

IN THE CIRCUIT COURT OF THE EIGHTEENTH JUDICIAL CIRCUIT,
IN AND FOR SEMINOLE COUNTY, FLORIDA

Case No.: 10-DR-4687-02D-W
Division: _____



Petitioner,

and

JAMES C. MARCHANT, JR.,

Respondent.

FAMILY LAW FINANCIAL AFFIDAVIT (SHORT FORM)
(Under \$50,000 Individual Gross Annual Income)

I, JAMES C. MARCHANT, JR., being sworn, certify that the following information is true:

FILED IN OFFICE
MARYANNE MORSE
CLERK CIRCUIT COURT
10 SEP 15 PM 3:39
BY SEMINOLE CO. FLA. D.C.

My Occupation: ICE AND WATER SALES Employed by: DI2, LLC.

Business Address: 3460 FRENCH DAISY ST., LAS VEGAS, NV 89135

Pay rate: \$ 2500.00 () every week () every other week () twice a month (X) 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. Monthly gross salary or wages | 1. <u>\$2500.00</u> |
| 2. Monthly bonuses, commissions, allowances, overtime, tips, and similar payments | 2. _____ |
| 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.) | 3. _____ |
| 4. Monthly disability benefits/SSI | 4. _____ |
| 5. Monthly Workers' Compensation | 5. _____ |
| 6. Monthly Unemployment Compensation | 6. _____ |
| 7. Monthly pension, retirement, or annuity payments | 7. _____ |
| 8. Monthly Social Security benefits | 8. _____ |
| 9. Monthly alimony actually received | |
| 9a. From this case: \$ _____ | 9. _____ |
| 9b. From other case(s): _____ | Add 9a and 10. _____ |
| 9b | |
| 10. Monthly interest and dividends | |
| 11. Monthly rental income (gross receipts minus ordinary and necessary expenses | 11. _____ |
| 12. Monthly income from royalties, trusts, or estates | 12. _____ |
| 13. Monthly reimbursed expenses and in-kind payments to the extent that they reduce personal living expenses | 13. _____ |
| 14. Monthly gains derived from dealing in property (not including nonrecurring gains) | 14. _____ |
| 15. Any other income of a recurring nature (list source) _____ | 15. _____ |
| 16. _____ | 16. _____ |

17. PRESENT MONTHLY GROSS INCOME (Add lines 1-16) TOTAL: 17. \$ 2500.00

PRESENT MONTHLY DEDUCTIONS:

- 18. 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. Monthly FICA or self-employment taxes 19. \$ 155.00
- 20. Monthly Medicare payments 20. \$ 36.00
- 21. Monthly mandatory union dues 21. _____
- 22. Monthly mandatory retirement payments 22. _____
- 23. Monthly health insurance payments (including dental insurance), excluding portion paid for any minor children of this relationship 23. _____
- 24. Monthly court-ordered child support actually paid for children from another _____
- 25. Monthly court-ordered alimony actually paid 24. _____
 - 25a. from this case: \$ _____
 - 25b. from other case(s): _____ Add 25a and 25b
- 25. _____

26. TOTAL DEDUCTIONS ALLOWABLE UNDER SECTION 61.30, FLORIDA STATUTES (Add lines 18 through 25) TOTAL: 26. \$ 349.00

PRESENT NET MONTHLY INCOME (Subtract line 26 from line 17) 27. \$ 2150.00

SECTION II. AVERAGE MONTHLY EXPENSES

A. HOUSEHOLD:

- Mortgage or rent \$ 1325.00
- Property taxes \$ 294.00
- Utilities \$ 130.00
- Telephone \$ _____
- Food \$ 200.00
- Meals outside home \$ 50.00
- Maintenance/Repairs \$ _____
- Other: _____ \$ _____

E. OTHER EXPENSES NOT LISTED ABOVE

- Clothing \$ _____
- Medical/Dental (uninsured) \$ _____
- Grooming \$ _____
- Entertainment \$ _____
- Gifts \$ _____
- Religious organizations \$ _____
- Miscellaneous \$ 75.00
- Other: _____ \$ _____
- _____ \$ _____
- _____ \$ _____
- _____ \$ _____
- _____ \$ _____
- _____ \$ _____

B. AUTOMOBILE

- Gasoline \$ _____
- Repairs \$ _____
- Insurance \$ _____

C. CHILD(REN)'S EXPENSES

- Day care \$ _____
- Lunch money \$ _____
- Clothing \$ _____
- Grooming \$ _____
- Gifts for holidays \$ _____
- Medical/dental (uninsured) \$ _____
- Other: _____ \$ _____

F. PAYMENTS TO CREDITORS

CREDITOR:	MONTHLY PAYMENT
<u>Chase Auto Finance</u>	\$ <u>779.00</u>
<u>Square One Credit Card</u>	\$ <u>299.00</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

