

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

Case No.: 25 DR 5918 NC  
Division: \_\_\_\_\_

JADRAKA SWGETING  
Petitioner,

and

Burak Ali Aras  
Respondent.

### FAMILY LAW FINANCIAL AFFIDAVIT (SHORT FORM)

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

I, {full legal name} Burak Ali Aras, being sworn, certify that the following information is true:

My Occupation: Cook Employed by: Boen Royale

Business Address: 1601 Englewood Rd., Englewood FL 36223

Pay rate: \$ 22 ☐ 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. \$3,810 Monthly gross salary or wages
2. — Monthly bonuses, commissions, allowances, overtime, tips, and similar payments
3. — 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. — Monthly disability benefits/SSI
5. — Monthly Workers' Compensation
6. — Monthly Unemployment Compensation
7. — Monthly pension, retirement, or annuity payments
8. — Monthly Social Security benefits
9. — Monthly alimony actually received (Add 9a and 9b)
  - 9a. From this case: \$ \_\_\_\_\_
  - 9b. From other case(s): \$ \_\_\_\_\_



**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 \$ 750  
Property taxes \$ \_\_\_\_\_  
Utilities \$ \_\_\_\_\_  
Telephone \$ 80  
Food \$ 300  
Meals outside home \$ \_\_\_\_\_  
Maintenance/Repairs \$ \_\_\_\_\_  
Other: \_\_\_\_\_ \$ \_\_\_\_\_

**B. AUTOMOBILE**

Gasoline \$ 120  
Repairs \$ 50  
Insurance \$ 220

**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: \_\_\_\_\_ \$ \_\_\_\_\_

**E. OTHER EXPENSES NOT LISTED ABOVE**

Clothing \$ \_\_\_\_\_  
Medical/Dental (uninsured) \$ \_\_\_\_\_  
Grooming \$ \_\_\_\_\_  
Entertainment \$ 100  
Gifts \$ \_\_\_\_\_  
Religious organizations \$ \_\_\_\_\_  
Miscellaneous \$ 200  
Other: \_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**F. PAYMENTS TO CREDITORS**

CREDITOR:	MONTHLY PAYMENT
<u>Lend Lease</u>	\$ <u>330</u>
<u>BoFA</u>	\$ <u>35</u>
<u>Discover</u>	\$ <u>65</u>
<u>Capital One</u>	\$ <u>25</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

28. \$ 2,325 TOTAL MONTHLY EXPENSES (add ALL monthly amounts in A through F above)

**SUMMARY**

29. \$ 3,100 TOTAL PRESENT MONTHLY NET INCOME (from line 27 of SECTION I. INCOME)

30. \$ 2,731 TOTAL MONTHLY EXPENSES (from line 28 above)

31. \$ \_\_\_\_\_ 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. (\$ \_\_\_\_\_) (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)	\$	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Cash (in banks or credit unions)		<input 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		<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"/>
<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"/>	<input type="checkbox"/>
<input type="checkbox"/> Check here if additional pages are attached.			
<b>Total Assets</b> (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
<input type="checkbox"/>	Mortgages on real estate: First mortgage on home	\$	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Second mortgage on home		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Other mortgages		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Auto loans		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Charge/credit card accounts		<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"/>	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"/>	Check here if additional pages are attached.		<input type="checkbox"/>	<input type="checkbox"/>
<b>Total Debts</b> (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"/>		<input type="checkbox"/>	<input type="checkbox"/>
<b>Total Contingent Assets</b>	\$	<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"/>		<input type="checkbox"/>	<input type="checkbox"/>
<b>Total Contingent Liabilities</b>	\$	<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

ysweeting  
Signature of Party  
Printed Name: JADRANKA SWEETING  
Address: 3350 SOUTH OSPREY AVE #111a  
City, State, Zip: JARASOTA, FL 34239  
Telephone Number: 941-549-5448  
Fax Number: \_\_\_\_\_  
E-mail Address(es): VERGLIC69@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} \_\_\_\_\_