

IN THE CIRCUIT COURT OF THE FIRST JUDICIAL CIRCUIT
IN AND FOR ESCAMBIA COUNTY, FLORIDA

IN RE: THE MARRIAGE OF:
SARAH ARDIS,
Petitioner,
and
ROBERT MICHAEL ARDIS,
Respondent.

Case Number: 2009-DR-3717
Division: P

RECEIVED

AUG 07 2024

SC Court of Appeals

FINANCIAL AFFIDAVIT (LONG FORM) AS OF JULY 08, 2024

I, Robert Michael Ardis, being sworn, certify that the following information is true.

SECTION I. INCOME

- 1. My age is: 62
- 2. My Occupation is: Sales
- 3. I am currently [X 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.

b: Employed by: SUPERIOR HONDA

Telephone :

Address: South Carolina

Pay rate: \$ 3,500.00

Pay Period : Monthly

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 and Zipcode : _____
 Telephone Number : _____

SECTION I. PRESENT MONTHLY GROSS INCOME:

All amounts must be MONTHLY:

Footnote No.

- | | | | | |
|-----|----|----------|--|---|
| 1. | \$ | 3,500.00 | Monthly gross salary or wages ¹ | 1 |
| 2. | | 0.00 | Monthly bonuses, commissions, allowances, overtime, tips, and similar payments | |
| 3. | | 0.00 | 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. | | 0.00 | Monthly disability benefits/SSI | |
| 5. | | 0.00 | Monthly Workers' Compensation | |
| 6. | | 0.00 | Monthly Unemployment Compensation | |
| 7. | | 0.00 | Monthly pension, retirement, or annuity payments | |
| 8. | | 0.00 | Monthly Social Security benefits | |
| | | | Monthly alimony actually received | |
| | | | 9a. From this Case: \$ 0.00 | |
| 9. | | 0.00 | 9b. From other case(s): 0.00 Add 9a and 9b | |
| 10. | | 0.00 | Monthly interest and dividends | |
| 11. | | 0.00 | 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) | |
| 12. | | 0.00 | Monthly income from royalties, trusts, or estates | |
| 13. | | 0.00 | Monthly reimbursed expenses and in-kind payments to the extent that they reduce personal living expenses | |
| 14. | | 0.00 | Monthly gains derived from dealing in property (not including nonrecurring gains) | |
| 15. | | 0.00 | Any other income of a recurring nature (source) _____ | |
| 16. | | | | |
| 17. | \$ | 3,500.00 | TOTAL PRESENT MONTHLY GROSS INCOME (Add lines 1 - 16) | |

¹ Income is based on \$200 draw every week plus 25% commission based on upon gross profit of what FH sells minus

17. \$ 3,500.00 PRESENT MONTHLY GROSS INCOME (From prior Page)

PRESENT MONTHLY DEDUCTIONS:

All amounts must be MONTHLY.

18. 254.67 Monthly federal, state and local income tax (corrected for filing status and allowable dependents and income tax liabilities)

Footnote No. _____

a. Filing Status SGL

b. Number of dependents claimed 0

19. 217.00 Monthly FICA or self-employment taxes

20. 50.75 Monthly Medicare payments

21. 0.00 Monthly mandatory union dues

22. 0.00 Monthly mandatory retirement payments
Monthly health insurance payments (including dental insurance), excluding

23. 380.00 portion paid for any minor children of this relationship
Monthly court-ordered child support actually paid for children from another

24. 0.00 relationshi

Monthly court-ordered alimony actually paid

25a. from this case: \$ 0.00

25b from other case(s): 0.00

25. 0.00 Add 25a and 25b

TOTAL DEDUCTIONS ALLOWABLE UNDER SECTION 61.30,

26. \$ 902.42 **FLORIDA STATUTES** (Add lines 18 through 25)

27. \$ 2,597.58 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.

HOUSEHOLD

1. 450.00 Mortgage or Rent Payments
2. 0.00 Property Taxes (Not in Payment)
3. 0.00 Insurance on Residence (Not in Pmt.)
4. 0.00 Condo/Homeowner's Maint/Assoc Fees
5. 200.00 Electricity
6. 95.00 Water, Garbage and Sewer
7. 78.00 Telephone
8. 0.00 Fuel Oil or Natural Gas
9. 50.00 Repairs and Maintenance
10. 0.00 Lawn Care
11. 0.00 Pool Maintenance
12. 0.00 Pest Control
13. 75.00 Misc. Household
14. 130.00 Cable TV
15. 300.00 Food and Home Supplies
16. 75.00 Meals Outside Home
17. 0.00 Alarm Service Contract
18. 0.00 Service Contracts on Appliances
19. 0.00 Maid Service
20. 0.00 Internet Services
21. 1,453.00 **SUBTOTAL** (add lines 1 through 20)

AUTOMOBILE

22. 150.00 Gasoline and Oil
23. 75.00 Repairs
24. 0.00 Auto Tags and Emission Testing
25. 110.00 Auto Insurance
26. 0.00 Car Payments (Lease or Financing)
27. 0.00 Auto Rental/Replacement Cost
28. 0.00 Alternative Transportation
29. 0.00 Tolls and Parking
30. 335.00 **SUBTOTAL** (add lines 22 through 29)

CHILDREN'S EXPENSE FOR CHILDREN COMMON TO BOTH PARTIES

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.

