

To increase the size of the characters on the page press the Ctrl Key and the + key at the same time.
To decrease the size of the characters on the page press the Ctrl Key and the - key at the same time.

INSTRUCTIONS FOR SUNSHINE STATE DIVORCE INPUT FORMS

ALL INFORMATION MUST BE TYPED IN CAPITAL LETTERS (ABC)

THE PAYMENT AGREEMENT MUST HAVE YOUR NAME AND DATE
TYPED ON IT BEFORE YOU EMAIL BACK THE QUESTIONAIRE

THE NON DISLOSURE FORM MUST HAVE YOUR NAME AND DATE
TYPED ON IT BEFORE YOU EMAIL BACK THE QUESTIONAIRE

THE ABOVE DOCUMENTS ARE REQUIRED BY LAW IN ORDER FOR THE
DIVORCE DOCUMENTS TO BE COMPLETED

ENTERING INFORMATION INTO THE QUESTIONAIRE

YOU CAN MOVE THE MOUSE AND LEFT CLICK ON A ON FIELD TO
ENTER TEXT
YOU CAN TAB THROUGH THE FIELDS USING THE TAB KEY AND THEN
ENTER DATA

GLOSSARY OF TERMS AND DEFINITIONS FOR THE INPUT FORM

Petitioner – the person who files a petition that begins a court case.

Respondent – the person who is served with a petition requesting some legal action against him or her.

Asset – everything owned by you or your spouse including property, cars, furniture, bank accounts, jewelry, life insurance policies, businesses, or retirement plans. An asset may be marital or nonmarital, but that distinction is for the court to determine if you and your spouse do not agree.

Liabilities – everything owed by you or your spouse, including mortgages, credit cards, or car loans. A liability may be marital or nonmarital, but that distinction is for the court to determine if you and your spouse do not agree.

Marital Asset – generally, anything that you and/or your spouse acquired or received (by gift or purchase) during the marriage. For example, something you owned before your marriage **may** be nonmarital. An asset may only be determined to be marital by agreement of the parties or determination of the judge.

Marital Liability – generally, any debt that you and/or your spouse incurred during the marriage. A debt may only be determined to be nonmarital by agreement of the parties or determination of the judge.

Nonlawyer – a person who is not a member of The Florida Bar

Nonmarital Asset – generally, anything owned separately by you or your spouse. An asset may only be determined to be nonmarital by either agreement of the parties or determination of the judge.

Nonmarital Liability – generally, any debt that you or your spouse incurred before your marriage or since your separation. A debt may only be determined to be nonmarital by either agreement of the parties or determination of the judge.

Uncontested – any and all issues on which the parties are able to agree and which are part of a marital settlement agreement

SUNSHINE STATE DIVORCE

www.sunshinestatedivorce.com

INPUT FORM

CIRCUIT COURT
COUNTY
TYPE OF DIVORCE

PETITIONER

NAME
ADDRESS
CITY, STATE, ZIP
PHONE NUMBER
FAX NUMBER
EMAIL ADDRESS
DATE OF BIRTH
SOCIAL SECURITY #
DRIVERS LICENSE #

RESPONDENT

NAME
ADDRESS
CITY,STATE,ZIP
PHONE NUMBER
FAX NUMBER
EMAIL ADDRESS
DATE OF BIRTH
SOCIAL SECURITY #
DRIVERS LICENSE #

IF THIS IS A DIVORCE BY PUBLICATION THEN ENTER RESPONDENTS LAST KNOWN ADDRESS BELOW

HUSBAND'S NAME
HUSBAND'S ADDRESS
HUSBAND'S CITY, STATE, ZIP
HUSBAND'S PHONE NUMBER
HUSBAND'S FAX NUMBER
HUSBAND'S EMAIL ADDRESS
HUSBAND'S DRIVERS LICENSE #

WIFE'S NAME
WIFE'S ADDRESS
WIFE'S CITY,STATE,ZIP
WIFE'S PHONE NUMBER
WIFE'S FAX NUMBER
WIFE'S EMAIL ADDRESS
WIFE'S DRIVERS LICENSE #

IF WIFE WISHES TO GO BY HER FORMER MAIDEN THEN ENTER IT BELOW

DATE OF MARRIAGE DATE OF SEPERATION CITY AND STATE OF MARRIAGE

() Husband () Wife () Both has (have) lived in Florida for at least 6 months before the filing of this Petition for Dissolution of Marriage.

