



Child Support Program

CS-OA11
Rule 12E-1.036
Florida Administrative Code
Effective 04/05/16

Financial Affidavit
Administrative Support Proceeding

<<Recipient Name>>



<<Date>>
BP Number: <<RecipientNum>>

You are required by section 409.2563(13), Florida Statutes, to complete, sign, and return this form within 20 days after you receive it.

Your full name

INCOME

List separately all sources of income received over the last two years. Examples of income include all wages, interest, investments, business income, worker's compensation, unemployment compensation, Social Security, Veteran's benefits, pensions, inheritance, gifts, rental income, and alimony.

Example:

Table with 5 columns: Date from, To, Source of Income, Rate of Pay, Hours Worked. Example row: 01/01/07, 040709, Wages, \$ 7.25 per Hour, 40 per Week

Date from To Source of Income Rate of Pay Hours Worked

Table with 5 columns: Date from, To, Source of Income, Rate of Pay, Hours Worked. Includes 'Present' and 'XXXX' placeholder rows.

Reason you left your last job

XXXX
XXXX
XXXX
XXXX
XXXX
XXXX
XXXX
XXXX

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DEDUCTIONS

List separately all legally required deductions from your income. Some examples are deductions for state and federal income taxes, FICA, Medicare, health insurance premiums, and mandatory union dues.

<u>Type of Deduction</u>	<u>Amount</u>	<u>Frequency (month, week, year)</u>
_____	\$ _____	per _____
_____	\$ _____	per _____
_____	\$ _____	per _____
_____	\$ _____	per _____

Number of tax exemptions you claim on your W-4 form: _____

Attach a copy of your most recent pay stub, benefits statement or other proof of your income and deductions.

SELF EMPLOYMENT

Are you self employed? YES or NO If Yes, please provide the following information:

Business Name: _____

Type of work: _____

Attach a copy of your last Federal tax return, 1099, or other proof of income.

ASSETS

Cash in banks, credit unions, stocks, bonds, trusts or real estate, etc.:

<u>Name or location of asset</u>	<u>Amount</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____

LIABILITIES:

Mortgage or rent payment: Monthly payment \$ _____ Balance owed \$ _____

Student loan payment: Monthly payment \$ _____ Balance owed \$ _____

Monthly payments to other creditors:

<u>Creditor</u>	<u>Monthly payment</u>	<u>Balance owed</u>
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

Liabilities do not increase or decrease the monthly child support obligation or net income.

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OTHER SUPPORT OBLIGATIONS

(Complete only if you pay support. Do not enter support you receive.)

Do you pay legally ordered support for other children? Yes No \$_____ per _____

If yes, child(ren) name: _____

The order was issued in _____, _____

County State
by _____ on ____/____/____.
Court or Agency Date

Provide a copy of the order and payment record for any order that the Department of Revenue is not enforcing.

INSURANCE COVERAGE, CHILD CARE and EXTRAORDINARY EXPENSES

Do you presently have health insurance? Yes No

Insurance company name Address Policy number

The total premium you now pay for health insurance is \$_____ per _____.

List the names of all persons covered on this policy.

FULL NAME	RELATIONSHIP TO YOU
_____	_____
_____	_____
_____	_____

Is the child(ren) on this case covered by your health insurance? YES or NO

If you are not currently providing health insurance for the child(ren) in this case,
Is health insurance available through your employer for the child(ren)? Yes No

If no, do you have access to any other health insurance for the child(ren)? Yes No

If yes to either of the above questions, please provide the cost to cover the child(ren):

Provider: _____ Cost \$_____ per _____

CHILD CARE EXPENSES

The amount you now pay is \$_____ per _____ for _____ child(ren).

Which child(ren) do you now pay child care expenses for?

_____	_____
_____	_____
_____	_____



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TIME-SHARING ARRANGEMENT/PARENTING PLAN

Do you and the other parent have a time-sharing arrangement/parenting plan for the child(ren)?

Yes No

If yes, please describe the arrangement/plan, including the number of days each month that the child stays overnight in your home. If the arrangement/plan is in writing, please attach a copy to this form.

DEVIATIONS (Complete this section only if you are requesting a deviation.)

The support amount calculated under Florida child support guidelines is presumed to be the correct amount of support owed. In some circumstances, the support amount may be adjusted to an amount more or less than the guideline amount. The enclosed "Deviation Factors" lists the circumstances that may be considered regarding a possible deviation from the guideline amount. If you believe any of these factors apply to your case, state your reasons below and give us any supporting documents you have.

Under penalties of perjury, I declare that I have read this Financial Affidavit and that the facts stated in it, and in any attached pages, are true and correct.

Sign Date

After completing and signing this affidavit, return it to:

Florida Department of Revenue
Child Support Program
P.O. Box 5330
Tallahassee, FL 32314-5330

Child Support Guideline Deviation factors

Section 61.30(11)(a), Florida Statutes, provides that:

The court may adjust the total minimum child support award, or either or both parents' share of the total minimum child support award, based upon the following deviation factors:

1. Extraordinary medical, psychological, educational, or dental expenses.
2. Independent income of the child, not to include moneys received by a child from supplemental security income.
3. The payment of support for a parent which regularly has been paid and for which there is a demonstrated need.
4. Seasonal variations in one or both parents' incomes or expenses.
5. The age of the child, taking into account the greater needs of older children.
6. Special needs, such as costs that may be associated with the disability of a child, that have traditionally been met within the family budget even though the fulfilling of those needs will cause the support to exceed the presumptive amount established by the guidelines.
7. Total available assets of the obligee, obligor, and the child.
8. The impact of the Internal Revenue Service Child & Dependent Care Tax Credit, Earned Income Tax Credit, and dependency exemption and waiver of that exemption. The court may order a parent to execute a waiver of the Internal Revenue Service dependency exemption if the paying parent is current in support payments.
9. An application of the child support guidelines schedule that requires a person to pay another person more than 55 percent of his or her gross income for a child support obligation for current support resulting from a single support order.
10. The particular parenting plan, a court-ordered time-sharing schedule, or a time-sharing arrangement exercised by agreement of the parties, such as where the child spends a significant amount of time, but less than 20 percent of the overnights, with one parent, thereby reducing the financial expenditures incurred by the other parent; or the refusal of a parent to become involved in the activities of the child.
11. Any other adjustment that is needed to achieve an equitable result which may include, but not be limited to, a reasonable and necessary existing expense or debt. Such expense or debt may include, but is not limited to, a reasonable and necessary expense or debt which the parties jointly incurred during the marriage.