

INSTRUCTIONS FOR FLORIDA FAMILY LAW FORM 12.901(e),
FAMILY LAW FINANCIAL AFFIDAVIT

When should this form be used?

This form should be used when you are involved in a family law case which requires a **financial affidavit** and your individual gross income is \$50,000 OR MORE per year.

This form should be typed or printed in black ink. After completing this form, you should sign the form before a **notary public**. You should then **file** the original with the **clerk of the circuit court** in the county where the **petition** was filed and keep a copy for your records.

What should I do next?

A copy of this form must be mailed or hand delivered to the other **party** in your case, if it is not served on him or her with your initial papers. This must be accomplished within 45 days of service of the petition.

Where can I look for more information?

Before proceeding, you should read "General Information for Pro Se 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 rule 12.285, Florida Family Law Rules of Procedure.

Special notes...

If this is a domestic violence case and you want to keep your address confidential for safety reasons, do not enter the address, telephone, and fax information at the bottom of this form. Instead, file **Petitioner's Request for Confidential Filing of Address**,  Florida Family Law Form 12.980(i).

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	×	Hours worked per week	=	Weekly amount
Weekly amount	×	52 Weeks per year	=	Yearly amount
Yearly amount	÷	12 Months per year	=	M onth I A m o u nt

Daily – If you are paid by the day, you may convert your income to monthly as follows:

Daily amount	×	Days worked per week	=	W e e k l y amount
Weekly amount	×	52 Weeks per year	=	Yearly

$$\begin{array}{rcl} \text{Yearly amount} & \div & 12 \text{ Months per year} \\ & & = \\ & & \text{Month} \\ & & \text{l} \\ & & \text{A} \\ & & \text{m} \\ & & \text{o} \\ & & \text{u} \\ & & \text{n} \end{array}$$

Weekly – If you are paid by the week, you may convert your income to monthly as follows:

$$\begin{array}{rcl} \text{Weekly amount} & \times & 52 \text{ Weeks per year} \\ & & = \\ & & \text{Yearly} \\ & & \text{amount} \end{array}$$

$$\begin{array}{rcl} \text{Yearly amount} & \div & 12 \text{ Months per year} \\ & & = \\ & & \text{Month} \\ & & \text{l} \\ & & \text{y} \\ & & \text{A} \\ & & \text{m} \\ & & \text{o} \\ & & \text{u} \\ & & \text{n} \end{array}$$

Bi-weekly – If you are paid every two weeks, you may convert your income to monthly as follows:

$$\begin{array}{rcl} \text{Bi-weekly amount} & \times & 26 \\ \text{Yearly amount} & \div & 12 \text{ Months per year} \\ & & = \\ & & \text{Yearly} \\ & & \text{amount} \\ & & = \\ & & \text{Month} \\ & & \text{l} \\ & & \text{y} \\ & & \text{A} \\ & & \text{m} \\ & & \text{o} \\ & & \text{u} \\ & & \text{n} \end{array}$$

Bi-monthly – If you are paid twice per month, you may convert your income to monthly as follows:

$$\begin{array}{rcl} \text{Bi-monthly amount} & \times & 2 \\ & & = \\ & & \text{M o n t h l y} \\ & & \text{Amount} \end{array}$$

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 these forms, that person must give you a copy of a **Disclosure from Nonlawyer**,  Florida Family Law Form 12.900, before he or she helps you. A nonlawyer helping you fill out these forms 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 _____ JUDICIAL CIRCUIT,
IN AND FOR _____ COUNTY, FLORIDA

Case No.: _____
Division: _____

_____,
Petitioner,

and

_____,
Respondent.

FAMILY LAW FINANCIAL AFFIDAVIT
(\$50,000 or more Individual Gross Annual Income)

I, {full legal name} Mark Alan Phaneuf, being sworn,
certify that the following information is true:

SECTION I. INCOME

1. Date of Birth: 06/26/1978
 2. Social Security Number: 589 56 8051
 3. My occupation is: Self Employed
 4. I am currently
 all that apply
 - a. Unemployed
- Describe your efforts to find employment, how soon you expect to be employed, and the pay you expect to receive: _____
- x b. Employed by: Ikan Media Inc.
Address: 10409 Trout Road
City, State, Zip code: Orlando, FL 32836
Telephone Number: 352 410 1334
- Pay rate: \$ 500 () every week () every other week () twice a month (x) monthly
(x) other: I also, get disbursements from the company that is shared by wife in a joint checking acct
- 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.