The husband [Choose only one] () is () is not a member of the military service.

The wife [Choose only one] () is () is not a member of the military service

___ The wife is pregnant. Baby is due on: {date}

This petition for dissolution of marriage should be granted because:

[Choose only one]

a. ___ The marriage is irretrievably broken.

b. ___ One of the parties has been adjudged mentally incapacitated for a period of 3 years prior to the filing of this petition. A copy of the Judgment of Incapacity is attached

___ Husband ___ Wife forever gives up his/her right to spousal support (alimony) from the other spouse .

OR

___ Husband ___ Wife requests that the Court order the other spouse to pay the following spousal support (alimony) and claims that he or she has an actual need for the support that he or she is requesting **and that the other spouse has the ability to pay that support**. Spousal support (alimony) is requested in the amount of \$ _____ every () week () other week () month, beginning {date} _____ and continuing until {date or event} _____

Explain why the Court should order ___ Husband ___ Wife to pay, and any specific request(s) for type of alimony (temporary, permanent, bridge-the-gap, durational, rehabilitative, and/or lump sum):

___ Husband ___ Wife requests that the Court enter an order dissolving the marriage **and**:
[Choose **all** that apply]

1. ___ distributing marital assets and liabilities as requested in our Financial Affidavits
2. ___ awarding spousal support (alimony) as requested above
3. ___ adopting or establishing a Parenting Plan containing provisions for parental responsibility and time-sharing for the dependent or minor child(ren) common to both parties.
4. ___ establishing child support for the dependent or minor child(ren) common to both parties.
5. ___ restoring Wife's former name.
6. ___ awarding other relief as requested.

Other Relief:

CHILD(REN) INFORMATION

**NUMBER OF OVERNIGHT VISITS WITH
THE FATHER**

**NUMBER OF OVERNIGHT VISITS WITH
THE MOTHER**

NAME OF CHILD(REN)

PLACE OF BIRTH

DATE OF BIRTH

SOCIAL SECURITY #

SEX

TOTAL MONTHLY CHILD CARE COSTS

TOTAL MONTHLY CHILD(RENS)'S HEALTH INSURANCE COSTS

**TOTAL MONTHLY CHILD(REN'S) NON COVERED MEDICAL,
DENTAL AND PRESCRIPTION MEDICATION COSTS**

MONTHLY CHILD CARE PAYMENTS ACTUALLY MADE

MONTHLY HEALTH INSURANCE PAYMENTS ACTUALLY MADE

**OTHER PAYMENTS/CREDITS ACTUALLY MADE FOR ANY
NONCOVERED MEDICAL, DENTAL, AND PRESCRIPTION MEDICATION**

Child's Residence for the past 5 years:

Dates (From/To)	Address (including city and state) where child lived	Name and present address of person child lived with	Relationship to child

I AGREE THAT THE ABOVE INFORMATION IS CORRECT. ANY CHANGES WILL BE BILLED AT \$35.00 PER CHANGE

DATE: _____

**SIGNATURE
NAME**

INSTRUCTIONS FOR FAMILY LAW FINANCIAL AFFIDAVIT (SHORT FORM) (09/12)

When should this form be used?

This form should be used when you are involved in a family law case which requires a **financial affidavit** and your individual gross income is **UNDER \$50,000 per year** unless:

- (1) You are filing a simplified dissolution of marriage under rule 12.105 and both parties have waived the filing of a financial affidavit;
- (2) You have no minor children, no support issues, and have filed a written settlement agreement disposing of all financial issues; or
- (3) The court lacks jurisdiction to determine any financial issues.