D. INSURANCE

- Medical/dental \$ _____
- Child(ren)'s medical/dental \$ _____
- Life \$ _____
- Other: Home \$ 237.00

28. **TOTAL MONTHLY EXPENSES** (add ALL monthly amounts in A through F above) 28. \$ 3388.00

SUMMARY

29. **TOTAL PRESENT MONTHLY NET INCOME**

(from line 27 of SECTION I. INCOME) 29. \$ 2150.00

30. **TOTAL MONTHLY EXPENSES** (from line 28 above) 30. \$ 3388.00

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.) 31. \$ _____

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.) 32. (\$ 1237.00)

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). DO NOT LIST ACCOUNT NUMBERS. the box next to any asset(s) which you are requesting the judge award to you.	Current Fair Market Value	Nonmarital (correct column)	
		husband	wife
<input type="checkbox"/> Cash (on hand)			
<input checked="" type="checkbox"/> Cash (in banks or credit unions)	\$7381.00		
<input type="checkbox"/> Stocks, Bonds, Notes			
<input checked="" type="checkbox"/> Real estate: 1/2 (Home) @ 7456 Colonial Ct., Sanford FL 32771 (joint)	\$165,250.00		
<input checked="" type="checkbox"/> Real Estate: @ 3460 French Daisy St., Las Vegas NV 89135 (Husband)	\$354,500.00		
<input checked="" type="checkbox"/> Automobiles: 2010 Ford Superduty / Husband name	\$25,000.00		
<input checked="" type="checkbox"/> Automobile: KTM Motorcycle / Husband name	\$2,000.00		
<input type="checkbox"/> Retirement plans (Profit Sharing, Pension, IRA, 401(k)s, etc.)			
<input type="checkbox"/> Other			
<input checked="" type="checkbox"/> Business interest: Business known as Desert Ice, LLC.	0.00		
<input checked="" type="checkbox"/> Furniture/furnishings in home @ 3460 French Daisy St., Las Vegas, NV	Unknown		
<input checked="" type="checkbox"/> Personal belongings in Husband's possession	\$10,000.00		
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/> <input checked="" type="checkbox"/> here if additional pages are attached.			
Total Assets (add column B)	\$ 554,131.00		

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). DO NOT LIST ACCOUNT NUMBERS. the box next to any debt(s) for which you believe you should be responsible.

Current Amount Owed

Nonmarital (correct column)

		husband	wife
✓ Mortgages on real estate: First mortgage on home @ 7456 Colonial Ct., Sanford, Florida 32771	\$213,393.00		
✓ Second mortgage on home (HELOC) @ 7456 Colonial Ct., Sanford, FL 32771	\$49,400.00		
✓ Other mortgages @ home on 3460 French Daisy St., Las Vegas, NV 89135	\$750,000.00		
✓ Auto loans: with Chase Auto Finance / 2010 Ford Superduty	\$39,519.00		
✓ Charge/credit card accounts: in Husband and Husband & Wife name	\$63,106.00		
Other			
✓ here if additional pages are attached.			
Total Debts (add column B)	\$ 1,115,418.00		

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	Possible Value	Nonmarital (correct column)	
the box next to any contingent asset(s) which you are requesting the judge award to you.		husband	wife
	\$		
Total Contingent Assets	\$0.00		

Contingent Liabilities	Possible Amount Owed	Nonmarital (correct column)	
the box next to any contingent debt(s) for which you believe you should be responsible.		husband	wife
✓ Chase credit card (in collection) acct ending in 2256	\$30,931.00		
Total Contingent Liabilities	\$30,931.00		

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.)

[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 [one only] () mailed () faxed and mailed () hand delivered to the person(s) listed below on {date} _____.

Other party or his/her attorney:



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: 8/24/10

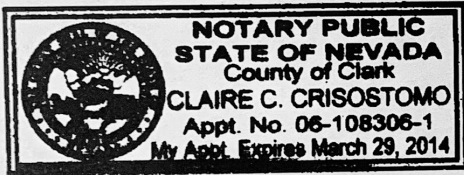
James C Marchant Jr

Signature of Party
JAMES C. MARCHANT, JR.
3460 FRENCH DAISY ST.
LAS VEGAS, NV 89135
(702) 968-0375

STATE OF NEVADA
COUNTY OF Clark

Sworn to or affirmed and signed before me on 8/24, 2010 by JAMES C. MARCHANT, JR..

Claire C. Crisostomo
NOTARY PUBLIC or DEPUTY CLERK



Claire C. Crisostomo
[Print, type, or stamp commissioned name of notary or deputy clerk.]

Personally known
Produced identification
Type of identification produced Florida Driver License

IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW: I, Jeff Markham, JM Typing or any staff thereof, a nonlawyer, located at 501 E. SR 434, Longwood, FL, 407-339-8433, helped JAMES C. MARCHANT, JR. who is the respondent, fill out this form.