c. Retired. Date of retirement: _____

Employer from whom retired: _____

Address: _____

City, State, Zip code: _____ Telephone Number: _____

LAST YEAR'S GROSS INCOME: Your Income Other Party's Income (*if known*)

YEAR 2019 \$ 28,947.41 \$ 28,947.41

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. Monthly gross salary or wages | 1. \$ <u>500.00</u> |
| 2. Monthly bonuses, commissions, allowances, overtime, tips, and similar payments | 2. <u>0.00</u> |
| 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.)
<input type="checkbox"/> Attach sheet itemizing such income and expenses.) | 3. <u>16,543.04</u>
4. <u>0.00</u>
5. <u>0.00</u>
6. <u>0.00</u>
7. <u>0.00</u>
8. <u>0.00</u> |
| 4. Monthly disability benefits/SSI | 9. _____ |
| 5. Monthly Workers' Compensation | 10. _____ |
| 6. Monthly Unemployment Compensation | |
| 7. Monthly pension, retirement, or annuity payments | |
| 8. Monthly Social Security benefits | |
| 9. Monthly alimony actually received
9a. From this case: \$ _____ | |
| 9b. From other case(s): _____ Add 9a and 9b | |
| 10. Monthly interest and dividends | |
| 11. Monthly rental income (gross receipts minus ordinary and necessary expenses required to produce income) <input type="checkbox"/> Attach sheet itemizing such income and expense items.) | 11. _____
12. _____ |
| 12. Monthly income from royalties, trusts, or estates | 13. _____ |
| 13. Monthly reimbursed expenses and in-kind payments to the extent that they reduce personal living expenses <input type="checkbox"/> Attach sheet itemizing each item and amount.) | 14. _____ |
| 14. Monthly gains derived from dealing in property (not including nonrecurring gains) | 15. _____
16. _____ |

Any other income of a recurring nature (identify source)

15. _____
16. _____

17. PRESENT MONTHLY GROSS INCOME (Add lines 1–16) **TOTAL: 17. \$ 17,043.04**

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. Monthly federal, state, and local income tax (corrected for filing status and allowable dependents and income tax liabilities)
 a. Filing Status Married

b. Number of dependents claimed	<u>2</u>	18.	\$ <u>4000.00</u>
19. Monthly FICA or self-employment taxes		19.	<u>42.00</u>
20. Monthly Medicare payments		20.	<u>0.00</u>
21. Monthly mandatory union dues		21.	<u> </u>
22. Monthly mandatory retirement payments		22.	<u> </u>
23. Monthly health insurance payments (including dental insurance), excluding portion paid for any minor children of this relationship		23.	<u> </u>
24. Monthly court-ordered child support actually paid for children from another relationship		24.	<u> </u>
25. Monthly court-ordered alimony actually paid		25.	<u> </u>
25a. from this case: \$			
25b. from other case(s):	<u>Add 25a and 25b</u>	25.	<u> </u>

**26. TOTAL DEDUCTIONS ALLOWABLE UNDER SECTION 61.30,
FLORIDA STATUTES** (Add lines 18 through 25) **TOTAL:** **26. \$ 4042.00**

27. PRESENT NET MONTHLY INCOME (Subtract line 26 from line 17) **27. \$ 13001.04**

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. Monthly mortgage or rent payments	1. \$ <u>7,772.32</u>
2. Monthly property taxes (if not included in mortgage)	2. <u>2,212.00</u>
3. Monthly insurance on residence (if not included in mortgage)	3. <u>378.84</u>
4. Monthly condominium maintenance fees and homeowner's association fees	4. _____
5. Monthly electricity	5. <u>583.17</u>
6. Monthly water, garbage, and sewer	6. _____
7. Monthly telephone	7. <u>25.00</u>
8. Monthly fuel oil or natural gas	8. <u>116.75</u>
9. Monthly repairs and maintenance	9. <u>300.00</u>
10. Monthly lawn care	10. <u>10.00</u>
11. Monthly pool maintenance	11. _____
12. Monthly pest control	12. <u>37.00</u>
13. Monthly misc. household	13. _____
14. Monthly food and home supplies	14. <u>500.00</u>
15. Monthly meals outside home	15. <u>200.00</u>
16. Monthly cable t.v.	16. <u>109.99</u>
17. Monthly alarm service contract	17. _____
18. Monthly service contracts on appliances	18. <u>55.83</u>
19. Monthly maid service	19. _____
Other:	
20. Water treatment (peroxide and salt)	20. _____
21. Amazon, Netflix, YouTube, icloud	21. <u>56.00</u>
22. _____	22. <u>46.89</u>
23. _____	23. _____
24. _____	24. _____
25.	SUBTOTAL (add lines 1 through 24) 25. \$ <u>12403.79</u>

