

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

1	Monthly GROSS salary or wages		
2	Monthly bonuses, commissions, allowances, OT, tips & similar pymnts		
3	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)		
4	Monthly disability benefits/SSI		
5	Monthly Workers' Compensation		
6	Monthly Unemployment Compensation		
7	Monthly Pension, retirement, or annuity payments		
8	Monthly Social Security benefits		
9	Monthly Alimony actually received (total of 9a. And 9b.)		
9a.	From this case \$ _____		
9b.	From other case \$ _____		
10	Monthly interest and dividends		
11	Monthly rental income (gross receipts less ordinary and necessary expenses required to produce income). (⊗ Attach sheet itemizing such items income and expense)		
12	Monthly income from royalties, trusts or estates		
13	Monthly reimbursed expenses and in-kind payments to the extent they reduce personal living expenses. (Attach sheet itemizing each item and amount)		
14	Monthly gains derived from dealing in property (not including non-recurring gains) Any other income of a recurring nature (identify source):		
15	Other		
16	Other		
17	PRESENT MONTHLY GROSS INCOME TOTAL (Add Lines 1-16)	\$	-

MONTHLY DEDUCTIONS

All Amounts must be MONTHLY

* Explanations

18	Monthly federal state, and local income tax (corrected for filing status and allowable dependents and income tax liabilities) a. Filing Status: _____ b. Number of Dependents: _____		
19	Monthly FICA or self-employment taxes		
20	Monthly Medicare payments		
21	Monthly Mandatory Union Dues		
22	Monthly Mandatory Retirement Payments		
23	Monthly health insurance payments (including dental insurance), excluding portion paid for any minor children of THIS relationship		
24	Monthly court-ordered child support actually paid for children from another relationship		
25	Monthly court-ordered alimony actually paid 25a. From this case 25b. From other case		
26	Total Deductions Allowable Under Section § 61.30 (Add Lines 18-25)	\$	-
27	PRESENT NET MONTHLY INCOME (Subtract line 26 from 17)	\$	-

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	1	Monthly mortgage or rent		
E	2	Monthly property taxes (if not included in the mortgage)		
E	3	Monthly insurance on residence (if not included in the mortgage)		
E	4	Monthly condo maintenance fes and homeowner's association fees		
E	5	Monthly electricity		
E	6	Monthly water, garbage, and sewer		
E	7	Monthly telephone		
E	8	Monthly fuel oil or natural gas (residence)		
E	9	Monthly repairs and maintenance		
E	10	Monthly lawn care		
E	11	Monthly pool maintenance		
E	12	Monthly pest control		
E	13	Monthly miscellaneous household		
E	14	Monthly food and home supplies		
E	15	Monthly meals outside home		
E	16	Monthly cable t.v.		
E	17	Monthly alarm service contract		
E	18	Monthly service contracts on appliances		
E	19	Monthly maid service		
E	20	Monthly household cleaning supplies		
E	21	Monthly cellular		
E	22			
E	23			
E	24			
E	25			
E	26			
E	27			
E	28			
E	29			
E	30	SUBTOTAL: Household <i>(Add Lines 1-29)</i>	\$	-

PRESENT AUTOMOBILE EXPENSES

* Explanations

E	31	Monthly gasoline and oil		
E	32	Monthly repairs		
E	33	Monthly auto tags and emission testing		
E	34	Monthly insurance		
E	35	Monthly payments (leasing or financing)		
E	36	Monthly rentals/replacements		
E	37	Monthly alternative transportation		
E	38	Monthly tolls and parking		
E	39			
E	40			
E	41			
E	42			
E	43	SUBTOTAL: Automobile <i>(Add Lines 31-42)</i>	\$	-

Notes:

