

PRELIMINARY 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	

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:		
All Other Income:		
Total Taxes Paid On Above Income: Federal		
Total Taxes Paid On Above Income: FICA + Medicare		
Net Income:	\$0	\$0

Gross Income	Monthly Totals
Salary & Wages:	
Interest & Dividends:	
Rental 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:	

FICA, Social Security and Medicare Taxes:	
Retirement Payments:	
Health Insurance Payments:	
Court Ordered Child Support payments 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	
Monthly 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:	
Association Dues:	
Alarm:	
Food & Grocery Store & Misc. household:	
Meals Outside Of Home:	

Total Monthly Household Expenses:	\$0
Monthly automobile Expenses: Year/Make/Model	
Gasoline:	
Repairs:	
Tags & Licenses:	
Insurance:	
Payments:	
Car Wash:	
Tolls & Parking:	
Boat Payment:	
Total Monthly Automobile Expenses:	\$0
Monthly Child Or Children Expenses (Number of children with ages)	
Day Care/Babysitting	
Cost of <u>Children's</u> Medical Insurance.	
Medical, Dental, & Prescriptions [not covered by insurance]:	
School Supplies:	
Lunch Money:	
Allowance:	
Clothing:	
Barber & Beauty Parlor:	
Cosmetics & Toiletries:	
Entertainment:	
Counseling:	
Tutoring:	
Camp:	
Sports:	
Lessons:	
Clubs, Scouts, etc.:	
Other:	
Total Monthly Child Or Children Expenses:	\$0

Monthly Insurance Expenses	
Health (Not deducted previously):	
Dental:	
Life:	
Total Monthly Insurance Expenses:	\$0
Other Monthly Expenses	
Dry Cleaning & Laundry:	
Clothing:	
Medical, Dental, & Prescriptions [not covered by insurance]:	
Barber & Beauty Parlor:	
Cosmetics & Toiletries:	
Gifts:	
Entertainment:	
Vacations & Trips:	
Professional Dues:	
Club Dues:	
Magazines & Newspapers:	
Church & Charities:	
Legal & Professional Fees [Other than this case.]	
Counseling:	
Education Expenses:	
Savings & IRA:	
Bank Service Charges:	
Credit Card Fees:	
Postage & Stationery:	
Pets - Food: [Number and types of pets.]	
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
1	Cash:			
	<u>CHECKING ACCOUNTS</u> (bank and last 4 digits of account)			
2	EFCU 1234 (sample)	100	50	50
3				
4				
	<u>SAVINGS ACCOUNTS</u> (bank and last 4 digits of account)			
5				
6				
7				
	<u>INVESTMENT ACCOUNTS</u> (Company and last 4 digits of account)			
8				
9				
10				
	<u>RETIREMENT ACCOUNTS</u> (Name and last 4 digits of account))			
11				
12				
13				

	<i>OTHER MONETARY ACCOUNTS</i> (CDs, Money Market, Etc) and last 4 digits of account)			
14				
15				
16				
	<i>LIFE INSURANCE CASH VALUE.</i> (Insurance company and last 4 digits of policies)			
17				
18				
19				
	<i>REAL PROPERTY</i>			
20	Marital Home Value (1)			
21	Marital home (1) current mortgage balance.			
22	Other Real Property (2)			
23	Other Real Property (2) current mortgage balance			
24	<i>VEHICLES</i> (cars, trucks, motorcycles, boats, ATVs, golf carts, etc.)			
25	Vehicle 1 (year/make model) value (KBB)			
26	Current debt Vehicle 1			
27	Vehicle 2 (year/make model) value (KBB)			
28	Current debt Vehicle 2			
29	Vehicle 3 (year/make model) value (KBB)			
30	Current debt Vehicle 3			
31	Vehicle 4 (year/make model) value (KBB)			
32	Current debt Vehicle 4			
33				
34	<i>OTHER PERSONAL PROPERTY</i>			
35	Jewelry & Clothing:			
36	Guns & Sporting Equipment:			
37	Art Work:			
38	China, Silver & Crystal:			

39	Camera Equipment:			
40	Musical Instruments:			
41	TV's, VCR's & Electronics:			
42	Computers & Peripherals:			
43	Antiques:			
44	Other Furniture & Furnishings:			
45	Tools:			
46	Collectibles:			
47	<i>UNSECURED DEBTS (Credit Cards)</i>			
48				
49				
50				
51				
52				
53				
54				
55				
56				
57				
58				
	Total Marital Net Worth	\$100	\$50	\$50

NON-MARITAL ASSETS & LIABILITIES			
Description	Value	Husband	Wife
Non-Marital Assets:			
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 _____, 20____,
by CL1 who has produced a Florida Driver's License as identification

NOTARY PUBLIC
State of Florida

I

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