

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: \$1,000 ☐ 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. \$2,600 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. \$2280 **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 \$ 750  
Property taxes \$ 150  
Utilities \$ 200  
Telephone \$ 100  
Food \$ 300  
Meals outside home \$       
Maintenance/Repairs \$       
Other:      \$     

### B. AUTOMOBILE

Gasoline \$ 100  
Repairs \$       
Insurance \$ 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:      \$     

### E. OTHER EXPENSES NOT LISTED ABOVE

Clothing \$ 50  
Medical/Dental (uninsured) \$       
Grooming \$       
Entertainment \$       
Gifts \$       
Religious organizations \$       
Miscellaneous \$       
Other:      \$       
     \$       
     \$       
     \$       
     \$     

### F. PAYMENTS TO CREDITORS

CREDITOR:	MONTHLY PAYMENT
<u>    </u>	\$ <u>    </u>
<u>    </u>	\$ <u>    </u>
<u>    </u>	\$ <u>    </u>
<u>    </u>	\$ <u>    </u>
<u>    </u>	\$ <u>    </u>
<u>    </u>	\$ <u>    </u>
<u>    </u>	\$ <u>    </u>
<u>    </u>	\$ <u>    </u>
<u>    </u>	\$ <u>    </u>
<u>    </u>	\$ <u>    </u>



**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	\$ 0	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Second mortgage on home	0	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Other mortgages	0	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Auto loans	0	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Charge/credit card accounts	300	<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"/>
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

J. Sweeting  
Signature of Party  
Printed Name: JADRAKA SWEETING  
Address: 3350 SOUTH OSPREY AVE #1110  
City, State, Zip: CARASOTA, FL 34239  
Telephone Number: 941/549-5448  
Fax Number: \_\_\_\_\_  
E-mail Address(es): VEJELIC 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} \_\_\_\_\_