CHILDREN'S EXPENSE FOR CHILDREN COMMON TO BOTH PARTIES

- 31. 0.00 Nursery, Babysitting or Daycare
- 32. 0.00 School Tuition
- 33. 0.00 School Supplies and Books, Fees
- 34. 0.00 After School Activities
- 35. 100.00 Lunch Money
- 36. 0.00 Private Lessons / Tutoring
- 37. 0.00 Allowance
- 38. 0.00 Clothing / Uniforms
- 39. 100.00 Entertainment-Movies, Parties, Etc.
- 40. 0.00 Health Insurance
- 41. 0.00 Medical, Dental, Prescriptions (NR)
- 42. 0.00 Psychiatric/Psychological/Counselor
- 43. 0.00 Vitamins
- 44. 0.00 Beauty Parlor/Barbershop
- 45. 0.00 Non-Prescription Medication
- 46. 0.00 Cosmetics/Toiletries and Sundries
- 47. 0.00 Gifts From Children to Others
- 48. 0.00 Vacation
- 49. 180.00 Camp or/and Other Summer Activities
- 50. 0.00 Clubs (Boy/Girl Scouts, Etc)
- 51. Estimate 341.00 Time-Sharing Expense Non-Res Parent

2 This is estimated based on the Thanksgiving, Spring Break and First Part of Summer travel which includes roundtrip flight and unaccompanied minor fee, hotel and rental car for Texas vist for past 9 months.

- 52. 0.00 Orthodontic
- 53. 100.00 Miscellaneous
- 54. 821.00 **SUBTOTAL** (add lines 31 through 53)

CHILD(REN) ANOTHER RELATIONSHIP (OTHER THAN COURT-ORDERED CHILD

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.

CHILD(REN) ANOTHER RELATIONSHIP (OTHER THAN COURT-ORDERED CHILD

55. 0.00 There are none
56. 0.00 **SUBTOTAL** (add lines 55 through 55)

INSURANCE

57. 0.00 Health Insurance-Excluding Children
58. 0.00 Life Insurance
59. 0.00 Dental Insurance
60. 0.00 **SUBTOTAL** (add lines 57 through 59)

OTHER MONTHLY EXPENSES NOT LISTED ABOVE

61. 0.00 Dry Cleaning & Laundry
62. 25.00 Clothing
63. 140.00 Medical/Dental/Prescriptions (NR)
64. 0.00 Psychiatric/Psychological/Counselor
65. 40.00 Non-Prescription Medications
66. 0.00 Cosmetics, Toiletries, Sundries
67. 25.00 Grooming
68. 50.00 Gifts
69. 75.00 Pet Expenses
70. 0.00 Club Dues and Memberships
71. 0.00 Sports and Hobbies
72. 0.00 Entertainment
73. 0.00 Periodicals/Books/Tapes/CD's
74. 0.00 Vacations
75. 0.00 Religious Organizations
76. Estimate 200.00 Bank Charges/ Credit Card Fees
77. 0.00 Education Expenses
78. 0.00 Professional Expenses
79. 555.00 **SUBTOTAL** (add lines 61 through 78)

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.

PAYMENTS TO CREDITORS

80.	<u>50.00</u>	Visa #2956
81.	<u>65.00</u>	Visa #3435
82.	<u>100.00</u>	Mastercard #8213
83.	<u>75.00</u>	Mastercard #6349
84.	<u>40.00</u>	Visa #1108
85.	<u>422.00</u>	Loan #1795
86.	<u>185.00</u>	Loan #3051
87.	<u>3,000.00</u>	Monthly Attorney's Fees Payment
88.	<u>50.00</u>	Loan (Account # Unknown)
89.	<u>3,987.00</u>	SUBTOTAL (add lines 80 through 88)

90.	<u><u>7,151.00</u></u>	TOTAL MONTHLY EXPENSES:
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SUMMARY

		PRESENT MONTHLY NET INCOME
91.	<u>2,597.58</u>	(from line 27 of SECTION I. INCOME)
		TOTAL MONTHLY EXPENSES
92.	<u>7,151.00</u>	(from line 90. above)
		SURPLUS (if line 91 is greater than line 92)
93.	<u><u> </u></u>	(Subtract line 92 from line 91)
		(DEFICIT) (if line 92 is greater than line 91)
94.	<u><u>-4,553.42</u></u>	(Subtract line 91 from line 92)

SECTION III. ASSETS AND LIABILITIES

The box next to each description is checked with an X if any portion of the value is shown as going to this party on his/her equitable distribution worksheet and indicates that he/she desires some or all of that asset or liability.

