IN THE CIRCUIT COURT OF THE\_\_\_\_\_\_\_\_11th JUDICIAL CIRCUIT, IN AND FOR\_\_\_\_\_\_\_Miami-Dade COUNTY, FLORIDA

Case No.: Division:

\_\_\_\_\_**Yosvani Suarez** ,

Petitioner,

and

\_\_\_\_\_**Yesenia Castro** ,

Respondent.

FAMILY LAW FINANCIAL AFFIDAVIT (LONG FORM)

($50,000 or more Individual Gross Annual Income)I, {full legal name}*\_\_\_\_Yesenia Castro\_\_\_\_\_\_\_\_\_\_\_*, being sworn, certify that the following information is true:

**SECTION I. INCOME**

1. My age is: 2012 years old
2. My occupation is: Respiratory therapist 3. I am currently

*[Check* ***all*** *that apply]*

* 1. \_\_ Unemployed

\_\_

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

* 1. \_

X Employed by: Memorial Hospital Pembroke

Address: \_\_7800 sheridan st City, State, Zip code: \_pembroke pines, FL, 33024\_\_\_\_\_\_\_\_\_\_\_\_Telephone Number: 9549629650 Pay rate: $ ( ) every week ( ) every other week ( ) twice a month

\_\_

( ) monthly ( ) other:

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.

* 1. \_\_ Retired. Date of retirement:

\_\_\_

Employer from whom retired: Address: City, State, Zip code: Telephone Number:

**LIST YEAR’S GROSS INCOME:** Your Income Other Party’s Income *(if known)*

YEAR 2022\_\_ $ $

# 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. $4000.00\_\_Monthly gross salary or wages
2. $0\_\_ Monthly bonuses, commissions, allowances, overtime, tips, and similar payments
3. $0\_\_ 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. $0\_\_ Monthly disability benefits/SSI
5. $0\_\_ Monthly Workers’ Compensation
6. $0\_\_ Monthly Unemployment Compensation
7. $0\_\_ Monthly pension, retirement, or annuity payments
8. $0\_\_ Monthly Social Security benefits
9. $0\_\_ Monthly alimony actually received (Add 9a and 9b) 9a. From this case: $

9b. From other case(s):

1. $0\_\_ Monthly interest and dividends
2. $0\_\_ Monthly rental income (gross receipts minus ordinary and necessary expenses required to produce income) (Attach sheet itemizing such income and expense items.)
3. $0\_\_ Monthly income from royalties, trusts, or estates
4. $0\_\_ Monthly reimbursed expenses and in-kind payments to the extent that they reduce personal living expenses (Attach sheet itemizing each item and amount.)
5. $0\_\_ Monthly gains derived from dealing in property (not including nonrecurring gains) Any other income of a recurring nature (identify source)

15. $0

16.

1. **$4000\_TOTAL PRESENT MONTHLY GROSS INCOME** (Add lines 1 through 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.

1. $600.00 Monthly federal, state, and local income tax (corrected for filing status and allowable dependents and income tax liabilities)
   1. Filing Status
   2. Number of dependents claimed

19.$0

20.$85.00

Monthly FICA or self-employment taxes Monthly Medicare payments

1. $0\_\_ Monthly mandatory union dues
2. $0\_\_ Monthly mandatory retirement payments
3. $114.00\_\_ Monthly health insurance payments (including dental insurance), excluding portion paid for any minor children of this relationship
4. $0\_\_ Monthly court-ordered child support actually paid for children from another relationship
5. $0\_\_ Monthly court-ordered alimony actually paid (Add 25a and 25b) 25a. from this case: $

25b. from other case(s):

# $799\_TOTAL DEDUCTIONS ALLOWABLE UNDER SECTION 61.30, FLORIDA STATUTES

(Add lines 18 through 25).

# $3201\_PRESENT NET MONTHLY INCOME

(Subtract line 26 from line 17).

**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. $0\_\_ Monthly mortgage or rent payments
2. $250\_\_ Monthly property taxes (if not included in mortgage)
3. $250\_\_ Monthly insurance on residence (if not included in mortgage)
4. $0\_\_ Monthly condominium maintenance fees and homeowner’s association fees
5. $300\_\_ Monthly electricity
6. $50.00\_\_ Monthly water, garbage, and sewer
7. $56\_\_ Monthly telephone
8. $0\_\_ Monthly fuel oil or natural gas
9. $400\_\_ Monthly repairs and maintenance
10. $0\_\_ Monthly lawn care
11. $0\_\_ Monthly pool maintenance
12. $0\_\_ Monthly pest control
13. $50\_\_ Monthly misc. household
14. $600\_\_Monthly food and home supplies
15. $300\_\_ Monthly meals outside home
16. $0\_\_ Monthly cable t.v.
17. $0\_\_ Monthly alarm service contract
18. $0\_\_ Monthly service contracts on appliances
19. $0\_\_ Monthly maid service  
     Other:

|  |
| --- |
| $400 |

1. **$2656\_SUBTOTAL** (add lines 1 through 24).