This form should be typed or printed in black ink. After completing this form, you should sign the form before a **notary public** or **deputy clerk**. You should **file** the original with the **clerk of the circuit court** in the county where the **petition** was filed and keep a copy for your records.

What should I do next?

A copy of this form must be served on the other **party** in your case within 45 days of being served with the petition, if it is not served on him or her with your initial papers. **Service** must be in accordance with Florida Rule of Judicial Administration 2.516.

Where can I look for more information?

Before proceeding, you should read “General Information for Self-Represented Litigants” found at the beginning of these forms. The words that are in **“bold underline”** in these instructions are defined there. For further information, see Florida Family Law Rule of Procedure 12.285.

Special notes...

If you want to keep your address confidential because you are the victim of sexual battery, aggravated child abuse, aggravated stalking, harassment, aggravated battery, or domestic violence, do not enter the address, telephone, and fax information at the bottom of this form. Instead, file **Request for Confidential Filing of Address**, Florida Supreme Court Approved Family Law Form 12.980(h).

The affidavit must be completed using **monthly** income and expense amounts. If you are paid or your bills are due on a schedule which is not monthly, you must convert those amounts. Hints are provided below for making these conversions.

Hourly - If you are paid by the hour, you may convert your income to monthly as follows:

Hourly amount x Hours worked per week = Weekly amount

Weekly amount x 52 Weeks per year = Yearly amount

Yearly amount ÷ 12 Months per year = **Monthly Amount**

Daily - If you are paid by the day, you may convert your income to monthly as follows:

Daily amount x Days worked per week = Weekly amount

Weekly amount x 52 Weeks per year = Yearly amount

Yearly amount ÷ 12 Months per year = **Monthly Amount**

Weekly - If you are paid by the week, you may convert your income to monthly as follows:

Weekly amount x 52 Weeks per year = Yearly amount

Yearly amount ÷ 12 Months per year = **Monthly Amount**

Bi-weekly - If you are paid every two weeks, you may convert your income to monthly as follows:

Bi-weekly amount x 26 = Yearly amount

Yearly amount ÷ 12 Months per year = **Monthly Amount**

Semi-monthly - If you are paid twice per month, you may convert your income to monthly as follows:

Semi-monthly amount x 2 = **Monthly Amount**

Expenses may be converted in the same manner.

Remember, a person who is NOT an attorney is called a nonlawyer. If a nonlawyer helps you fill out these forms, that person must give you a copy of a **Disclosure from Nonlawyer**, Florida Family Law Rules of Procedure Form 12.900(a), before he or she helps you. A nonlawyer helping you fill out these forms also **must** put his or her name, address, and telephone number on the bottom of the last page of every form he or she helps you complete.

PETITIONER FINANCIAL INFORMATION

(Under \$50,000 Individual Gross Annual Income)

FULL LEGAL NAME _____

My Occupation: _____ Employed by: _____

Business Address: _____

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. ! ttach more paper, if needed. Items included under "other" should be listed separately with separate dollar amounts.

1. \$ _____ Monthly gross salary or wages
2. _____ Monthly bonuses, commissions, allowances, overtime, tips, and similar payments
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) (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 (Add 9a and 9b)
 - 9a. From this case: \$ _____
 - 9b. From other case(s): _____
10. _____ Monthly interest and dividends
11. _____ Monthly rental income (gross receipts minus ordinary and necessary expenses)

required to produce income) (Attach sheet itemizing such income and expense items.)

