITORS: (only when payments are currently made by you on outstanding balances). List only last 4 digits of account numbers.

MONTHLY PAYMENT AND NAME OF CREDITOR(s):

104. \$ 0.00 SUBTOTAL (add lines 91 through 103)

**105. \$ 3,380.00 TOTAL MONTHLY EXPENSES:
(add lines 25, 35, 58, 63, 69, 90, and 104 of Section II, Expenses)**

SUMMARY

**106. \$ 6,400.00 TOTAL PRESENT MONTHLY NET INCOME
(from line 27 of SECTION I. INCOME)**

107. \$ 3,380.00 TOTAL MONTHLY EXPENSES (from line 105 above)

**108. \$ 3,020.00 SURPLUS (If line 106 is more than line 107, subtract line 107 from
line 106. This is the amount of your surplus. Enter that amount here.))**

**109. (DEFICIT) (If line 107 is more than line 106, subtract line 106 from line 107. This is the
amount of your deficit. Enter that amount here.)**

SECTION III. ASSETS AND LIABILITIES

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.

STEP 3: 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) LIST ONLY LAST FOUR DIGITS OF ACCOUNT NUMBERS. Check the box next to any asset(s) which you are requesting the judge award to you.	B Current Fair Market Value	C Nonmarital	
		husband	wife
Cash (in banks or credit unions)			
Stocks/Bonds			
Notes (money owed to you in writing)			
Money owed to you (not evidenced by a note)			
Real estate: (Home or Land)			
<input checked="" type="checkbox"/> 123 Main Drive, Brimsby, NC 28314	\$ 120,000.00		
Business interests			
Automobiles			
Boats			
Other vehicles			
Retirement plans (Profit Sharing, Pension, IRA, 401(k)s, etc.)			
Furniture & furnishings in home			
Furniture & furnishings elsewhere			
Collectibles			
Jewelry			
Life insurance (cash surrender value)			
Sporting and entertainment (T.V., stereo, etc.) equipment			
Other assets			
Total Assets (add column B)	\$ 120,000.00		

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.

STEP 2: 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) LIST ONLY LAST FOUR DIGITS OF ACCOUNT NUMBERS. Check the box next to any debt(s) for which you believe you should be responsible.	B Current Amount Owed	C Nonmarital	
		husband	wife

A LIABILITIES: DESCRIPTION OF ITEM(S) LIST ONLY LAST FOUR DIGITS OF ACCOUNT NUMBERS. Check the box next to any debt(s) for which you believe you should be responsible.	B Current Amount Owed	C Nonmarital	
		husband	wife
Mortgages on real estate: (Home or Other)			
Charge/credit card accounts			
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)

\$ 120,000.00 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)

\$ 120,000.00 **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 (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 next to any contingent asset(s) which you are requesting the judge award to you.	B Possible Value	C Nonmarital	
		husband	wife
Total Contingent Assets	\$ 0.00		

A Contingent Liabilities Check the box next to any contingent debt(s) for which you believe you should be responsible.	B Possible Amount Owed	C Nonmarital	
		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.

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 **hand delivered** to the person(s) listed below on **06/01/2015**

Other party or his/her attorney:

Name: **Jenny B. Smith**

Address: **500 Main St**

City, State, Zip: **Tampa Bay, FL 28314**

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 Petitioner

Printed Name: Jim A. Smith

Address: 100 Main Street

City, State, Zip: Tampa Bay, FL 28314

Telephone Number: (407) 864-2136

Fax Number: _____

Designated E-mail Address(es): jim.a.smith12345@gmail.com

STATE OF FLORIDA
COUNTY OF ORANGE

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] 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}* _____.

IN THE CIRCUIT COURT OF THE NINTH JUDICIAL CIRCUIT,
IN AND FOR ORANGE COUNTY, FLORIDA

Case No.: _____
Division: _____

Jim A. Smith,
Petitioner

and

Jenny B. Smith,
Respondent

**FAMILY LAW FINANCIAL AFFIDAVIT
(\$50,000 or more Individual Gross Annual Income)**

I, Jenny B. Smith, being sworn, certify that the following information is true:

SECTION I. INCOME

1. My age is: 30
2. My occupation is: US Marines Officer
3. I am currently
Employed by: US Marines
Address: 100 Main Street
City, State, Zip code: Fort Bragg, NC 28310
Telephone Number: 11122334
Pay rate: \$ 3,200.00 every week

