

# Florida Board of Bar Examiners

ADMINISTRATIVE BOARD OF THE SUPREME COURT OF FLORIDA



## FINANCIAL DECLARATION

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Name

\_\_\_\_\_  
File Number

To assist the board in evaluating your financial responsibility, you are asked to complete the following declaration with careful attention to all details. The completeness and accuracy of each entry on this declaration is made under penalty of perjury. This document is not intended as a budget. It should include income only if actually received, and expenses regardless of whether they are being paid by you or another individual, or not at all. Additional sheets may be attached to this declaration if necessary.

### **CURRENT EMPLOYMENT (Paid and Non-paid)**

Please review your bar application to confirm there are no discrepancies between the information located in the bar application and the information you list below. If there is a discrepancy, please file the appropriate amendment to bring your bar application up-to-date.

Occupation:	_____
Employed by:	_____
Employer's Address:	_____ _____
Check one:	<input type="checkbox"/> This is a paid position(See details below). <input type="checkbox"/> This is a non-paid position.
Pay period (weekly, monthly, etc.):	_____
Rate of Pay:	_____
Dates of Employment:	_____

Second Employer, if applicable: (If more than two employers, attach an addendum with additional employment information.)	
Occupation:	_____
Employed by:	_____
Employer's Address:	_____ _____
Check one:	<input type="checkbox"/> This is a paid position(See details below). <input type="checkbox"/> This is a non-paid position.
Pay period (weekly, monthly, etc.):	_____
Rate of Pay:	_____
Dates of Employment:	_____

**INCOME PREVIOUS FOUR YEARS**

Year	Total Income (line 4 of 1040EZ, line 15 of 1040A, line 9 of 1040 and 1040SR)	Filing Status (single, joint, etc.)

<b>TOTAL MONTHLY GROSS INCOME</b>	
Wages, bonuses, commissions, tips and similar payments:	
Business income (gross receipts minus expenses):	
Disability benefits:	
Worker's compensation:	
Unemployment compensation:	
Pension, retirement, or annuity disbursements:	
Social Security benefits:	
Spousal support/alimony received:	
Interest and dividends:	
Rental income [(gross receipts minus expenses)(please identify the source)]:	
Income from royalties, trusts or estates:	
Student loans (average per month):	
Reimbursed expenses (e.g. car paid by employer, rent paid by employer, etc.)	
In kind payments to the extent that they reduce personal living expenses (identify the source of these payments):	
Itemize other monthly recurring income:	
<b>TOTAL MONTHLY GROSS INCOME:</b>	

<b>MONTHLY DEDUCTIONS FROM GROSS INCOME</b>	
Federal, state and local income taxes:	
FICA/Medicare or self-employment taxes:	
Mandatory union dues:	
Health insurance payments (if deducted from your paycheck):	
Mandatory retirement payments (if deducted from your paycheck):	
Court-ordered alimony (Only if automatically deducted. If not automatically deducted, see OTHER RECURRING MONTHLY EXPENSES section):	
Court-ordered child support (Only if automatically deducted. If not automatically	

deducted, see MONTHLY CHILDREN'S EXPENSES section):	
Itemize other monthly deductions from gross income (please include the amount and source):	
<b>TOTAL MONTHLY DEDUCTIONS:</b>	

<b>MONTHLY HOUSEHOLD EXPENSES</b>		
NOTE: IF YOU LIST A MORTGAGE PAYMENT, YOU SHOULD HAVE REAL PROPERTY LISTED IN THE ASSET SECTION (PAGE 7) AND A MORTGAGE LOAN IN THE LIABILITIES SECTION (PAGE 8)		
<b>Expense</b>	<b>Amount of Total Monthly Obligation</b>	<b>Amount Being Paid by Applicant</b>
Mortgage:		
Rent:		
Property tax and insurance (ignore if included above):		
Condominium maintenance fees and homeowner's association fees:		
Repairs and maintenance:		
Lawn care:		
Pool maintenance:		
Pest control:		
Alarm service contract:		
Cleaning service:		
Utilities (e.g. electricity, gas service, water, garbage and sewer):		
Telephone (other than cellular):		
TV, cable, satellite, streaming service (if a bundled service with internet, etc., please indicate and list total amount):		
Cellular phone service:		
Internet service:		
Food and groceries:		
Meals outside of home:		
Itemize other monthly household expenses:		
<b>TOTAL MONTHLY HOUSEHOLD EXPENSES:</b>		