AUTOMOBILE:

26. Monthly gasoline and oil	26. \$ <u>300.00</u>
27. Monthly repairs	27. _____
28. Monthly auto tags and emission testing	28. <u>10.04</u>
29. Monthly insurance	29. <u>151.50</u>
30. Monthly payments (lease or financing)	30. <u>974.68</u>
31. Monthly rental/replacements	31. _____
32. Monthly alternative transportation (bus, rail, car pool, etc.)	32. _____

33. Monthly tolls and parking _____ 33. _____ 10.00
34. Other: _____ 34. _____
35. **SUBTOTAL** (add lines 26 through 34) **35. \$** **1446.22**

MONTHLY EXPENSES FOR CHILDREN COMMON TO BOTH PARTIES:

36. Monthly nursery, babysitting, or day care
37. Monthly school tuition
38. Monthly school supplies, books, and fees
39. Monthly after school activities
40. Monthly lunch money
41. Monthly private lessons or tutoring
42. Monthly allowances
43. Monthly clothing and uniforms
44. Monthly entertainment (movies, parties, etc.)
45. Monthly health insurance
46. Monthly medical, dental, prescriptions (nonreimbursed only)
47. Monthly psychiatric/psychological/counselor
48. Monthly orthodontic
49. Monthly vitamins
50. Monthly beauty parlor/barber shop
51. Monthly nonprescription medication
52. Monthly cosmetics, toiletries, and sundries
53. Monthly gifts from child(ren) to others (other children, relatives, teachers, etc.)
54. Monthly camp or summer activities
55. Monthly clubs (Boy/Girl Scouts, etc.)
56. Monthly access expenses (for nonresidential parent)
57. Monthly miscellaneous

58. **SUBTOTAL** (add lines 36 through 57) **58. \$** **790.00**

MONTHLY EXPENSES FOR CHILD(REN) FROM ANOTHER RELATIONSHIP: (other than court-ordered child support)

59. _____ 59. \$ _____
60. _____ 60. _____
61. _____ 61. _____
62. _____ 62. _____
63. **SUBTOTAL** (add lines 59 through 62) **63. \$** **0.00**

MONTHLY INSURANCE:

64. Health insurance, excluding portion paid for any minor child(ren) of this relationship	64. \$ <u>190.33</u>
65. Life insurance	65. <u>119.50</u>
66. Dental insurance	66. _____
Other:	67. _____
67. _____	68. _____
68. _____	
69. SUBTOTAL (add lines 64 through 68)	69. \$ <u>309.83</u>

OTHER MONTHLY EXPENSES NOT LISTED ABOVE:

70. Monthly dry cleaning and laundry	70. \$ <u>5.00</u>
71. Monthly clothing	71. <u>30.00</u>
72. Monthly medical, dental, and prescription (unreimbursed only)	72. <u>183.30</u>
73. Monthly psychiatric, psychological, or counselor (unreimbursed only)	73. <u>240.00</u>
74. Monthly non-prescription medications, cosmetics, toiletries, and sundries	74. <u>100.00</u>
75. Monthly grooming	75. <u>40.00</u>
76. Monthly gifts	76. _____
77. Monthly pet expenses	77. <u>191.50</u>
78. Monthly club dues and membership	78. <u>41.01</u>
79. Monthly sports and hobbies	79. _____
80. Monthly entertainment	80. <u>109.99</u>
81. Monthly periodicals/books/tapes/CD's	81. <u>65.00</u>
82. Monthly vacations	82. <u>100.00</u>
83. Monthly religious organizations	83. _____
84. Monthly bank charges/credit card fees	84. _____
85. Monthly education expenses	85. _____
Other: (include any usual and customary expenses not otherwise mentioned in the items listed above)	86. _____
86. _____	87. _____
87. _____	88. _____
88. _____	89. _____
89. _____	
90. SUBTOTAL (add lines 70 through 89)	90. \$ <u>1105.80</u>

