

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
(\$50,000 or more Individual Gross Annual Income)

I, *{full legal name}* Harold J Jones, being
sworn, certify that the following information is true:

SECTION I. INCOME

1. Date of Birth: 4/5/1970

2. My occupation is: Building Contractor

3. I am currently

[all that apply]

a. Unemployed

Describe your efforts to find employment, how soon you expect to be employed, and the pay you expect to receive: _____

b. Employed by: Bilt-Rite Builders, Inc

Address: 1985 Cattlemen Rd

City, State, Zip code: Sarasota, FL 34232

Telephone Number: _____

Pay rate: \$ 175,000 () every week () every other week () twice a month

() monthly () other: Annual

If you are expecting to become unemployed or change jobs soon, describe the change you expect and why and how it will affect your income: _____

Check here if you currently have more than one job. List the information above for the second job(s) on a separate sheet and attach it to this affidavit.

c. Retired. Date of retirement: _____

Employer from whom retired: _____

Address: _____

City, State, Zip code: _____ Telephone Number: _____

LAST YEAR'S GROSS INCOME:YEAR 2,006

Harold's Income

\$ 172,000Marianne's Income(*if known*)\$ 48,500**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>14,583</u>
2. Monthly bonuses, commissions, allowances, overtime, tips, and similar payments		2. <u>667</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>0</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>0</u>		
9b. From other case(s): <u>0</u>	Add 9a and 9b	9. <u>0</u>
10. Monthly interest and dividends		10. <u>42</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 (<input type="checkbox"/> Attach sheet itemizing each item and amount.)		13. <u>0</u>
14. Monthly gains derived from dealing in property (not including nonrecurring gains)		14. <u>0</u>
Any other income of a recurring nature (identify source)		
15. _____		15. <u>0</u>
16. _____		16. <u>0</u>
17. PRESENT MONTHLY GROSS INCOME (Add lines 1-16)	TOTAL:	17. \$ <u>15,625</u>

PRESENT MONTHLY DEDUCTIONS:

All amounts must be MONTHLY. See the instructions with this form to figure out money amounts for anything that is NOT paid monthly.

18. Monthly federal, state, and local income tax (corrected for filing status and allowable dependents and income tax liabilities)		
a. Filing Status <u>Single</u>		
b. Number of dependents claimed <u>2</u>		
19. Monthly FICA or self-employment taxes		18. \$ <u>3,657</u>
20. Monthly Medicare payments		19. <u>504</u>
21. Monthly mandatory union dues		20. <u>221</u>
		21. <u>0</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>0</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>567</u>
27. PRESENT NET MONTHLY INCOME (Subtract line 26 from line 17)	27. \$	<u>4,133</u>

SECTION II. AVERAGE MONTHLY EXPENSES

Proposed/Estimated Expenses. If this is a dissolution of marriage case **and** your expenses as listed below do not reflect what you actually pay currently, you should write "estimate" next to each amount that is estimated.

HOUSEHOLD:

1. Monthly mortgage or rent payments	1.	\$ <u>4,650</u>
2. Monthly property taxes (if not included in mortgage)	2.	<u>250</u>
3. Monthly insurance on residence (if not included in mortgage)	3.	<u>0</u>
4. Monthly condominium maintenance fees and homeowner's association fees	4.	<u>0</u>
5. Monthly electricity	5.	<u>100</u>
6. Monthly water, garbage, and sewer	6.	<u>0</u>
7. Monthly telephone	7.	<u>70</u>
8. Monthly fuel oil or natural gas	8.	<u>67</u>
9. Monthly repairs and maintenance	9.	<u>0</u>
10. Monthly lawn care	10.	<u>100</u>
11. Monthly pool maintenance	11.	<u>0</u>
12. Monthly pest control	12.	<u>0</u>
13. Monthly misc. household	13.	<u>0</u>
14. Monthly food and home supplies	14.	<u>347</u>
15. Monthly meals outside home	15.	<u>0</u>
16. Monthly cable t.v.	16.	<u>50</u>
17. Monthly alarm service contract	17.	<u>0</u>
18. Monthly service contracts on appliances	18.	<u>0</u>
19. Monthly maid service	19.	<u>0</u>
Other:		
20. _____	20.	<u>0</u>
21. _____	21.	<u>0</u>
22. _____	22.	<u>0</u>
23. _____	23.	<u>0</u>
24. _____	24.	<u>0</u>
25. SUBTOTAL (add lines 1 through 24)	25. \$	<u>5,634</u>

AUTOMOBILE:

26. Monthly gasoline and oil	26. \$	0
27. Monthly repairs	27.	0
28. Monthly auto tags and emission testing	28.	0
29. Monthly insurance	29.	42
30. Monthly payments (lease or financing)	30.	350
31. Monthly rental/replacements	31.	0
32. Monthly alternative transportation (bus, rail, car pool, etc.)	32.	0
33. Monthly tolls and parking	33.	0
34. Other: _____	34.	0
35.	SUBTOTAL (add lines 26 through 34)	35. \$ 392

MONTHLY EXPENSES FOR CHILDREN COMMON TO BOTH PARTIES:

36. Monthly nursery, babysitting, or day care	36. \$	477
37. Monthly school tuition	37.	435
38. Monthly school supplies, books, and fees	38.	0
39. Monthly after school activities	39.	0
40. Monthly lunch money	40.	0
41. Monthly private lessons or tutoring	41.	0
42. Monthly allowances	42.	0
43. Monthly clothing and uniforms	43.	0
44. Monthly entertainment (movies, parties, etc.)	44.	0
45. Monthly health insurance	45.	0
46. Monthly medical, dental, prescriptions (nonreimbursed only)	46.	0
47. Monthly psychiatric/psychological/counselor	47.	0
48. Monthly orthodontic	48.	0
49. Monthly vitamins	49.	0
50. Monthly beauty parlor/barber shop	50.	0
51. Monthly nonprescription medication	51.	0
52. Monthly cosmetics, toiletries, and sundries	52.	0
53. Monthly gifts from child(ren) to others (other children, relatives, teachers, etc.)	53.	0
54. Monthly camp or summer activities	54.	0
55. Monthly clubs (Boy/Girl Scouts, etc.)	55.	0
56. Monthly access expenses (for nonresidential parent)	56.	0
57. Monthly miscellaneous	57.	0
58.	SUBTOTAL (add lines 36 through 57)	58. \$ 912

MONTHLY EXPENSES FOR CHILD(REN) FROM ANOTHER RELATIONSHIP:

(other than court-ordered child support)

59. _____	59. \$	0
60. _____	60.	0
61. _____	61.	0
62. _____	62.	0
63.	SUBTOTAL (add lines 59 through 62)	63. \$ 0

MONTHLY INSURANCE:

64. Health insurance, excluding portion paid for any minor child(ren) of this relationship	64. \$	<u>0</u>
65. Life insurance	65.	<u>0</u>
66. Dental insurance	66.	<u>0</u>
Other:		
67. _____	67.	<u>0</u>
68. _____	68.	<u>0</u>
69.	SUBTOTAL (add lines 64 through 68)	69. \$ <u>0</u>

OTHER MONTHLY EXPENSES NOT LISTED ABOVE:

70. Monthly dry cleaning and laundry	70. \$	<u>0</u>
71. Monthly clothing	71.	<u>0</u>
72. Monthly medical, dental, and prescription (unreimbursed only)	72.	<u>50</u>
73. Monthly psychiatric, psychological, or counselor (unreimbursed only)	73.	<u>0</u>
74. Monthly non-prescription medications, cosmetics, toiletries, and sundries	74.	<u>0</u>
75. Monthly grooming	75.	<u>0</u>
76. Monthly gifts	76.	<u>0</u>
77. Monthly pet expenses	77.	<u>0</u>
78. Monthly club dues and membership	78.	<u>0</u>
79. Monthly sports and hobbies	79.	<u>0</u>
80. Monthly entertainment	80.	<u>0</u>
81. Monthly periodicals/books/tapes/CD's	81.	<u>0</u>
82. Monthly vacations	82.	<u>0</u>
83. Monthly religious organizations	83.	<u>0</u>
84. Monthly bank charges/credit card fees	84.	<u>0</u>
85. Monthly education expenses	85.	<u>0</u>
Other: (include any usual and customary expenses not otherwise mentioned in the items listed above)		
86. <u>Other Expenses</u>	86.	<u>0</u>
87. _____	86.	<u>0</u>
88. _____	86.	<u>0</u>
89. _____	86.	<u>0</u>
90.	SUBTOTAL (add lines 70 through 89)	90. \$ <u>50</u>

MONTHLY PAYMENTS TO CREDITORS: (only when payments are currently made by you on outstanding balances)

NAME OF CREDITOR(s):

91. <u>Bank One MasterCard</u>	91. \$	<u>37</u>
92. <u>Citibank VISA Card</u>	92.	<u>60</u>
93. _____	93.	_____
94. _____	94.	_____
95. _____	95.	_____
96. _____	96.	_____
97. _____	97.	_____
98. _____	98.	_____

99.	_____	99.	_____
100.	_____	100.	_____
101.	_____	101.	_____
102.	_____	102.	_____
103.	_____	103.	_____
104.	SUBTOTAL (add lines 91 through 103)	104. \$	<u>97</u>