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:

LAST YEAR'S GROSS INCOME:

YEAR 2014

Your income \$ 80,000.00

Other Party's Income (if known) \$ 85,000.00

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. \$ 6,000.00 Monthly gross salary or wages
 - 2. \$ 1,800.00 Monthly bonuses, commissions, allowances, overtime, tips, and similar payments
 - 3. \$ 0.00 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.) (Attach sheet itemizing such income and expenses.)
 - 4. \$ 0.00 Monthly disability benefits/SSI
 - 5. \$ 0.00 Monthly Workers' Compensation
 - 6. \$ 0.00 Monthly Unemployment Compensation
 - 7. \$ 0.00 Monthly pension, retirement, or annuity payments
 - 8. \$ 0.00 Monthly Social Security benefits
 - 9. \$ 0.00 Monthly alimony actually received (Add 9a and 9b)
 - 9a. From this case: \$ 0.00
 - 9b. From other case(s): \$ 0.00
 - 10. \$ 50.00 Monthly interest and dividends
 - 11. \$ 0.00 Monthly rental income (gross receipts minus ordinary and necessary expenses required to produce income) (Attach sheet itemizing such income and expense items.)
 - 12. \$ 0.00 Monthly income from royalties, trusts, or estates
 - 13. \$ 0.00 Monthly reimbursed expenses and in-kind payments to the extent that they reduce personal living expenses (Attach sheet itemizing each item and amount.)
 - 14. \$ 0.00 Monthly gains derived from dealing in property (not including nonrecurring gains)
- Any other income of a recurring nature (list source)
- 15. \$ 0.00
 - 16. \$ 0.00
 - 17. \$ 7,850.00 **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. \$ 1,400.00 Monthly federal, state, and local income tax (corrected for filing status and allowable dependents and income tax liabilities)
 - a. Filing Status **Married Filing Jointly**
 - b. Number of dependents claimed **1**

19. \$ 0.00 Monthly FICA or self-employment taxes
20. \$ 200.00 Monthly Medicare payments
21. \$ 0.00 Monthly mandatory union dues
22. \$ 0.00 Monthly mandatory retirement payments
23. \$ 0.00 Monthly health insurance payments (including dental insurance), excluding portion paid for any minor children of this relationship
24. \$ 0.00 Monthly court-ordered child support actually paid for children from another relationship
25. \$ 0.00 Monthly court-ordered alimony actually paid (Add 25a and 25b)
25a. from this case: \$ 0.00
25b. from other case(s): \$ 0.00
- 26. \$ 1,600.00 TOTAL DEDUCTIONS ALLOWABLE UNDER SECTION 61.30, FLORIDA STATUTES**
(Add lines 18 through 25)
- 27. \$ 6,250.00 PRESENT NET MONTHLY INCOME (Subtract line 26 from line 17)**

SECTION II. AVERAGE MONTHLY EXPENSES

Proposed/Estimated Expenses. If this is a dissolution of marriage case and your expenses as listed below do not reflect what you actually pay currently, you should write 'estimate' next to each amount that is estimated.

HOUSEHOLD

1. \$ 0.00 Monthly mortgage or rent payments
2. \$ 0.00 Monthly property taxes (if not included in mortgage)
3. \$ 0.00 Monthly insurance on residence (if not included in mortgage)
4. \$ 0.00 Monthly condominium maintenance fees and homeowner's association fees
5. \$ 0.00 Monthly electricity
6. \$ 0.00 Monthly water, garbage, and sewer
7. \$ 0.00 Monthly telephone
8. \$ 0.00 Monthly fuel oil or natural gas
9. \$ 50.00 Monthly repairs and maintenance
10. \$ 0.00 Monthly lawn care
11. \$ 0.00 Monthly pool maintenance
12. \$ 0.00 Monthly pest control
13. \$ 100.00 Monthly misc. household
14. \$ 400.00 Monthly food and home supplies
15. \$ 400.00 Monthly meals outside home
16. \$ 0.00 Monthly cable t.v.
17. \$ 0.00 Monthly alarm service contract
18. \$ 0.00 Monthly service contracts on appliances
19. \$ 0.00 Monthly maid service
Other:
20. \$ 0.00
21. \$ 0.00
22. \$ 0.00
23. \$ 0.00
24. \$ 0.00
- 25. \$ 950.00 SUBTOTAL (add lines 1 through 24).**