- 12. _____ Monthly income from royalties, trusts, or estates
- 13. _____ Monthly reimbursed expenses and in-kind payments to the extent that they reduce personal living expenses
- 14. _____ Monthly gains derived from dealing in property (not including nonrecurring gains)
- 15. _____ Any other income of a recurring nature (list source) _____
- 16. _____
- 17. \$ _____ **TOTAL PRESENT MONTHLY GROSS INCOME** (Add lines 1-16)

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 _____
 - b. Number of dependents claimed _____
- 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 (Add 25a and 25b)
 - 25a. from this case: \$ _____
 - 25b. from other case(s):\$ _____
- 26. \$ _____ **TOTAL DEDUCTIONS ALLOWABLE UNDER SECTION 61.30, FLORIDA STATUTES**
(Add lines 18 through 25).
- 27. \$ _____ **PRESENT NET MONTHLY INCOME** (Subtract line 26 from line 17)

SECTION II AVERAGE MONTHLY EXPENSES

A. HOUSEHOLD:

Mortgage or rent \$ _____
 Property taxes \$ _____
 Utilities \$ _____
 Telephone \$ _____
 Food \$ _____
 Meals outside home \$ _____
 Maintenance/Repairs \$ _____
 Other: _____ \$ _____

B. AUTOMOBILE

Gasoline \$ _____
 Repairs \$ _____
 Insurance \$ _____

C. CHILD(REN)'S EXPENSES

Day care \$ _____
 Lunch money \$ _____
 Clothing \$ _____
 Grooming \$ _____
 Gifts for holidays \$ _____
 Medical/Dental (uninsured) \$ _____
 Other: _____ \$ _____

D. INSURANCE

Medical/Dental \$ _____
 Child(ren)'s medical/dental \$ _____
 Life \$ _____
 Other: _____ \$ _____

E. OTHER EXPENSES NOT LISTED ABOVE

Clothing \$ _____
 Medical/Dental (uninsured) \$ _____
 Grooming \$ _____
 Entertainment \$ _____
 Gifts \$ _____
 Religious organizations \$ _____
 Miscellaneous \$ _____
 Other: _____ \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____

F. PAYMENTS TO CREDITORS

CREDITOR:	MONTHLY PAYMENT
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

28. \$ _____ **TOTAL MONTHLY EXPENSES** (add ALL monthly amounts in A through F above)

SUMMARY

29. \$ _____ **TOTAL PRESENT MONTHLY NET INCOME** (from line 27 of SECTION I. INCOME)
 30. \$ _____ **TOTAL MONTHLY EXPENSES** (from line 28 above)
 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.)
 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.)

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). LIST ONLY LAST 4 DIGITS OF ACCOUNT NUMBERS. Check the line next to any asset(s) which you are requesting the judge award to you.		Current Market	Nonmarital (check correct column)	
			husband	wife
	Cash (on hand)	\$		
	Cash (in banks or credit unions)			
	Stocks, Bonds, Notes			
	Real estate: (Home)			
	(Other)			
	Automobiles			
	Other personal property			
	Retirement plans (Profit Sharing, Pension, IRA, 401(k)s, etc.)			
	Other			
	___ Check here if additional pages are attached.			
Total Assets (add next column)		\$		

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). LIST ONLY LAST 4 DIGITS OF ACCOUNT NUMBERS. Check the line next to any debt(s) for which you believe you should be responsible.		Current Owed	Nonmarital (check correct column)	
			husband	wife
	Mortgages on real estate: First mortgage on home	\$		
	Second mortgage on home			
	Other mortgages			
	Auto loans			
	Charge/credit card accounts			
	Other			

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). LIST ONLY LAST 4 DIGITS OF ACCOUNT NUMBERS. Check the line next to any debt(s) for which you believe you should be responsible.	Current Amount Owed	Nonmarital (check correct column)	
		husband	wife
<input type="checkbox"/> Check here if additional pages are attached.			
Total Debts (add next column)	\$		

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 Check the line next to any contingent asset(s) which you are requesting the judge award to you.	Possible Value	Nonmarital (check correct column)	
		husband	wife
	\$		
Total Contingent Assets	\$		

Contingent Liabilities Check the line next to any contingent debt(s) for which you believe you should be responsible.	Possible Amount Owed	Nonmarital (check correct column)	
		husband	wife
	\$		
Total Contingent Liabilities	\$		

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.)

[Check 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.