

IN THE CIRCUIT COURT OF THE 12 JUDICIAL CIRCUIT,
IN AND FOR Sarasota COUNTY, FLORIDA

Case No.: 25 DR 5918 NC
Division: _____

JADRANKA SWEETING

Petitioner,

and

Respondent.

FAMILY LAW FINANCIAL AFFIDAVIT (SHORT FORM)

(Under \$50,000 Individual Gross Annual Income)

I, (full legal name) JADRANKA SWEETING, being sworn, certify that the following information is true:

My Occupation: FRONT DESK AGENT Employed by: KOLTON HOSPITALITY

Business Address: 15

Pay rate: \$1000 every week every other week twice a month monthly
 other: _____

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

SECTION I. 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. \$2600 Monthly gross salary or wages
2. N/A Monthly bonuses, commissions, allowances, overtime, tips, and similar payments
3. N/A 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. N/A Monthly disability benefits/SSI
5. N/A Monthly Workers' Compensation
6. N/A Monthly Unemployment Compensation
7. N/A Monthly pension, retirement, or annuity payments
8. N/A Monthly Social Security benefits
9. N/A Monthly alimony actually received (Add 9a and 9b)
 - 9a. From this case: \$ _____
 - 9b. From other case(s): \$ _____

Florida Family Law Rules of Procedure Form 12.902(b), Family Law Financial Affidavit (Short Form) (10/21)

10. N/A Monthly interest and dividends
11. N/A Monthly rental income (gross receipts minus ordinary and necessary expenses required to produce income) (Attach sheet itemizing such income and expense items.)
12. N/A Monthly income from royalties, trusts, or estates
13. N/A Monthly reimbursed expenses and in-kind payments to the extent that they reduce personal living expenses
14. N/A Monthly gains derived from dealing in property (not including nonrecurring gains)
15. N/A Any other income of a recurring nature (list source) _____
16. _____
17. \$ 2,600 TOTAL PRESENT MONTHLY GROSS INCOME (Add lines 1-16)

PRESENT MONTHLY DEDUCTIONS:

18. \$320 Monthly federal, state, and local income tax (corrected for filing status and allowable dependents and income tax liabilities)
 - a. Filing Status _____
 - b. Number of dependents claimed _____
19. N/A Monthly FICA or self-employment taxes
20. N/A Monthly Medicare payments
21. N/A Monthly mandatory union dues
22. N/A Monthly mandatory retirement payments
23. N/A Monthly health insurance payments (including dental insurance), excluding portion paid for any minor children of this relationship
24. N/A Monthly court-ordered child support actually paid for children from another relationship
25. N/A Monthly court-ordered alimony actually paid (Add 25a and 25b)
 - 25a. from this case: \$ _____
 - 25b. from other case(s): \$ _____
26. \$ 320 TOTAL DEDUCTIONS ALLOWABLE UNDER SECTION 61.30, FLORIDA STATUTES
(Add lines 18 through 25)
27. \$ 2,280 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.

A. HOUSEHOLD:

Mortgage or rent
Property taxes
Utilities
Telephone
Food
Meals outside home
Maintenance/Repairs
Other: _____

\$ ~~750~~
\$ _____
\$ _____
\$ 200
\$ 100
\$ 300
\$ _____
\$ _____
\$ _____

B. AUTOMOBILE

Gasoline
Repairs
Insurance

\$ 100
\$ _____
\$ 130

C. CHILD(REN)'S EXPENSES

Day care
Lunch money
Clothing
Grooming
Gifts for holidays
Medical/Dental (uninsured)
Other: _____

\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____

D. INSURANCE

Medical/Dental (if not listed on
lines 23 or 45)
Child(ren)'s medical/dental
Life
Other: _____

\$ 1
\$ _____
\$ _____
\$ _____
\$ _____

E. OTHER EXPENSES NOT LISTED ABOVE

Clothing
Medical/Dental (uninsured)
Grooming
Entertainment
Gifts
Religious organizations
Miscellaneous
Other: _____

\$ 50
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____

F. PAYMENTS TO CREDITORS

CREDITOR:

