

AVAILABLE MONTHLY INCOME & FINANCIAL AFFIDAVIT

I, CL1, the Petitioner in the above styled cause, hereby declare that the following information is true and correct to the best of my knowledge and belief:

Occupation	
Employed by	
Employer's address	
Pay period	
Rate of pay	
Date of birth	

The relevant information regarding my income, deductions, expenses, assets, and liabilities is as follows:

Last Year's Income	Wife's	Husband's
Gross Earned Income Last Calendar Year: 2010		
All Other Income:		
Total Taxes Paid On Above Income: Federal		
Total Taxes Paid On Above Income: FICA		
Net Income:	\$0	\$0

Gross Income	Monthly Totals
Salary & Wages:	
Interest & Dividends:	
Rental Income (Gross Receipts minus Expenses Required to Produce Income):	
Income from Royalties, Trusts & Estates:	
Reimbursed Expenses & In Kind Payments to the Extent that they reduce Personal Living Expenses:	
Income from any other source:	
Total Monthly Gross Income:	\$0

Allowable Deductions	Monthly Totals
Federal Income Taxes: Estimated	
FICA & Self-Employment Tax (Annualized):	
Medicare Tax:	
Retirement Payments:	
Health Insurance Payments:	
Court Ordered Child Support For Children Other Than In This Case:	
Total Monthly Allowable Deductions:	\$0

Total Monthly Gross Income:	0
Minus Total Monthly Allowable Deductions:	0
Total Available Monthly Income:	\$0

AVERAGE ACTUAL (& ALSO ESTIMATED) MONTHLY EXPENSES	
Household Expenses	
Rent:	
First Mortgage:	
Property Taxes:	
Insurance:	
Electricity:	
Water, Sewer, & Garbage:	
Telephone:	
Cell Phone:	
Natural Gas:	
Repairs & Maintenance - estimated.	
Housecleaning Service:	
Lawn & Pool Care:	
Pest Control	
Cable TV:	
Internet:	
Miscellaneous Household:	

Food & Grocery Store & misc. household	
Meals Outside Of Home:	
Total Monthly Household Expenses:	\$0
Automobile Expenses	
Gasoline:	
Repairs:	
Tags & Licenses:	
Insurance:	
Payments:	
Car Wash:	
Tolls & Parking:	
Total Monthly Automobile Expenses:	\$0
Child Or Children Expenses	
Daycare (Necessitated By Employment):	
Health Insurance: (cost for children only)	
Babysitting:	
School Tuition:	
School Supplies:	
Lunch Money:	
Allowance:	
Clothing:	
Medical, Dental, & Prescriptions [not covered by insurance].	
Barber & Beauty Parlor:	
Cosmetics & Toiletries:	
Gifts: given by children	
Entertainment:	
Counseling:	
Tutoring:	
Camp:	
Sports:	
Lessons:	
Clubs, Scouts, etc.:	

Total Monthly Child Or Children Expenses:	\$0
Insurance Expenses	
Health (Not Deducted Previously):	
Life:	
Dental:	
Total Monthly Insurance Expenses:	\$0
Other Expenses	
Dry Cleaning & Laundry:	
Clothing:	
Medical, Dental, & Prescriptions [not covered by insurance]	
Barber & Beauty Parlor:	
Cosmetics & Toiletries:	
Gifts (Special Holidays):	
Entertainment:	
Vacations & Trips:	
Professional Dues:	
Club Dues:	
Magazines & Newspapers:	
Church & Charities:	
Legal & Professional Fees:	
Counseling:	
Education Expenses:	
Savings & IRA:	
Bank Service Charges:	
Credit Card Fees:	
Postage & Stationery:	
Pets - Food:	
Pets - Grooming, Boarding Vet:	
Total Monthly Other Expenses:	\$0
Payments To Creditors	
(Do not include any payments to creditors for clothes, etc., which are also listed above.)	

Total Monthly Payments To Creditors:	0
Total Monthly Expenses & Payments To Creditors:	\$0

Total Available Monthly Income:	0
Minus Total Monthly Expenses & Payments To Creditors:	0
Remaining Balance:	\$0

MARITAL ASSETS			
Description	Value	Husband	Wife
Cash On Hand:			
Checking Accounts:			
Checking Accounts:			
Savings Accounts:			
Savings Accounts:			
CD's:			
Money Market Accounts:			
U.S. Savings Bonds:			
ESOP Plan:			
Profit Sharing Plan:			
Life Insurance Cash Value:			
Stocks, Bonds, & Notes:			
Retirement Accounts:			
Home:			
Other Real Estate:			
Motor Vehicles:			
Boat, Motor & Trailer:			
Camper, RV & Trailer:			

Jewelry & Clothing:			
Guns & Sporting Equipment:			
Art Work:			
China, Silver & Crystal:			
Camera Equipment:			
Musical Instruments:			
TV's, VCR's & Electronics:			
Computers & Peripherals:			
Antiques:			
Furniture & Furnishings:			
Tools:			
Collectibles:			
Livestock:			
Professional Practice:			
Business Ownership:			
Total Marital Assets:	\$0	\$0	\$0

MARITAL LIABILITIES			
Creditor / Security	Balance	Husband	Wife
Total Marital Liabilities:	\$0	\$0	\$0

Total Marital Assets:	0	0	0
Minus Total Marital Liabilities:	0	0	0
Marital Net Worth Of The Parties:	\$0	\$0	\$0

NON-MARITAL ASSETS & LIABILITIES			
Description	Value	Husband	Wife
Non-Marital Assets:			

Non-Marital Liabilities:			
Total Non-Marital Net Worth:	\$0	\$0	\$0

Affiant - CL1

STATE OF FLORIDA
COUNTY OF OKALOOSA

The foregoing instrument was sworn to before me on this _____ day of ???, 2004, by CL1 who has produced a Florida Driver's License as identification

NOTARY PUBLIC
State of Florida

I HEREBY CERTIFY that a copy of the foregoing Financial Affidavit has been furnished by regular U. S. Mail,

this _____ day of ???, 2004 to:

MICHAEL T. WEBSTER,
MICHAEL T. WEBSTER, P.A.
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