PRESENT EXPENSES for Children Common to Both Parties			* Explanations
E 44	Monthly nursery, babysitting or day care		
E 45	Monthly school tuition		
E 46	Monthly school supplies, books and fees		
E 47	Monthly after school activities		
E 48	Monthly lunch money		
E 49	Monthly private lessons or tutoring		
E 50	Monthly allowances		
E 51	Monthly clothing and uniforms		
E 52	Monthly entertainment (movies, parties, etc.)		
E 53	Monthly health insurance		
E 54	Monthly medical, dental, prescriptions (nonreimbursed only)		
E 55	Monthly psychiatric/psychological/counselor		
E 56	Monthly orthodontic		
E 57	Monthly vitamins		
E 58	Monthly beauty parlor/barber shop		
E 59	Monthly nonprescription medication		
E 60	Monthly cosmetics, toiletries and sundries		
E 61	Monthly gifts from child(ren) to other (relatives, teachers etc.)		
E 62	Monthly camp or summer activities		
E 63	Monthly Clubs (Boy/Girl Scouts, etc.)		
E 64	Monthly access expenses for parenting contact		
E 65	Monthly miscellaneous		
E 66			
E 67			
E 68			
E 69			
E 70			
E 71			
E 72			
E 73	SUBTOTAL: Expenses for Children (Add Lines 44-72)	\$ -	

PRESENT EXPENSES for Children from Another Relationship (other than court-ordered child support)			* Explanations
E 74			
E 75			
E 76			
E 77			
E 78			
E 79			
E 80	SUBTOTAL: (Add Lines 74-79)	\$ -	

MONTHLY INSURANCE			* Explanations
E 81	Health Ins. (excluding portion for minor child(ren) of this relationship)		
E 82	Life insurance		
E 83	Dental insurance		
E 84			
E 85			
E 86			
E 87			
E 88			
E 89	SUBTOTAL: Expense for Insurance (Add Lines 81-88)	\$ -	

OTHER MONTHLY EXPENSES NOT LISTED ABOVE			* Explanations
E 90	Monthly dry cleaning and laundry		
E 91	Monthly clothing		
E 92	Monthly medical, dental and prescription (unreimbursed only)		
E 93	Monthly psychiatric, psychological or counselor (unreimbursed only)		
E 94	Monthly non-prescription medications, cosmetics, toiletries and sundries		
E 95	Monthly grooming		
E 96	Monthly gifts		
E 97	Monthly pet expenses		
E 98	Monthly club dues and membership		
E 99	Monthly sports and hobbies		
E 100	Monthly entertainment		
E 101	Monthly periodicals/books/tapes/CD's		
E 102	Monthly vacations		
E 103	Monthly religious organizations		
E 104	Monthly bank charges/credit card fees		
E 105	Monthly education expenses		
E 106			
E 107			
E 108			
E 109			
E 110			
E 111			
E 112			
E 113	SUBTOTAL: Other Expenses (Add Lines 90-112)	\$ -	

MONTHLY PAYMENT TO CREDITORS (only when payments are currently made by YOU on outstanding balances)			* Explanations
NAME OF CREDITOR AND ACCOUNT NUMBER			
E 114	Student Loan:		
E 115	Student Loan:		
E 116	Credit Card:		
E 117	Credit Card:		
E 118	Credit Card:		
E 119	Credit Card:		
E 120			
E 121			
E 122			
E 123			
E 124			
E 125			
E 126			
E 127			
E 128			
E 129	SUBTOTAL: Monthly Creditors (Add lines 114-128)	\$ -	
E 130	Total Expenses (Add lines 43,73,80,89,113 and 129)	\$ -	

131	TOTAL PRESENT INCOME (Line 27 of Section I Income)	\$ -
132	TOTAL MONTHLY EXPENSES (Line 130 of Monthly Expenses)	\$ -
133	SURPLUS (If line 131 is more than 132)	\$ -
134	DEFICIT (If line 132 is more than 131)	