# AUTOMOBILE:

1. $280\_\_ Monthly gasoline and oil
2. $0\_\_ Monthly repairs
3. $0\_\_ Monthly auto tags and emission testing
4. $0\_\_ Monthly insurance
5. $537\_\_ Monthly payments (lease or financing)
6. $0\_\_ Monthly rental/replacements
7. $0\_\_ Monthly alternative transportation (bus, rail, car pool, etc.)
8. $25\_\_ Monthly tolls and parking
9. $0\_\_ Other
10. **$842\_SUBTOTAL** (add lines 26 through 34)

# MONTHLY EXPENSES FOR CHILDREN COMMON TO BOTH PARTIES:

1. $0\_\_Monthly nursery, babysitting, or day care
2. $0\_\_ Monthly school tuition
3. $100\_\_ Monthly school supplies, books, and fees
4. $77\_\_ Monthly after school activities
5. $0\_\_ Monthly lunch money
6. $0\_\_ Monthly private lessons or tutoring
7. $0\_\_ Monthly allowances
8. $300\_\_ Monthly clothing and uniforms
9. $100\_\_ Monthly entertainment (movies, parties, etc.)
10. $118\_\_ Monthly health insurance
11. $0\_\_ Monthly medical, dental, prescriptions (nonreimbursed only)
12. $0\_\_ Monthly psychiatric/psychological/counselor
13. $0\_\_ Monthly orthodontic
14. $15\_\_ Monthly vitamins
15. $0\_\_ Monthly beauty parlor/barber shop
16. $20\_\_ Monthly nonprescription medication
17. $50\_\_ Monthly cosmetics, toiletries, and sundries
18. $50\_\_ Monthly gifts from child(ren) to others (other children, relatives, teachers, etc.)
19. $0\_\_ Monthly camp or summer activities
20. $0\_\_ Monthly clubs (Boy/Girl Scouts, etc.)
21. $0\_\_ Monthly time-sharing expenses
22. $50\_\_ Monthly miscellaneous
23. **$880\_SUBTOTAL** (add lines 36 through 57)

# MONTHLY EXPENSES FOR CHILD(REN) FROM ANOTHER RELATIONSHIP

(other than court-ordered child support)

|  |
| --- |
| $0 |

1. **$0\_SUBTOTAL** (add lines 59 through 62)

# MONTHLY INSURANCE:

1. $118\_\_ Health insurance (if not listed on lines 23 or 45)
2. $0\_\_ Life insurance
3. $0\_\_ Dental insurance.   
   Other:

|  |
| --- |
| $0 |

69.. **$0\_SUBTOTAL** (add lines 66 through 68, exclude lines 64 and 65)

# OTHER MONTHLY EXPENSES NOT LISTED ABOVE:

1. $0\_\_ Monthly dry cleaning and laundry
2. $80\_\_ Monthly clothing
3. $0\_\_ Monthly medical, dental, and prescription (unreimbursed only)
4. $0\_\_ Monthly psychiatric, psychological, or counselor (unreimbursed only)
5. $0\_\_ Monthly non-prescription medications, cosmetics, toiletries, and sundries
6. $0\_\_Monthly Grooming

76.$50\_\_Monthly gifts

1. $0\_\_ Monthly pet expenses
2. $0\_\_ Monthly club dues and membership

79. $0\_\_Monthly sports and hobbies

1. $80\_\_ Monthly entertainment
2. $50\_\_ Monthly periodicals/books/tapes/CDs

82.$150\_\_Monthly vacations

1. $0\_\_ Monthly religious organizations
2. $0\_\_ Monthly bank charges/credit card fees

85. $123\_\_ Monthly education expenses

86 Other:

|  |
| --- |
| $0 |

90**. $533\_SUBTOTAL** (add lines 70 through 89)

**MONTHLY PAYMENTS TO CREDITORS:** (only when payments are currently made by you on outstanding balances). List only last 4 digits of account numbers.

