

IN THE CIRCUIT/COUNTY OF THE ELEVENTH JUDICIAL CIRCUIT
IN AND FOR MIAMI-DADE COUNTY FLORIDA

**Financial Affidavit
Motion to Modify Financial
Obligations/Sentence for the
Purpose of Voting**

CASE NUMBER

STATE OF FLORIDA VS.

CLOCK IN

NO. _____

DEFENDANT

JUDGE'S NAME:

1. I have _____ dependents. *(Do not include children not living at home and do not include a working spouse or yourself.)*
2. I have a take home income of \$ _____ paid weekly bi-weekly semi-monthly monthly yearly
(Take home income equals salary, wages, bonuses, commissions, allowances, overtime, tips and similar payments, minus deductions required by law and other court ordered support payments)
3. I have other income paid weekly bi-weekly semi-monthly monthly yearly: *(Circle "Yes" and fill in the amount if you have this kind of income, otherwise circle "No")*

Social Security benefits	Yes \$ _____	No	Veteran's benefit	Yes \$ _____	No
Unemployment compensation	Yes \$ _____	No	Child support or other regular	Yes \$ _____	No
Union Funds	Yes \$ _____	No	from family members/spouse	Yes \$ _____	No
Workers' compensation	Yes \$ _____	No	Rental income	Yes \$ _____	No
Retirement/pensions	Yes \$ _____	No	Dividends or interest	Yes \$ _____	No
Trust or gifts	Yes \$ _____	No	Other kinds of income not on the list	Yes \$ _____	No
4. I have other assets: *(Circle "Yes" and fill in the value of the property, otherwise circle "No")*

Cash	Yes \$ _____	No	Savings	Yes \$ _____	No
Bank account(s)	Yes \$ _____	No	Stocks/bonds	Yes \$ _____	No
Certificates of deposit or			Equity in Real Estate (excluding homestead)		
Money market accounts	Yes \$ _____	No	*Including expectancy of an interest in such		
*Equity in Motor vehicles/Boats/	Yes \$ _____	No	property	Yes \$ _____	No
Other tangible property*					
5. I have a total amount of liabilities and debts in the amount of \$ _____
6. I receive: *(Circle "Yes" or "No")*

Temporary Assistance for Needy Families	Cash Assistance	Yes	No
Poverty related veterans' benefits		Yes	No
Supplemental Security Income (SSI)		Yes	No
7. I can afford to pay \$ _____ of the amount I owe in fees, fines and costs.

CASE NUMBER

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For Motion to Modify Financial Obligations/Sentence
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WRITTEN ATTESTATION

I attest that the information I have provided on this Affidavit is true and accurate.

Signed this _____ day of _____, 20_____

Signature of Affiant

Birth Year

Print Full Name

Last 4 Digits of Driver's License or ID Number

Address, PO Address, Street, City, State, Zip Code