SECTION III. ASSETS & LIABILITIES

A		B	C		D
ASSETS: Description of Items(s)		Current Fair Market Value	√ if Non- <u>Marital</u>		* Explanations
√ the box next to any asset(s) which you are requesting the Judge award to you.			H	W	
A	1	Cash (on hand)			
A	2	Cash (in banks or credit unions)			
A	3				
A	4	Stocks/Bonds			
A	5				
A	6				
A	7	Notes: (money owed to you in writing)			
A	8				
A	9				
A	10	Money owed to you (not evidenced by a note)			
A	11				
A	12				
A	13	Real Estate: (Home)			
A	14	(Other)			
A	15				
A	16				
A	17				
A	18	Business Interests			
A	19				
A	20				
A	21	Automobiles:			
A	22				
A	23				
A	24				
A	25	Boats			
A	26				
A	27				
A	28	Other Vehicles			
A	29	Retirement Plans (Profit Sharing, Pension, IRA, 401(k)'s, etc.)			
A	30				
A	31				
A	32				
A	33				
A	34				
A	35	Furniture and furnishings in home			
A	36				
A	37	Furniture & furnishings elsewhere			
A	38				
A	39	Collectibles (stamps, coins, guns, sports, etc.)			
A	40				
A	41	Jewelry:			
A	42				
A	43				
A	44				
A	45				
A	46				

A		B	C		D
ASSETS: Description of Items(s)		Current Fair Market Value	√ if Non-		* Explanations
√ the box next to any asset(s) which you are requesting the Judge award to you.			Marital		
			H	W	
A	47	Life insurance (cash surrender value)			
A	48				
A	49	Sporting and entertainment (T.V. stereo, etc.) equipment			
A	50				
A	51				
A	52	Other assets:			
A	53	Washer/Dryer			
A	54	Computer			
A	55	Tools/Lawn Equipment			
A	56				
A	57	TOTAL ASSETS (add column B)	\$	-	

A		B	C		D
LIABILITIES: Description of Items(s)		Current Fair Market Value	√ if Non-		* Explanations
√ the box next to any debt (s) for which you believe you should be responsible.			Marital		
			H	W	
L	1	Mortgages on real estate: First mortgage on home			
L	2	Second mortgage on home			
L	3	Other mortgages			
L	4				
L	5	Charge/credit card accounts			
L	6				
L	7				
L	8	Auto Loan:			
L	9	Auto Loan:			
L	10	Bank/Credit Union Loans			
L	11				
L	12				
L	13	Money you owe (not evidenced by a note):			
L	14				
L	15	Judgments			
L	16				
L	17	Other:			
L	18				
L	19				
L	20	TOTAL DEBTS (add column B)	\$	-	

TOTAL ASSETS	\$	-
TOTAL LIABILITIES	\$	-
TOTAL NET WORTH	\$	-

A		B	C		D
Contingent Assets		Possible Value	√ if Non-		* Explanations
√ the box next to any contingent asset(s) which you are requesting the judge award to you			<u>Marital</u>		
			H	W	
CA 1					
CA 2					
CA 3					
CA 4					
CA 5					
CA 6	Total Contingent Assets	\$ -			

A		B	C		D
Contingent Liabilities		Possible Value	√ if Non-		* Explanations
√ the box next to any contingent debt (s) for which you believe you should be responsible.			<u>Marital</u>		
			H	W	
CL 1					
CL 2					
CL 3					
CL 4					
CL 5					
CL 6	Total Contingent Assets	\$ -			

- 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 understand that I am swearing or affirming under oath to the truthfulness of the claims made in this affidavit and the punishment for knowingly making a false statement includes fines and/or imprisonment.

FURTHER AFFIANT SAYETH NOT

Date

Name:

**STATE OF FLORIDA
COUNTY OF MANATEE**

BEFORE ME, the undersigned authority, this day appeared, _____ who

is personally known to me

produced identification by way of _____,

after being duly sworn, deposes and says that he executed the foregoing Affidavit freely and voluntarily, and for the uses and purposes therein described.

SWORN TO AS TRUE AND SUBSCRIBED before me this _____ day of _____ 2010.

Notary Public:

(Signature)

(Printed Name/Notary Seal)

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