MONTHLY PAYMENTS TO CREDITORS: (only when payments are currently made by you on outstanding balances)

NAME OF CREDITOR(s):

91. <u>Citi® Double Cash Card-4254</u>	91. \$ <u>157.00</u>
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92.	_____	92.	_____
93.	_____	93.	_____
94.	_____	94.	_____
95.	_____	95.	_____
96.	_____	96.	_____
97.	_____	97.	_____
98.	_____	98.	_____
99.	_____	99.	_____
100.	_____	100.	_____
101.	_____	101.	_____
102.	_____	102.	_____
103.	_____	103.	_____
104.	SUBTOTAL (add lines 91 through 103)	104. \$	157.00

105. TOTAL MONTHLY EXPENSES:

(add lines 25, 35, 58, 63, 69, 90, and 104 of Section II, Expenses) **105. \$** 16212.64

SUMMARY

106. TOTAL PRESENT MONTHLY NET INCOME

(from line 27 of SECTION I. INCOME)

106. \$ 13001.04

107. TOTAL MONTHLY EXPENSES (from line 105 above)

107. \$ 16212.64

108. 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.)

108. \$ _____

109. (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.)

109. (\$ 3,211.60)

SECTION III. ASSETS AND LIABILITIES

A. 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 box 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 Pro Se 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)	B Current Fair Market Value	C Nonmarital (✓ correct column)	
		husban	wife
✓ the box next to any asset(s) which you are requesting the judge award to you.			
<input type="checkbox"/> Cash (on hand)	\$		
<input type="checkbox"/> Cash (in banks or credit unions)	16242.75		
<input type="checkbox"/>			
<input type="checkbox"/> Stocks/Bonds			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/> Notes (money owed to you in writing)			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/> Money owed to you (not evidenced by a note)			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input checked="" type="checkbox"/> Real estate: (Home)	2,100,000		
<input type="checkbox"/> (Other)			
<input type="checkbox"/>			
<input type="checkbox"/> Business interests			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/> Automobiles			

A ASSETS: DESCRIPTION OF ITEM(S)	B Current Fair Market Value	C Nonmarital (✓ correct column)	
		husban	wife
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input type="checkbox"/> Boats			
<input type="checkbox"/> Lowe Pontoon	5,900		
<input type="checkbox"/> Mako Skiff	16,800		
<input type="checkbox"/> Other vehicles			
<input type="checkbox"/> 2013 Canam maverick	6,200		
<input type="checkbox"/> 2012 canam outlander 500	3,725		
<input type="checkbox"/> Golf Cart	2,000		
<input type="checkbox"/> Retirement plans (Profit Sharing, Pension, IRA, 401(k)s, etc.)			
<input checked="" type="checkbox"/> IRA 266693	39,163.93		
<input type="checkbox"/> IRA 266681	39,163.93		
<input type="checkbox"/>			
<input type="checkbox"/> Furniture & furnishings in home			
<input type="checkbox"/> Theater chairs, dining room table, stand, chairs, office furniture 3 piece, washer Dryer, bedroom sets, bar table & chairs, patio furniture, sofa, recliners, wall decor	5,000.00		
<input type="checkbox"/> Furniture & furnishings elsewhere			
<input type="checkbox"/> bedroom sets, bar stools, office desk, end tables, coffee table, sofa, lamps, fans, patio furniture, living room chairs, decorative table, wall decor	3,000.00		
<input type="checkbox"/> Collectibles			
<input type="checkbox"/> Painting	5,000.00		
<input checked="" type="checkbox"/> Jewelry Bretling watch	4,000.00		
<input type="checkbox"/> 2carat Diamond wedding ring	10,000.00		
<input type="checkbox"/> Life insurance (cash surrender value)			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/> Sporting and entertainment (T.V., stereo, etc.) equipment			
<input type="checkbox"/> 2 75" tvs, 6 50-55" tvs, 2 printers, 5 desktop computers, 2 laptop computers	5000.00		
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/> Other assets			
<input type="checkbox"/> Tiffin Allegro Bus 40qdp	62,500		