Use the nonmarital column only if this is a petition for dissolution of marriage and you believe an item is all or part "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

A. ASSETS:

DESCRIPTION OF ITEM(S). List a description of each item owned by you (and/or your spouse, if this is a petition for dissolution of marriage).

	FNN	Current Fair. Market Value	Nonmarital <input checked="" type="checkbox"/> Correct Column)	
			ROBERT	SARAH
Cash On Hand and In Banks				
<input type="checkbox"/> Cash		0	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> CASH		0	<input type="checkbox"/>	<input type="checkbox"/>
Totals		0		
Stocks and Bonds				
<input type="checkbox"/> Stock		0	<input type="checkbox"/>	<input type="checkbox"/>
Totals		0		
Real Estate Assets				
<input type="checkbox"/> Real Estate		0	<input type="checkbox"/>	<input type="checkbox"/>
Totals		0		
Business Interests				
<input type="checkbox"/> Other Business		0	<input type="checkbox"/>	<input type="checkbox"/>
Totals		0		
Transportation Assets				
<input checked="" type="checkbox"/> 2009 BMW 328I FN# 1 Hit by deer and not running.	1	1,000	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> 2012 Toyota Camry XLE		2,500	<input type="checkbox"/>	<input type="checkbox"/>
Totals		3,500		
Retirement Assets				
<input type="checkbox"/> Retirement Plan		0	<input type="checkbox"/>	<input type="checkbox"/>
Totals		0		

A. ASSETS:

DESCRIPTION OF ITEM(S). List a description of each item owned by you (and/or your spouse, if this is a petition for dissolution of marriage).

DESCRIPTION OF ITEM(S)	FNN	Current Fair Market Value	Nonmarital <input checked="" type="checkbox"/> Correct Column)	
			ROBERT	SARAH
Insurance Assets				
<input type="checkbox"/> Life Insurance		0	<input type="checkbox"/>	<input type="checkbox"/>
Totals		0		
Furniture and Fixtures Assets				
<input checked="" type="checkbox"/> Furnishings in Home		1,500	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Furniture in storage		3,000	<input type="checkbox"/>	<input type="checkbox"/>
Totals		4,500		
Tangible Other Assets				
<input checked="" type="checkbox"/> Watch		50	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Electronics for Son		1,200	<input type="checkbox"/>	<input type="checkbox"/>
Totals		1,250		
Miscellaneous Assets				
<input type="checkbox"/> Miscellaneous		0	<input type="checkbox"/>	<input type="checkbox"/>
Totals		0		
Total Assets		9,250		

B. LIABILITIES:

DESCRIPTION OF ITEM(S). List a description of each item owed by you (and/or your spouse, if this is a petition for dissolution of marriage).	FNN	Current Fair Market Value	Nonmarital	
			<input checked="" type="checkbox"/> Correct Column	
			ROBERT	SARAH
<input checked="" type="checkbox"/> Visa #2956		470	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Visa #3435		359	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Mastercard #8213		1,646	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Mastercard #6349		458	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Visa #1108		1,254	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Loan #1795		1,795	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Loan #3051		1,240	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Monthly Attorney's Fees Payment		15,000	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Loan (Account # Unknown)		1,985	<input type="checkbox"/>	<input type="checkbox"/>
Totals For Unsecured Liabilities		<u>24,210</u>		

Total Liabilities 24,210

C: NET WORTH (excluding contingent assets and liabilities)

Totals Assets	\$	9,250
Totals Liabilities		<u>24,210</u>
Total Net Worth (Assets minus Liabilities)	\$	<u><u>-14,960</u></u>

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, debts assumed by another), you must list them here.

A Contingent Assets	B Possible Value	C Nonmarital (<input checked="" type="checkbox"/> Correct Column)	
Check the line next to any contingent assets(s) which you are requesting the judge award to you. FNN		ROBERT	SARAH
<input type="checkbox"/> Contingent Asset	0	<input type="checkbox"/>	<input type="checkbox"/>
Totals	0		

A Contingent Liabilities	B Possible Amount Owed	C Nonmarital (<input checked="" type="checkbox"/> Correct Column)	
Check the line next to any contingent debt(s) for which you believe you should be responsible. FNN		ROBERT	SARAH
<input type="checkbox"/> Contingent Liability	0	<input type="checkbox"/>	<input type="checkbox"/>
Totals	0		
Total Net Contingent Assets / Liabilities	0		

E: CHILD SUPPORT GUIDELINES WORKSHEET. Florida Family Law Form 12.902(e), Child Support Guidelines Worksheet, MUST be filed with the court at or prior to a hearing to establish or modify support. This requirement can not be waived by the parties.

one

A Child Support Guidelines Worksheet IS or WILL BE filed in this case. This case involves the establishment or modification of child

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

Under penalties of perjury, I declare that I have read this document and the facts stated in it are true.

Date: 7/8/2024

DocuSigned by:

Robert Michael Ardis

REF40300A57047E

ROBERT MICHAEL ARDIS