

IN THE CIRCUIT COURT OF THE SIXTH JUDICIAL CIRCUIT
IN AND FOR PINELLAS COUNTY, FLORIDA

IN THE INTEREST OF _____,
Petitioner
vs
_____/_____
Respondent

UCN: _____
Ref: _____

FINANCIAL AFFIDAVIT

I, _____, being sworn, certify that the following information is true:

1. Date of Birth: _____ Phone: _____
Address: _____ City: _____ State: ___ Zip: _____

2. Employer: _____ Address: _____ Phone #: _____
Pay rate: \$ _____ every week () other week () twice a month () monthly () other: _____
o check here if unemployed and explain on a separate sheet of paper your efforts to find employment.

3. Income.
Monthly gross salary or wages \$ _____
Monthly disability benefits/SSI _____
Monthly worker's compensation _____
Monthly unemployment compensation _____
Monthly social security benefits _____
Any other monthly income (list nature) _____
Total GROSS monthly income: _____

4. Deductions from income.
Note: Federal Income tax/social security/medicare withholdings are calculated automatically.
Monthly health insurance premiums you pay for child(ren) only _____
Monthly childcare expenses you pay for child(ren) under 12 _____
Monthly mandatory amount you pay for retirement _____
Monthly amount you have been ordered to pay for child support for other child(ren) NOT the subject of this case (list name(s) of child(ren)) _____

5. Net monthly income: _____

6. Number of dependents you claim on income tax form: _____

Signature
Sworn to before me this _____ day of _____, 200_____.

Circuit Judge

OR
State of Florida
County of _____
The foregoing instrument was acknowledged before me this _____ day of _____,
20____, by _____, who is personally known to me or has produced
_____ as identification.

Notary Public/Deputy Clerk
State of Florida
My commission expires:

Commission Number