

IN THE CIRCUIT COURT OF THE Twelfth JUDICIAL CIRCUIT,
IN AND FOR Sarasota COUNTY, FLORIDA

Case No.: 07-32323

Division: II

Harold J Jones

Petitioner,

and

Marianne P Jones

Respondent.

FAMILY LAW FINANCIAL AFFIDAVIT (SHORT FORM)
(Under \$50,000 Individual Gross Annual Income)

I, {full legal name} Marianne P Jones, being sworn, certify that the following information is true:

My Occupation: Marketing consultant Prev. Employer: Marketing Concepts, Inc.

Business Address: 877 Proctor Rd, Sarasota, FL 34231

Pay rate: \$ _____ () every week () every other week () twice a month () monthly () other _____

Check here if unemployed and explain on a separate sheet your efforts to find employment.

SECTION I. 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. Monthly gross salary or wages	1. \$	<u>4,117</u>
2. Monthly bonuses, commissions, allowances, overtime, tips, and similar payments	2.	<u>0</u>
3. 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) (<input type="checkbox"/> Attach sheet itemizing such income and expenses.)	3.	<u>167</u>
4. Monthly disability benefits/SSI	4.	<u>0</u>
5. Monthly Workers' Compensation	5.	<u>0</u>
6. Monthly Unemployment Compensation	6.	<u>0</u>
7. Monthly pension, retirement, or annuity payments	7.	<u>0</u>
8. Monthly Social Security benefits	8.	<u>0</u>
9. Monthly alimony actually received		
9a. From this case: \$	<u>967</u>	
9b. From other case(s):	<u>0</u>	Add 9a and 9b
	9.	<u>967</u>
10. Monthly interest and dividends	10.	<u>83</u>
11. Monthly rental income (gross receipts minus ordinary and necessary expenses required to produce income) (<input type="checkbox"/> Attach sheet itemizing such income and expense items.)	11.	<u>333</u>
12. Monthly income from royalties, trusts, or estates	12.	<u>0</u>
13. Monthly reimbursed expenses and in-kind payments to the extent that they reduce personal living expenses	13.	<u>0</u>
14. Monthly gains derived from dealing in property (not including nonrecurring gains)	14.	<u>0</u>
15. Any other income of a recurring nature (list source) _____	15.	<u>0</u>
16. _____	16.	<u>0</u>

17. PRESENT MONTHLY GROSS INCOME (Add lines 1 - 16)

TOTAL:

17. \$ 5,667

PRESENT MONTHLY DEDUCTIONS:

18. Monthly federal, state, and local income tax (corrected for filing status and allowable dependents and income tax liabilities)			
a. Filing Status <u>Head of Household</u>			
b. Number of dependents claimed <u>0</u>		18. \$	<u>378</u>
19. Monthly FICA or self-employment taxes		19.	<u>255</u>
20. Monthly Medicare payments		20.	<u>60</u>
21. Monthly mandatory union dues		21.	<u>20</u>
22. Monthly mandatory retirement payments		22.	<u>0</u>
23. Monthly health insurance payments (including dental insurance), excluding portion paid for any minor children of this relationship		23.	<u> </u>
24. Monthly court-ordered child support actually paid for children from another relationship		24.	<u>0</u>
25. Monthly court-ordered alimony actually paid			
25a. from this case: \$ <u>0</u>			
25b. from other case(s): <u>0</u>			
	Add 25a and 25b	25.	<u>0</u>
26. TOTAL DEDUCTIONS ALLOWABLE UNDER SECTION 61.30, FLORIDA STATUTES (Add lines 18 through 25)	TOTAL:	26. \$	<u>713</u>

PRESENT NET MONTHLY INCOME (Subtract line 26 from line 17) **27. \$** 4,954

SECTION II. AVERAGE MONTHLY EXPENSES

A. HOUSEHOLD:

Mortgage or rent	\$	<u>4,650</u>
Property taxes	\$	<u>250</u>
Utilities	\$	<u>217</u>
Telephone	\$	<u>70</u>
Food	\$	<u>347</u>
Meals outside home	\$	<u>0</u>
Maintenance/Repairs	\$	<u>100</u>
Other _____	\$	<u>0</u>

B. AUTOMOBILE

Gasoline	\$	<u>350</u>
Repairs	\$	<u>0</u>
Insurance	\$	<u>42</u>

C. CHILD(REN)'S EXPENSES

Day care	\$	<u>477</u>
Lunch money	\$	<u>0</u>
Clothing	\$	<u>0</u>
Grooming	\$	<u>0</u>
Gifts for holidays	\$	<u>0</u>
Medical/Dental (uninsured)	\$	<u>0</u>
Other	\$	<u>435</u>

