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

STATE OF FLORIDA,

VS.			Case #:		-
Defendant/Minor Chi	ld.				
	<u>!</u>	INANCIAL	_ AFFIDAVIT		
1. I havedepende	nts. (Do not include children i	not living at h	ome and do not include a working spouse or y	ourself.)	
(Take home income equal		mmissions, al	y () every two weeks () semi-monthly () mon lowances, overtime, tips and similar payments		
3. I have other income pa		eks () semi-ı	monthly () monthly () yearly. (Circle "Yes" ar	nd fill in the amount if you	
Social Security benefits	Yes\$	No	Veterans' benefits	V00 \$	No
	onYes\$		Child support or other regular support	1 σο ψ	110
Union Funds	Yes\$	No	from family members/spouse	Yes \$	No
Workers Compensation	Yes \$	No	Rental income	Yes \$	No
•	Yes \$		Dividends or interest		
Trusts/gifts	Yes\$	No	Other kinds of income not on the list	Yes \$	No
4. I have other assets: (C	Circle "yes" and fill in the value o	f the property,	otherwise circle "No"; use the back to provide ad	l <u>ditional information</u>)	
Cash	Yes \$	No	Savings	Yes \$	No
Bank account(s)	Yes\$	No	Stocks/bonds	Yes \$	No
Certificates of deposit or			*Equity in real estate (excluding homestead)	Yes \$	No
money market accounts.	Yes \$	No	List the address of this property		
other tangible property	ats/Yes \$ / & tag #		* Equity means value minus loans. Also list a expectancy in an interest in such property.	ny	
Check one: I () DO () DO	NOT expect to receive more	assets in the	near future. The asset is		
5. I have total liabilities a	and debts of \$	as follows:	Motor Vehicle \$		
Home \$	Other Real Property \$		Child Support paid direct \$		
Credit Cards \$Other \$	Medical Bills \$		Cost of medicines (monthly) \$		
6. I have a private lawyer	in this case Yes		No		
7. I receive: (Circle "Yes"	or "No")				
Temporary Assis	tance for Needy Families – Cas	h Assistance		Yes No	
Poverty-related V	eterans' Benefits			Yes No	
Supplemental Se	curity Income (SSI)			Yes No	
Under penalties of perjui	ry, I declare that I have read	the foregoin	g affidavit and that the facts stated in it are	e true.	
Signed on:					
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		