AUTOMOBILE:

- 26. \$ 200.00 Monthly gasoline and oil
- 27. \$ 50.00 Monthly repairs
- 28. \$ 10.00 Monthly auto tags and emission testing
- 29. \$ 100.00 Monthly insurance
- 30. \$ 0.00 Monthly payments (lease or financing)
- 31. \$ 0.00 Monthly rental/replacements
- 32. \$ 0.00 Monthly alternative transportation (bus, rail, car pool, etc.)
- 33. \$ 0.00 Monthly tolls and parking
- 34. \$ 0.00 Other
- 35. \$ 360.00 SUBTOTAL (add lines 26 through 34)**

MONTHLY EXPENSES FOR CHILDREN COMMON TO BOTH PARTIES:

- 36. \$ 0.00 Monthly nursery, babysitting, or day care
- 37. \$ 0.00 Monthly school tuition
- 38. \$ 0.00 Monthly school supplies, books, and fees
- 39. \$ 0.00 Monthly after school activities
- 40. \$ 0.00 40. Monthly lunch money
- 41. \$ 0.00 Monthly private lessons or tutoring
- 42. \$ 0.00 Monthly allowances
- 43. \$ 0.00 Monthly clothing and uniforms
- 44. \$ 0.00 Monthly entertainment (movies, parties, etc.)
- 45. \$ 0.00 Monthly health insurance
- 46. \$ 0.00 Monthly medical, dental, prescriptions (nonreimbursed only)
- 47. \$ 0.00 Monthly psychiatric/psychological/counselor
- 48. \$ 0.00 48. Monthly orthodontic
- 49. \$ 0.00 Monthly vitamins
- 50. \$ 0.00 Monthly beauty parlor/barber shop
- 51. \$ 0.00 Monthly nonprescription medication
- 52. \$ 0.00 Monthly cosmetics, toiletries, and sundries
- 53. \$ 0.00 Monthly gifts from child(ren) to others (other children, relatives, teachers, etc.)
- 54. \$ 0.00 Monthly camp or summer activities
- 55. \$ 0.00 Monthly clubs (Boy/Girl Scouts, etc.)
- 56. \$ 0.00 Monthly time-sharing expenses
- 57. \$ 0.00 Monthly miscellaneous
- 58. \$ 0.00 SUBTOTAL (add lines 36 through 57)**

MONTHLY EXPENSES FOR CHILD(REN) FROM ANOTHER RELATIONSHIP: (other than court-ordered child support)

59. \$ 0.00
60. \$ 0.00
61. \$ 0.00
62. \$ 0.00
63. \$ 0.00 SUBTOTAL (add lines 59 through 62)

MONTHLY INSURANCE:

64. \$ 0.00 Health insurance (if not listed on lines 23 or 45)
65. \$ 0.00 Life insurance
66. \$ 0.00 Dental insurance
67. \$ 0.00 Other:
68. \$ 0.00 Other:
69. \$ 0.00 SUBTOTAL (add lines 66 through 68, exclude lines 64 and 65)

OTHER MONTHLY EXPENSES NOT LISTED ABOVE:

70. \$ 0.00 Monthly dry cleaning and laundry
71. \$ 200.00 Monthly clothing
72. \$ 0.00 Monthly medical, dental, and prescription (unreimbursed only)
73. \$ 0.00 Monthly psychiatric, psychological, or counselor (unreimbursed only)
74. \$ 100.00 Monthly non-prescription medications, cosmetics, toiletries, and sundries
75. \$ 50.00 Monthly grooming
76. \$ 0.00 Monthly gifts
77. \$ 250.00 Monthly pet expenses
78. \$ 0.00 Monthly club dues and membership
79. \$ 0.00 Monthly sports and hobbies
80. \$ 0.00 Monthly entertainment
81. \$ 0.00 Monthly periodicals/books/tapes/CD's
82. \$ 250.00 Monthly vacations
83. \$ 0.00 Monthly religious organizations
84. \$ 0.00 Monthly bank charges/credit card fees
85. \$ 0.00 Monthly education expenses
Other: (include any usual and customary expenses not otherwise mentioned in the items listed above)
86. \$ 0.00
87. \$ 0.00
88. \$ 0.00
89. \$ 0.00
90. \$ 850.00 SUBTOTAL (add lines 70 through 89)

MONTHLY PAYMENTS TO CREDITORS: (only when payments are currently made by you on outstanding balances). List only last 4 digits of account numbers.

