

EXHIBIT

L

IN THE CIRCUIT COURT OF THE _____ JUDICIAL CIRCUIT,
IN AND FOR _____ COUNTY, FLORIDA

Case No.: 2018 DC 2391
Division: _____

Bonnie Kurowski-Alicea
Petitioner,

and

Thomas A. Alicea
Respondent.

2018 OCT 16 AM 11:33
CLERK OF CIRCUIT
AND COUNTY COURT
LAKE COUNTY
TAMPA, FLORIDA

FAMILY LAW FINANCIAL AFFIDAVIT (SHORT FORM)

(Under \$50,000 Individual Gross Annual Income)

I, {full legal name} Bonnie Kurowski-Alicea, being sworn, certify that the following information is true:

My Occupation: Consultant Employed by: PCC LLC

Business Address: 3033 Santa Maria Ave Clermont, FL 34715

Pay rate: \$ _____ every week every other week twice a month monthly
 other: 1099 Involving

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. \$ 0 Monthly gross salary or wages
2. 0 Monthly bonuses, commissions, allowances, overtime, tips, and similar payments
3. 4000 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 Monthly disability benefits/SSI
5. 0 Monthly Workers' Compensation
6. 0 Monthly Unemployment Compensation
7. 0 Monthly pension, retirement, or annuity payments
8. 0 Monthly Social Security benefits
9. 0 Monthly alimony actually received (Add 9a and 9b)
 - 9a. From this case: \$ _____
 - 9b. From other case(s): _____
10. 0 Monthly interest and dividends
11. 0 Monthly rental income (gross receipts minus ordinary and necessary expenses)

required to produce income) (Attach sheet itemizing such income and expense items.)

- 12. 0 Monthly income from royalties, trusts, or estates
- 13. 0 Monthly reimbursed expenses and in-kind payments to the extent that they reduce personal living expenses
- 14. 0 Monthly gains derived from dealing in property (not including nonrecurring gains)
- 15. 0 Any other income of a recurring nature (list source) _____
- 16. _____
- 17. \$ 4000 **TOTAL PRESENT MONTHLY GROSS INCOME** (Add lines 1–16)

PRESENT MONTHLY DEDUCTIONS:

- 18. \$ 0 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. 0 Monthly FICA or self-employment taxes
- 20. 0 Monthly Medicare payments
- 21. 0 Monthly mandatory union dues
- 22. 0 Monthly mandatory retirement payments
- 23. 0 Monthly health insurance payments (including dental insurance), excluding portion paid for any minor children of this relationship
- 24. 0 Monthly court-ordered child support actually paid for children from another relationship
- 25. 0 Monthly court-ordered alimony actually paid (Add 25a and 25b)
 - 25a. from this case: \$ _____
 - 25b. from other case(s):\$ _____
- 26. \$ 0 **TOTAL DEDUCTIONS ALLOWABLE UNDER SECTION 61.30, FLORIDA STATUTES**
(Add lines 18 through 25).
- 27. \$ 4000 **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.

A. HOUSEHOLD:

Mortgage or rent \$ 1750
 Property taxes \$ _____
 Utilities \$ 800
 Telephone \$ 350
 Food \$ 400
 Meals outside home \$ 200
 Maintenance/Repairs \$ 150
 Other: _____ \$ _____

B. AUTOMOBILE

Gasoline \$ 200
 Repairs \$ _____
 Insurance \$ 400

C. CHILD(REN)'S EXPENSES

Day care \$ _____
 Lunch money \$ 120
 Clothing \$ 50
 Grooming \$ 50
 Gifts for holidays \$ _____
 Medical/Dental (uninsured) \$ _____
 Other: _____ \$ _____

D. INSURANCE

Medical/Dental (if not listed on lines 23 or 45) \$ _____
 Child(ren)'s medical/dental \$ _____
 Life \$ 100
 Other: _____ \$ _____

E. OTHER EXPENSES NOT LISTED ABOVE

Clothing \$ 100
 Medical/Dental (uninsured) \$ _____
 Grooming \$ 100
 Entertainment \$ 200
 Gifts \$ _____
 Religious organizations \$ _____
 Miscellaneous \$ _____
 Other: _____ \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____

F. PAYMENTS TO CREDITORS

| CREDITOR: | MONTHLY PAYMENT |
|-----------|-----------------|
| _____ | \$ 660 |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |

28. \$ 5630 **TOTAL MONTHLY EXPENSES** (add ALL monthly amounts in A through F above)

SUMMARY

29. \$ 4000 **TOTAL PRESENT MONTHLY NET INCOME** (from line 27 of SECTION I. INCOME)

30. \$ 5630 **TOTAL MONTHLY EXPENSES** (from line 28 above)

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.)

32. (\$ 1630) **(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.)