MONTHLY
PAYMENT
\$ _____
\$ _____
\$ _____
\$ _____
\$ 4
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____

28. \$ 2380 TOTAL MONTHLY EXPENSES (add ALL monthly amounts in A through F above)

SUMMARY

29. \$ 2280 TOTAL PRESENT MONTHLY NET INCOME (from line 27 of SECTION I. INCOME)
 30. \$ 1630 TOTAL MONTHLY EXPENSES (from line 28 above)
 31. \$ 650 SURPLUS (If line 29 is more than line 30, subtract line 30 from line 29. This is the amount of your surplus. Enter that amount here.)
 32. (\$ 650) (DEFICIT) (If line 30 is more than line 29, subtract line 29 from line 30. This is the amount of your deficit. Enter that amount here.)

SECTION III. ASSETS AND LIABILITIES

Use the nonmarital column 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(s) or debt belongs. (Typically, you will only use this column if property/debt was owned/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. ASSETS:

DESCRIPTION OF ITEM(S). List a description of each separate item owned by you (and/or your spouse, if this is a petition for dissolution of marriage). LIST ONLY LAST 4 DIGITS OF ACCOUNT NUMBERS. Check the line next to any asset(s) which you are requesting the judge award to you.	Current Fair Market Value	Nonmarital (check correct column)	
		Petitioner	Respondent
<input type="checkbox"/> Cash (on hand)	\$ 0	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Cash (in banks or credit unions)	100	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Stocks, Bonds, Notes		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Real estate: (Home)		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> (Other)		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Automobiles	8,000	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other personal property	/	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Retirement plans (Profit Sharing, Pension, IRA, 401(k)s, etc.)	/	<input type="checkbox"/>	<input type="checkbox"/>
Other			
<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"/> Check here if additional pages are attached.			
Total Assets (add next column)	\$	<input type="checkbox"/>	<input type="checkbox"/>

B. LIABILITIES:

DESCRIPTION OF ITEM(S). List a description of each separate debt owed by you (and/or your spouse, if this is a petition for dissolution of marriage). LIST ONLY LAST 4 DIGITS OF ACCOUNT NUMBERS. Check the line next to any debt(s) for which you believe you should be responsible.	Current Amount Owed	Nonmarital (check correct column)	
		Petitioner	Respondent
Mortgages on real estate: First mortgage on home	\$ 0	<input type="checkbox"/>	<input type="checkbox"/>
Second mortgage on home	0	<input type="checkbox"/>	<input type="checkbox"/>
Other mortgages	0	<input type="checkbox"/>	<input type="checkbox"/>
Auto loans	0	<input type="checkbox"/>	<input type="checkbox"/>
Charge/credit card accounts	300	<input type="checkbox"/>	<input type="checkbox"/>
Other		<input type="checkbox"/>	<input type="checkbox"/>
Check here if additional pages are attached.			
Total Debts (add next column)	\$	<input type="checkbox"/>	<input type="checkbox"/>

C. 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 Check the line next to any contingent asset(s) which you are requesting the judge award to you.	Possible Value	Nonmarital (check correct column)	
		Petitioner	Respondent
	\$	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
Total Contingent Assets	\$	<input type="checkbox"/>	<input type="checkbox"/>

Contingent Liabilities Check the line next to any contingent debt(s) for which you believe you should be responsible.	Possible Amount Owed	Nonmarital (check correct column)	
		Petitioner	Respondent
	\$	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
Total Contingent Liabilities	\$	<input type="checkbox"/>	<input type="checkbox"/>

SECTION IV. 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 document 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: _____

Address: _____

City, State, Zip: _____

Telephone Number: _____

Fax Number: _____

E-mail Address(es): _____

Under penalties of perjury, I declare that I have read this document and the facts stated in it are true.

Dated: 11/12/2025

ydrweeting
Signature of Party
Printed Name: JADRANKA SWEETING
Address: 3350 SOUTH OSPREY AVE #111a
City, State, Zip: CALIFORNIA, FL 34239
Telephone Number: 941/549-5448
Fax Number: _____
E-mail Address(es): YDRANKA.SWEETING.69@GMAIL.COM

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} _____, {zip code} _____, {telephone number} _____.