MONTHLY PAYMENT AND NAME OF CREDITOR(s):

104. \$ 0.00 **SUBTOTAL (add lines 91 through 103)**

105. \$ 2,160.00 **TOTAL MONTHLY EXPENSES:**
(add lines 25, 35, 58, 63, 69, 90, and 104 of Section II, Expenses)

SUMMARY

106. \$ 6,250.00 **TOTAL PRESENT MONTHLY NET INCOME**
(from line 27 of SECTION I. INCOME)

107. \$ 2,160.00 **TOTAL MONTHLY EXPENSES (from line 105 above)**

108. \$ 4,090.00 **SURPLUS (If line 106 is more than line 107, subtract line 107 from**
line 106. This is the amount of your surplus. Enter that amount here.))

109. **(DEFICIT) (If line 107 is more than line 106, subtract line 106 from line 107. This is the**
amount of your deficit. Enter that amount here.)

SECTION III. ASSETS AND LIABILITIES

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.

STEP 3: 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.)

<p style="text-align: center;">A</p> <p style="text-align: center;">ASSETS: DESCRIPTION OF ITEM(S)</p> <p style="text-align: center;">LIST ONLY LAST FOUR DIGITS OF ACCOUNT NUMBERS.</p> <p style="text-align: center;">Check the box next to any asset(s) which you are requesting the judge award to you.</p>	<p style="text-align: center;">B</p> <p style="text-align: center;">Current Fair Market Value</p>	<p style="text-align: center;">C</p> <p style="text-align: center;">Nonmarital</p>	
		husband	wife
Cash (in banks or credit unions)			
Stocks/Bonds			
Notes (money owed to you in writing)			
Money owed to you (not evidenced by a note)			
Real estate: (Home or Land)			
<input type="checkbox"/> 123 Main Drive, Brimsby, NC 28314	\$ 120,000.00		
Business interests			
Automobiles			
Boats			
Other vehicles			
Retirement plans (Profit Sharing, Pension, IRA, 401(k)s, etc.)			
Furniture & furnishings in home			
Furniture & furnishings elsewhere			
Collectibles			
Jewelry			
Life insurance (cash surrender value)			
Sporting and entertainment (T.V., stereo, etc.) equipment			
Other assets			
Total Assets (add column B)	\$ 120,000.00		

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.

STEP 2: 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.)

<p style="text-align: center;">A</p> <p style="text-align: center;">LIABILITIES: DESCRIPTION OF ITEM(S)</p> <p style="text-align: center;">LIST ONLY LAST FOUR DIGITS OF ACCOUNT NUMBERS.</p> <p style="text-align: center;">Check the box next to any debt(s) for which you believe you should be responsible.</p>	<p style="text-align: center;">B</p> <p style="text-align: center;">Current Amount Owed</p>	<p style="text-align: center;">C</p> <p style="text-align: center;">Nonmarital</p>	
		husband	wife

A LIABILITIES: DESCRIPTION OF ITEM(S) LIST ONLY LAST FOUR DIGITS OF ACCOUNT NUMBERS. Check the box next to any debt(s) for which you believe you should be responsible.	B Current Amount Owed	C Nonmarital	
		husband	wife
Mortgages on real estate: (Home or Other)			
Charge/credit card accounts			
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)

\$ 120,000.00 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)

\$ 120,000.00 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 (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 next to any contingent asset(s) which you are requesting the judge award to you.	B Possible Value	C Nonmarital	
		husband	wife
Total Contingent Assets	\$ 0.00		

A Contingent Liabilities Check the box next to any contingent debt(s) for which you believe you should be responsible.	B Possible Amount Owed	C Nonmarital	
		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.

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 **hand delivered** to the person(s) listed below on **06/01/2015**

Other party or his/her attorney:

Name: **Jim A. Smith**

Address: **100 Main Street**

City, State, Zip: **Tampa Bay, FL 28314**

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 Respondent
Printed Name: Jenny B. Smith
Address: 500 Main St
City, State, Zip: Tampa Bay, FL 28314
Telephone Number: (222) 533-4422
Fax Number: _____
Designated E-mail Address(es): jenny.b.smith1234@gmail.com

STATE OF FLORIDA
COUNTY OF ORANGE

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] 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}* _____.