MONTHLY PAYMENT AND NAME OF CREDITOR(s):

|  |  |
| --- | --- |
| Name of Creditor | Payment |
| bank of america | $100.00 |

1. **$100\_SUBTOTAL** (add lines 91 through 103)

# $4911\_TOTAL MONTHLY EXPENSES:

(add lines 25, 35, 58, 63, 69, 90, and 104 of Section II, Expenses)

# SUMMARY

1. **$3201\_TOTAL PRESENT MONTHLY NET INCOME** (from line 27 of SECTION I. INCOME)
2. **$4911\_TOTAL MONTHLY EXPENSES** (from line 105 above)
3. **$0\_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.)
4. **($1710)(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.)

**SECTION III. ASSETS AND LIABILITIES**

# 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 line **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.)

|  |  |
| --- | --- |
| PROPERTY | |
| Do you have cash on hand to divide? | No |
|  | |
| Real Estate: Do you have any houses or land? | Yes |
| Address and description of property as it appears on deed | 3755 nw 194th st miami gardens, fl 33055 |
| Market Value | $400000 |
| Will this property be kept by one spouse or sold with the proceeds being split? | Kept |
| Do you have any MARITAL houses or land to distribute between you? | No |
|  | |
| Vehicles: Do you have any motor vehicles that need to be separated? | No |
|  | |
| Retirement Benefits: Do you have retirement plans to separate? | No |
|  | |
| Bank Accounts: Do you have bank accounts to divide? | No |
|  | |
| Investment Accounts: Do you have investment accounts or stocks/bonds/mutual funds to divide? | No |
|  | |
| Life Insurance: Do you have life insurance that needs to be divided? | No |
|  | |
| Boats: Do you have any boats to divide? | No |
|  | |
| Other Vehicles: Do you have any other vehicles to divide? | No |
|  | |
| Owed Money: Do you have any money owed to you to divide? | No |
|  | |
| Furniture: Do you have any furniture to divide? | No |
|  | |
| Jewelry and Collectibles: Do you have any jewelry or collectibles to divide? | No |
|  | |
| Sports and Entertainment Equipment: Do you have any sports or entertainment equipment to divide? | No |
|  | |
| Business Interests: Do you have any business interests to divide? | No |
|  | |
| Additional Property: Do you have additional property to divide? | No |
|  | |
| Total Property | $400000 |

# 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 line **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.)

|  |  |
| --- | --- |
| DEBT | |
| Credit Card Debt: Do you have Credit Card debt you need to divide? | No |
|  | |
| Bank Loans: Do you have Bank/Credit Union Loans to divide? | No |
|  | |
| Judgments: Do you have Court Judgment Payments to divide? | No |
|  | |
| Other Debts: Do you have other debts to divide between you and your spouse? | No |
|  | |
| Total Debts | $0 |

# NET WORTH (excluding contingent assets and liabilities)

**$400000\_Total Assets** (enter total of Column B in Asset Table; Section A)

**$0\_\_Total Liabilities** (enter total of Column B in Liabilities Table; Section B)

**$400000 TOTAL NET WORTH (Total Assets minus Total Liabilities)**

(excluding contingent assets and liabilities)

# 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.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **A**  **Contingent Assets**  **Check the line next to any contingent asset(s) which you are requesting the judge award to you.** | | | **B**  **Possible Value** | **C**  **Nonmarital**  **(Check correct**  **column)** | | | | | |
| husband | | | wife | | |
|  |  |  | $ |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| **Total Contingent Assets** | | | **$** |  | | |  | | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **A**  **Contingent Liabilities**  **Check the line next to any contingent debt(s) for which you believe you should be responsible.** | | | **B**  **Possible Amount Owed** | **C**  **Nonmarital (Check correct**  **column)** | | | | | |
| husband | | | wife | | |
|  |  |  | $ |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| **Total Contingent Liabilities** | | | **$** |  | | |  | | |

1. **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.

\_\_\_\_

# I certify that a copy of this financial affidavit was [check all used]: ( ) e-mailed (

**) mailed, (**

# ) faxed

**( ) hand delivered to the person(s) listed below on *{date}* .**

# Other party or his/her attorney:

Name: Yosvani Suarez Address: 3755 nw 194th st City, State, Zip: miami gardens, FL, 33055 Fax Number: E-mail Address(es): yosva357@gmail.com

# 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: 07/22/2022 |  |
|  | Signature of Party  Printed Name: Yesenia Castro |
|  | Address: 3755 nw 194th st |
|  | City, State, Zip: miami gardens, FL, 33055  Fax Number: |
|  | E-mail Address(es): yeseniacastro88@gmail.com |
| STATE OF FLORIDA |  |
| COUNTY OF Miami-Dade |  |

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] 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}* .