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). LIST ONLY LAST 4 DIGITS OF ACCOUNT NUMBERS. Check the line next to any asset(s) which you are requesting the judge award to you. | Current Fair Market Value | Nonmarital (check correct column) | |
|---|---------------------------|-----------------------------------|------|
| | | husband | wife |
| <input type="checkbox"/> Cash (on hand) | \$150 | | x |
| <input type="checkbox"/> Cash (in banks or credit unions) | | | |
| <input type="checkbox"/> Stocks, Bonds, Notes | 2000 | | x |
| <input type="checkbox"/> Real estate: (Home) | 248000 | | x |
| <input type="checkbox"/> (Other) | | | |
| <input type="checkbox"/> Automobiles | 25000 | | x |
| <input type="checkbox"/> Other personal property household furniture | 10000 | | x |
| <input type="checkbox"/> Retirement plans (Profit Sharing, Pension, IRA, 401(k)s, etc.) | | | |
| <input type="checkbox"/> Other | | | |
| <input type="checkbox"/> | | | |
| <input type="checkbox"/> | | | |
| <input type="checkbox"/> | | | |
| <input type="checkbox"/> | | | |
| <input type="checkbox"/> | | | |
| <input type="checkbox"/> | | | |
| <input type="checkbox"/> Check here if additional pages are attached. | | | |
| Total Assets (add next column) | \$ 285150 | | |

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). LIST ONLY LAST 4 DIGITS OF ACCOUNT NUMBERS. Check the line next to any debt(s) for which you believe you should be responsible. | | Current Amount Owed | Nonmarital (check correct column) | |
|---|---|---------------------|-----------------------------------|------|
| | | | husband | wife |
| <input type="checkbox"/> | Mortgages on real estate: First mortgage on home | \$ | | |
| <input type="checkbox"/> | Second mortgage on home | | | |
| <input type="checkbox"/> | Other mortgages | | | |
| <input type="checkbox"/> | | | | |
| <input type="checkbox"/> | Auto loans camera | 15000 | x | |
| <input type="checkbox"/> | | | | |
| <input type="checkbox"/> | Charge/credit card accounts | | | |
| <input type="checkbox"/> | | | | |
| <input type="checkbox"/> | | | | |
| <input type="checkbox"/> | Other | | | |
| <input type="checkbox"/> | | | | |
| <input type="checkbox"/> | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> Check here if additional pages are attached. | | | |
| Total Debts (add next column) | | \$ 15000 | | |

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 (check correct column) | |
|---|--|----------------|-----------------------------------|------|
| Check the line next to any contingent asset(s) which you are requesting the Judge award to you. | | | husband | wife |
| <input type="checkbox"/> | | \$ | | |
| <input type="checkbox"/> | | | | |
| Total Contingent Assets | | \$ | | |

| Contingent Liabilities | | Possible Amount Owed | Nonmarital (check correct column) | |
|--|--|----------------------|-----------------------------------|------|
| Check the line next to any contingent debt(s) for which you believe you should be responsible. | | | husband | wife |
| <input type="checkbox"/> | | \$ | | |
| <input type="checkbox"/> | | | | |
| Total Contingent Liabilities | | \$ | | |

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.)

[Check 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 [check all used]: e-mailed mailed faxed hand delivered to the person(s) listed below on {date} _____.

Other party or his/her attorney:

Name: Thomas Alicea
Address: 3032 Santa Maria Ave
City, State, Zip: Clermont, FL 34715
Fax Number: _____
E-mail Address(es): Thomas Alicea-72@gmail.com

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.

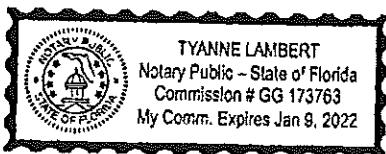
Dated: 10-12-18

Bonnie Kurowski - Alicea
Signature of Party

Printed Name: Bonnie Kurowski-Alicea
Address: 3033 Santa Maria Ave
City, State, Zip: Clermont, FL 34715
Fax Number: _____
E-mail Address(es): bonniealicea@gmail.com

STATE OF FLORIDA
COUNTY OF Lake

Sworn to or affirmed and signed before me on Oct 12, 2018 by Bonnie Kurowski-Alicea



Tyanne Lambert
NOTARY PUBLIC or DEPUTY CLERK

Tyanne Lambert
[Print, type, or stamp commissioned name of notary or deputy clerk.]

Personally known
 Produced identification
Type of identification produced Florida Drivers License

IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW:

[fill in all blanks] This form was prepared for the: {choose only one} Petitioner Respondent

This form was completed with the assistance of:

{name of individual} _____

{name of business} _____

{address} _____

{city} _____, {state} _____ {telephone number} _____