

INSTRUCTIONS FOR FLORIDA SUPREME COURT APPROVED FAMILY LAW FORM 12.902(I), AFFIDAVIT OF INCOME FOR CHILD SUPPORT (10/23)

When should this form be used?

You should complete this affidavit if you or the other party is requesting the establishment or modification of child support in your case, you and the other parent have agreed to keep your financial affidavits confidential, and you have completed Florida Family Law Form 12.902(k). This form must be completed after each party serves their financial affidavits on the other party.

This form should be typed or printed in black ink. You must file this document with the **clerk of the circuit court** in the county where your case is filed and keep a copy for your records.

What should I do next?

A copy of this form must be filed with the court and served on the other party in your case. **Service** must be in accordance with Florida Rule of General Practice and Judicial Administration 2.516.

IMPORTANT INFORMATION REGARDING E-FILING

The Florida Rules of General Practice and Judicial Administration require that all petitions, pleadings, and documents be filed electronically except in certain circumstances. Self-represented litigants may file petitions or other pleadings or documents electronically; however, they are not required to do so. If you choose to file your pleadings or other documents electronically, you must do so in accordance with Florida Rule of General Practice and Judicial Administration 2.525, and you must follow the procedures of the judicial circuit in which you file. The rules and procedures should be carefully read and followed.

IMPORTANT INFORMATION REGARDING E-SERVICE

After the initial service of process of the petition or supplemental petition by the sheriff or a certified process server, the Florida Rules of General Practice and Judicial Administration require that all documents required or permitted to be served on the other party must be served by electronic mail (e-mail) except in certain circumstances. **You must strictly comply with the format requirements set forth in the Florida Rules of General Practice and Judicial Administration**, and you **must** review Florida Rule of General Practice and Judicial Administration 2.516. You may find that rule at www.flcourts.org through the link to the Rules of General Practice and Judicial Administration provided under either Family Law Forms: Getting Started, or Rules of Court in the A-Z Topical Index.

SELF-REPRESENTED LITIGANTS MUST SERVE DOCUMENTS BY E-MAIL UNLESS OTHERWISE EXCUSED. If a self-represented litigant has been excused from serving documents by e-mail and then elects to serve and receive documents by e-mail, the procedures must always be followed once the initial election is made.

To serve and receive documents by e-mail, you must designate your e-mail address by using the **Designation of Current Mailing and E-mail Address**, Florida Supreme Court Approved Family Law Form

12.915, and you must provide your e-mail address on each form on which your signature appears. Please **CAREFULLY** read the rules and instructions for: Certificate of Service (General), Florida Supreme Court Approved Family Law Form 12.914; **Designation of Current Mailing and E-mail Address**, Florida Supreme Court Approved Family Law Form 12.915; and Florida Rule of General Practice and Judicial Administration 2.516.

Where can I find 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 section 61.30, Florida Statutes.

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 a **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 this form, 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 this form 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.

IN THE CIRCUIT COURT OF THE SIXTEENTH JUDICIAL CIRCUIT,
IN AND FOR MONROE COUNTY, FLORIDA

Case No.: _____

Division: _____

Petitioner,

and

Respondent.

AFFIDAVIT OF INCOME FOR CHILD SUPPORT

I, {full legal name} _____, am the {check only one} _____ Petitioner _____ Respondent in this case, and certify that the following information is true:

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

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.

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.
1. Salary or wages	
2. Bonuses, commissions, allowances, overtime, tips, and other similar payments	
3. Business income from sources such as self-employment, partnerships, close corporations, and independent contracts (business income means gross receipts minus ordinary and necessary expenses required to produce income)	
4. Disability benefits/SSI	

5. Workers' compensation benefits and settlements	
6. Reemployment Assistance or Unemployment Compensation	
7. Pension, retirement, or annuity payments	
8. Social Security benefits	
9. Spousal support received from this marriage	
10. Spousal support received from prior marriage	
11. Interest and dividends	
12. Rental income (gross receipts minus ordinary and necessary expenses required to produce income)	
13. Income from royalties, trusts, or estates	
14. Reimbursed expenses and in-kind payments to the extent that they reduce living expenses	
15. Gains derived from dealing in property (unless the gain is nonrecurring)	
16. Any other income of a recurring nature (identify source)	
17. TOTAL PRESENT MONTHLY GROSS INCOME (Add Lines 1-16)	
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. Federal, state, and local income tax (adjusted for actual filing status and allowable dependents and tax liabilities)	

19a. Filing Status	
19b. Number of dependents claimed	
19c. Federal Income Tax	
19d. State Income Tax <i>{identify which state}</i> : State:	
19e. Local Income Tax <i>{identify which locality}</i> : Locality:	
20. FICA or self-employment taxes	
21. Medicare payments	
22. Mandatory Union Dues	
23. Mandatory Retirement Payments	
24. Health insurance premiums for parent completing this form, excluding payments for coverage of the minor child(ren)	
25. Health insurance premium paid by this parent for minor child(ren) in this case	
26. Court-ordered support for other children which is actually paid <i>{identify issuing court}</i> : Court:	
27. Spousal support paid in this marriage	
28. Court-ordered alimony for prior marriage actually paid <i>{identify issuing court}</i> : Court:	
29. TOTAL DEDUCTIONS (Add Lines 18-28)	

30. PRESENT MONTHLY NET INCOME (Subtract Line 29 from Line 17)	
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Under penalties of perjury, I declare that I have read this document and the facts stated in it are true.

 Signature of party
 Printed Name: _____
 E-mail Address: _____
 Address: _____
 City, State, Zip: _____
 Telephone Number: _____

I certify that a copy of this Affidavit of Income for Child Support was [**check all used**]: () e-mailed () mailed () faxed () hand-delivered to the person(s) listed below on {date} _____.

Other party or their attorney:

Name: _____
 E-mail Address(es): _____
 Address: _____
 City, State, Zip: _____
 Telephone Number: _____
 Fax Number: _____

 Signature of party or their attorney
 Printed Name: _____
 E-mail Address(es): _____
 Address: _____
 City, State, Zip: _____
 Telephone Number: _____
 Fax Number: _____
 Florida Bar Number: _____

IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW:

[fill in **all** blanks] This form was prepared for the: {choose only **one**} () Petitioner () Respondent
 This form was completed with the assistance of:

{name of individual} _____
 {name of business} _____
 {address} _____
 {city} _____, {state} _____, {telephone number} _____.