## IN THE CIRCUIT/COUNTY COURT OF THE SECOND JUDICIAL CIRCUIT IN AND FOR LEON COUNTY, FLORIDA

STATE OF FLORIDA. Case #: VS. Defendant/Minor Child. **COURT-ORDERED PAYMENTS APPLICATION (Financial Affidavit)** dependents. (Do not include children not living at home and do not include a working spouse or yourself.) 2. a. I have a take home income of \$\_ paid() weekly() every two weeks() semi-monthly() monthly() yearly (Take home income equals salary, wages, bonuses, commissions, allowances, overtime, tips and similar payments, minus deductions required by law and other court-ordered support payments.) b. The name and address of my employer: \_ 3. I have other income paid () weekly () every two weeks () semi-monthly () monthly () yearly. (Circle "Yes" and fill in the amount if you have this kind of income, otherwise circle "No") Social Security benefits......Yes \$ \_ Veterans' benefits ...... Yes \$\_\_\_ Nο Unemployment compensation......Yes\$ No Child support or other regular support from family members/spouse......Yes \$\_ Union Funds ......Yes \$ \_ Workers Compensation......Yes \$ \_ No No Retirement/pensions......Yes\$ No No Other kinds of income not on the list......Yes \$\_ Trusts/gifts......Yes \$ \_\_ 4. I have other assets: (Circle "yes" and fill in the value of the property, otherwise circle "No"; use the back to provide additional information) Cash......Yes \$ \_ Savings......Yes \$ No Bank account(s)......Yes \$ \_ Nο Certificates of deposit or \*Equity in real estate (excluding homestead) ................ Yes \$\_\_ money market accounts ......Yes \$ \_ List the address of this property \_ Equity means value minus loans. Also list any \*Equity in motor vehicles/boats/ ......Yes \$ \_\_\_\_\_ expectancy in an interest in such property. other tangible property List the year/make/model & tag #\_\_\_\_\_ Check one: I ( ) DO ( ) DO NOT expect to receive more assets in the near future. The asset is \_\_\_\_\_\_ 5. I have total liabilities and debts of \$\_\_\_ \_\_\_\_ as follows: Motor Vehicle \$\_ Other Real Property \$\_\_\_ Child Support paid direct \$\_ Cost of medicines (monthly) \$\_\_\_ Credit Cards \$ Medical Bills \$\_\_\_\_\_ Other \$ 6. I have a private lawyer in this case..... Yes 7. I receive: (Circle "Yes" or "No") Supplemental Security Income (SSI) Yes Under penalties of perjury, I declare that I have read the foregoing affidavit and that the facts stated in it are true. Signed on: Signature of Applicant Date of Birth: Print Full Legal Name Driver License State: Address Driver License #: City/State/Zip Phone Numbers

Email Address