

INSTRUCTIONS FOR SIXTH CIRCUIT LOCAL FAMILY LAW FORM  
AFFIDAVIT OF INCOME FOR PURPOSES OF ESTABLISHING MEDIATION FEES

**When should this form be used?**

**You should use this form when ALL of the following statements are true:**

- The other person in your case has been served, whether by **personal service** or **constructive service**.
- Your case has been referred to mediation.
- You are requesting court provided mediation services, which will require a fee of either \$60.00 or \$120.00 from each party.
- Both parties in your case have not filed a Financial Affidavit.
- You are requesting that the court determine the amount of mediation fees owed by each party.
- You know what the other person's income is so that you can make a truthful statement, to the best of your knowledge, about the combined gross annual income of both parties.
- To the best of your knowledge, the combined gross income of both parties in this case does not exceed \$100,000 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** or **deputy clerk**. You must **file** the original of this form with the **clerk of the circuit court** and send a **copy to the other party** and a **copy to the Family Mediation Program** at 7530 Little Road, New Port Richey, Florida 34654, Room 201. You should keep a copy for your records.

**Special notes...**

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 **Disclosure from Nonlawyer**,  Florida Family Law Rules of Procedure Form 12.900 (a), 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 SIXTH JUDICIAL CIRCUIT,  
IN AND FOR PASCO COUNTY, FLORIDA

Case No.:  
Division:

\_\_\_\_\_,  
Petitioner  
and  
\_\_\_\_\_,  
Respondent

**AFFIDAVIT OF INCOME FOR PURPOSES OF ESTABLISHING MEDIATION  
FEES**

I, *{full legal name}* \_\_\_\_\_, being sworn, certify that  
the following information is true:  
[√ appropriate response]

1. This case has been referred to mediation.
2. To the best of my knowledge, the combined gross income of both parties in this case currently is:

\_\_\_\_\_ Less than \$50,000 per year **OR**  
\_\_\_\_\_ \$50,000 per year, but not more than \$100,000 per year.

**I certify that a copy of this 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: \_\_\_\_\_

\_\_\_\_\_  
Signature of Petitioner or Respondent

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

STATE OF FLORIDA

COUNTY OF \_\_\_\_\_

Sworn to or affirmed and signed before me on \_\_\_\_\_ by \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC OR DEPUTY CLERK

\_\_\_\_\_  
[Print, type, or stamp commissioned name of notary or clerk.]

- \_\_\_\_ Personally known  
\_\_\_\_ Produced identification  
\_\_\_\_ Type of identification produced

**IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN**

**THE BLANKS BELOW:** [  fill in **all** blanks]

I, *{full legal name and trade name of nonlawyer}* ,

a nonlawyer, located at *{street}* , *{city}* ,

*{state}* , *{phone}* , helped *{name}* ,

who is the [check one only] \_\_\_\_\_petitioner or \_\_\_\_\_respondent, fill out this form.