A ASSETS: DESCRIPTION OF ITEM(S)	B Current Fair Market Value	C Nonmarital (✓ correct column)
		husban wife
✓ the box next to any asset(s) which you are requesting the judge award to you.		
<input type="checkbox"/> Lawn mower, weed eater, blower, tiller	2,000.00	
<input type="checkbox"/> Chop saw, rotozip, misc tools	150.00	
<input type="checkbox"/> Utility trailer	250.00	
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
Total Assets (add column B)	\$ 2,326,095.61	

B. 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 box 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 Pro Se 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 LIABILITIES: DESCRIPTION OF ITEM(S)	B Current Amount Owed	C Nonmarital (✓ correct column)
		husban wife
✓ the box next to any debt(s) for which you believe you should be responsible.		
<input type="checkbox"/> Mortgages on real estate: (Home)	\$ 1,534,411.47	
<input type="checkbox"/> (Other)		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/> Charge/credit card accounts		

A LIABILITIES: DESCRIPTION OF ITEM(S)	B Current Amount Owed	C Nonmarital (✓ correct column)
		husban wife
✓ the box next to any debt(s) for which you believe you should be responsible.		
<input type="checkbox"/> Citibank credit card (mark)	10,481.62	
<input type="checkbox"/> Discover credit card (mark)	436.17	
<input type="checkbox"/> Apple Card	2,531.27	
<input type="checkbox"/> PNC bank CC (titan exclusive llc)	11,130.00	
<input type="checkbox"/> Capital One CC (Ikan Media)	3867.11	
<input checked="" type="checkbox"/> Auto loan (Doge Ram truck lease)	29,240.40	
<input type="checkbox"/> Auto loan (Tesla lease)	13,722.60	
<input type="checkbox"/> Bank/Credit Union loans		
<input type="checkbox"/> Line of credit (Ikan Media)	160,130.73	
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/> Money you owe (not evidenced by a note)		
<input type="checkbox"/>		
<input type="checkbox"/> Judgments		
<input type="checkbox"/>		
<input type="checkbox"/> Other		
<input type="checkbox"/> Guy Yudin & Foster, LLP (boat lawsuit)	7,350.00	
<input type="checkbox"/> Wright, Fulford, Moorhead & Brown, P.A.	6,163.50	
<input type="checkbox"/> GCY Inc	4,800.00	
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
Total Debts (add column B)	\$ 1,773,134.87	

C. NET WORTH (excluding contingent assets and liabilities)

Total Assets (enter total of Column B in Asset Table; Section A) \$ 2,326,095.61
Total Liabilities (enter total of Column B in Liabilities Table; Section B) \$ 1,773,134.87

TOTAL NET WORTH (Total Assets minus Total Liabilities)

(excluding contingent assets and liabilities) \$ 552,960.74

D. 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	B Possible Value	C Nonmarital (✓ correct column)
		husban wife
✓ the box next to any contingent asset(s) which you are requesting the judge award to you.		
<input type="checkbox"/> Bond in Orange County Comptroller for builder lawsuit	\$ 90,000	
<input type="checkbox"/>		
Total Contingent Assets	\$ _____	

A Contingent Liabilities	B Possible Amount Owed	C Nonmarital (✓ correct column)
		husban wife
✓ the box next to any contingent debt(s) for which you believe you should be responsible.		
<input type="checkbox"/> Boat Dock Lawsuit	\$ unknown	
<input type="checkbox"/> Home builder Lawsuit	unknown	
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
Total Contingent Liabilities	\$ _____	

E. Has there been any agreement between you and the other party that one of you will take responsibility for a debt and will hold the other party harmless from that debt? () yes (x) no
If yes, explain: _____

F. CHILD SUPPORT GUIDELINES WORKSHEET.

Florida Family Law Form 12.901(g), 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.

[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: () mailed, () faxed and mailed, or () hand delivered to the person(s) listed below on {date} _____.

Other party or his/her attorney:

Name: _____

Address: _____

City, State, Zip: _____

Fax Number: _____

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: 07/22/2020



Signature of Party

Printed Name: Mark Phaneuf

Address: 10409 Trout Road

City, State, Zip: Orlando, FL, 32836

Telephone Number: 352-410-1334

Fax Number: _____

STATE OF FLORIDA

COUNTY OF _____

Sworn to or affirmed and signed before me on _____ by _____.

NOTARY PUBLIC—STATE OF FLORIDA

Personally known [Print, type, or stamp commissioned name of notary.]
Produced identification
Type of identification produced _____