105. TOTAL MONTHLY EXPENSES: (add lines 25, 35, 58, 63, 69, 90, and 104 of Section II, Expenses)	105. \$	<u>7,085</u>
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SUMMARY

106. TOTAL PRESENT MONTHLY NET INCOME (from line 27 of SECTION I. INCOME)	106. \$	<u>4,133</u>
107. TOTAL MONTHLY EXPENSES (from line 105 above)	107. \$	<u>7,085</u>
108. SURPLUS (If line 106 is more than line 107, subtract line 107 from line 106. This is the amount of your surplus. Enter that amount here.)	108. \$	<u>0</u>
109. (DEFICIT) (If line 107 is more than line 106, subtract line 106 from line 107. This is the amount of your deficit. Enter that amount here.)	109. \$ (<u>2,952</u>)

SECTION III. ASSETS AND LIABILITIES

A. ASSETS (This is where you list what you OWN.)

INSTRUCTIONS:

STEP 1: In column A, list a description of each separate item owned by you (and/or your spouse, if this is a petition for dissolution of marriage). Blank spaces are provided if you need to list more than one of an item.

STEP 2: If this is a petition for dissolution of marriage, check the box in Column A next to any item that you are requesting the judge award to you.

STEP 3: In column B, write what you believe to be the current fair market value of all items listed.

STEP 4: Use column C 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 belongs. (Typically, you will only use Column C if property was owned 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) DO NOT LIST ACCOUNT NUMBERS. √ the box next to any asset(s) which you are requesting the judge award to you.	B. Current Fair Market Value	C. 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 type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Stocks / Bonds First Union	1,875	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Vanguard Index 500	12,755	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Notes		<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"/> Money owed to you (not evidenced by a note)		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Real estate: (Home)		<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> (Other) Vacation Home	100,000	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Lakefront Property Condo	45,000	<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"/> Business interests		<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"/> Automobiles		<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"/> Boats		<input type="checkbox"/>	<input type="checkbox"/>

A. ASSETS: DESCRIPTION OF ITEM(S) DO NOT LIST ACCOUNT NUMBERS. √ the box next to any asset(s) which you are requesting the judge award to you.	B. Current Fair Market Value	C. Nonmarital (√ correct column)	
		husband	wife
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other vehicles		<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"/> Retirement plans Vanguard IRA	12,555	<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"/> Furniture & furnishings in home		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Furniture & furnishings elsewhere		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Collectibles		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Jewelry		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Life insurance (cash surrender value)		<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"/> Sporting and entertainment equipment		<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"/> Other assets		<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"/>		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Paintings	700	<input type="checkbox"/>	<input type="checkbox"/>
Total Assets (add column B)	\$ 172,885		

Florida Family Law Rules of Procedure Form 12.902(c), Family Law Financial Affidavit (09/06)

B. LIABILITIES/DEBTS (This is where you list what you OWE.)

INSTRUCTIONS:

STEP 1: In column A, list a description of each separate debt owed by you (and/or your spouse, if this is a petition for dissolution of marriage). Blank spaces are provided if you need to list more than one of an item.

STEP 2: If this is a petition for dissolution of marriage, check the box in Column A next to any debt(s) for which you believe you should be responsible.

STEP 3: In column B, write what you believe to be the current amount owed for all items listed.

STEP 4: Use column C only if this is a petition for dissolution of marriage and you believe an item is "nonmarital," meaning the debt belongs to only one of you and should not be divided. You should indicate to whom you believe the debt belongs. (Typically, you will only use Column C if the debt was 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. LIABILITIES: DESCRIPTION OF ITEM(S) DO NOT LIST ACCOUNT NUMBERS. √ the box next to any debts(s) for which you believe you should be responsible.	B. Current Amount Owed	C. Nonmarital (√ correct column)	
		husband	wife
<input type="checkbox"/> First mortgage on home		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Second mortgage on home		<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Other mortgages Vacation Home 1st mortgage	18,750	<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 type="checkbox"/> Auto loans		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Bank/Credit Union loans		<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"/> Money you owe (not evidenced by a note)		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Judgments		<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"/>		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Total Debts (add column B)	\$ 22,981		

C. NET WORTH (excluding contingent assets and liabilities)

Total Assets (enter total of Column B in Asset Table; Section A) \$ 172,885
Total Liabilities (enter total of Column B in Liabilities Table; Section B) \$ 22,981

TOTAL NET WORTH (Total Assets minus Total Liabilities)
(excluding contingent assets and liabilities) \$ 149,904

D. 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 √ the box next to any contingent asset(s) which you are requesting the judge award to you.	Possible Value	Nonmarital (√ 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 √ the box next to any contingent debt(s) for which you believe you should be responsible.	Possible Amount Owed	Nonmarital (√ 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		

E. 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: () 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.