D. INSURANCE

Medical/Dental	\$	<u>0</u>
Child(ren)'s medical/dental	\$	<u>0</u>
Life	\$	<u>0</u>
Other _____	\$	<u>0</u>

E. OTHER EXPENSES NOT LISTED ABOVE

Clothing	\$	<u>0</u>
Medical/Dental (uninsured)	\$	<u>50</u>
Grooming	\$	<u>0</u>
Entertainment	\$	<u>0</u>
Gifts	\$	<u>0</u>
Religious organizations	\$	<u>0</u>
Miscellaneous	\$	<u>0</u>
Other <u>Other expenses</u>	\$	<u>0</u>
_____	\$	<u>0</u>
_____	\$	<u>0</u>
_____	\$	<u>0</u>
_____	\$	<u>0</u>
_____	\$	<u>0</u>
_____	\$	<u>0</u>

F. PAYMENTS TO CREDITORS

	MONTHLY
CREDITOR:	PAYMENT
Bank One MasterCard	\$ <u>37</u>
Citibank VISA Card	\$ <u>60</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

28. TOTAL MONTHLY EXPENSES

(add ALL monthly amounts in A through F above) **28. \$** 7,085

SUMMARY

29. TOTAL PRESENT MONTHLY NET INCOME

(from line 27 of SECTION I. INCOME)

29. \$ 4,954

30. TOTAL MONTHLY EXPENSES (from line 28 above)

30. \$ 7,085

31. SURPLUS (If line 29 is more than line 30, subtract line 30 from line 29.

This is the amount of your surplus. Enter that amount here.)

31. \$ 0

32. (DEFICIT) (If line 30 is more than line 29, subtract line 29 from line 30.

This is the amount of your deficit. Enter that amount here.)

32. (\$ 2,131 **)**

SECTION III. ASSETS AND LIABILITIES

Use the nonmarital column 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(s) or debt belongs. (Typically, you will only use this column if property/debt was owned/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. ASSETS:

DESCRIPTION OF ITEM(S). List a description of each separate item owned by you (and/or your spouse, if this is a petition for dissolution of marriage). DO NOT LIST ACCOUNT NUMBERS. ✓ the box next to any asset(s) which you are requesting the judge award to you.	Current Fair Market Value	Nonmarital (✓ correct column)	
		husband	wife
<input type="checkbox"/> Cash (on hand)		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Cash (in banks or credit unions)		<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Stocks, Bonds, Notes	39,630	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Real estate: (Home) 5800 Camelot Lakes Pky	450,000	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> (Other)		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Automobiles		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other personal property	2,200	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Retirement plans Manatee Teachers' Union	22,292	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Other Consulting	0	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Check here if additional pages attached.			
Total Assets (add column B)	\$ 514,122		

B. LIABILITIES:

DESCRIPTION OF ITEM(S). List a description of each separate debt owed by you (and/or your spouse, if this is a petition for dissolution of marriage). DO NOT LIST ACCOUNT NUMBERS. <input checked="" type="checkbox"/> the box next to any debt(s) for which you believe you should be responsible.	Current Amount Owed	Nonmarital (<input checked="" type="checkbox"/> correct column)	
		husband	wife
<input checked="" type="checkbox"/> First mortgage on home 5800 Camelot Lakes Pky 1st mortgage	320,000	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Second mortgage on home		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other mortgages		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Auto loans		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Charge/credit card accounts		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Other Bank One MasterCard	3,456	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Citibank VISA Card	775	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Check here if additional pages are attached.			
Total Debts (add column B)	\$ 324,231		

C. 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.

Contingent Assets <input checked="" type="checkbox"/> the box next to any contingent asset(s) which you are requesting the judge award to you.	Possible Value	Nonmarital (<input checked="" type="checkbox"/> correct column)	
		husband	wife
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Total Contingent Assets	\$ 0		

Contingent Liabilities <input checked="" type="checkbox"/> the box next to any contingent debt(s) for which you believe you should be responsible.	Possible Amount Owed	Nonmarital (<input checked="" type="checkbox"/> correct column)	
		husband	wife
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Total Contingent Liabilities	\$ 0		

SECTION IV. 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.)

[one only]

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 certify that a copy of this document was [one only] () mailed () faxed and mailed () hand delivered to the person(s) listed below on {date} _____

Other party or his/her attorney:

Name: _____

Address: _____

City, State, Zip: _____

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 Party

Printed Name: Marianne P Jones

Address: _____

City, State, Zip: _____

Telephone Number: _____

Fax Number: _____

STATE OF FLORIDA

COUNTY OF Sarasota

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]

I, {full legal name and trade name of nonlawyer}, Millicent Farber,
a nonlawyer, located at {street} 9720 Delainey Court, {city} Sarasota,
{state} FL, {phone} 941-361-1200, helped{name} _____,
who is the [one only] ___ petitioner **or** ___ respondent, fill out this form.