<b><u>MONTHLY PERSONAL EXPENSES</u></b>		
<b>Expense</b>	<b>Amount of Total Monthly Obligation</b>	<b>Amount Being Paid by Applicant</b>
Declarant's medical and dental:		
Declarant's dry cleaning and laundry:		
Declarant's hair care:		
Declarant's prescriptions and non-prescription medication:		
Declarant's clothing:		
Declarant's cosmetics & toiletries (if not included in groceries):		
Itemize other monthly personal expenses:		
<b>TOTAL MONTHLY PERSONAL EXPENSES:</b>		

<b><u>MONTHLY INSURANCE EXPENSES</u></b>		
<b>Expense</b>	<b>Amount of Total Monthly Obligation</b>	<b>Amount Being Paid by Applicant</b>
Health (if not included in monthly deductions):		
Dental:		
Life:		
Disability:		
Itemize other monthly insurance expenses:		
<b>TOTAL MONTHLY INSURANCE EXPENSES:</b>		

<b><u>MONTHLY TRANSPORTATION EXPENSES</u></b>		
NOTE: IF YOU LIST AN AUTOMOBILE OR MOTORCYCLE LOAN PAYMENT, YOU SHOULD HAVE AN AUTOMOBILE OR MOTORCYCLE LISTED IN THE ASSET SECTION (PAGE 7) AND AN AUTOMOBILE OR MOTORCYCLE LOAN LISTED IN THE LIABILITIES SECTION (PAGE 8). IF YOU LIST AN AUTOMOBILE OR MOTORCYCLE LEASE PAYMENT, YOU SHOULD LIST THE LEASE AS A LIABILITY ON PAGE 8.		
<b>Expense</b>	<b>Amount of Total Monthly Obligation</b>	<b>Amount Being Paid by Applicant</b>
Loan payment:		
Lease payment:		
Gasoline and oil:		
Repairs (average the amount per month):		
Insurance:		
Tag/license:		

Rental/replacements:		
Alternative transportation (Uber, Lyft, ride share, bus, rail, car pool, etc.)		
Tolls and parking:		
Itemize other monthly transportation expenses:		
<b>TOTAL MONTHLY TRANSPORTATION EXPENSES:</b>		

<b>MONTHLY CHILDREN'S EXPENSES</b>		
<b>Expense</b>	<b>Amount of Total Monthly Obligation</b>	<b>Amount Being Paid by Applicant</b>
Childcare:		
School tuition:		
School supplies, books, and fees:		
After school activities:		
Private lessons or tutoring:		
Lunch money:		
Allowance:		
Entertainment (movies, parties, etc.):		
Gifts from child(ren) to others (other children, relatives, teachers, etc.):		
Camp or summer activities:		
Clubs (Boy/Girl Scouts, etc.):		
Time-sharing expenses:		
Clothing:		
Medical/Dental/Orthodontic:		
Prescriptions and non-prescription medication:		
Hair care:		
Child support actually paid (Do not list here if already listed in the MONTHLY DEDUCTIONS section):		
Cosmetics/toiletries (if not included in groceries):		
Itemize other monthly children's recurring expenses:		
<b>TOTAL MONTHLY CHILDREN'S EXPENSES:</b>		

**OTHER RECURRING MONTHLY EXPENSES**

<b>Expense</b>	<b>Amount of Total Monthly Obligation</b>	<b>Amount Being Paid by Applicant</b>
Professional dues:		
Entertainment:		
Church:		
Tuition, books and school supplies:		
Charities/Gifts:		
Alimony actually paid (Do not list here if already listed in the MONTHLY DEDUCTIONS section):		
Pet expenses:		
Sports and hobbies:		
Subscriptions/periodicals/books/tapes/CD's:		
Vacations:		
Bank charges/credit card fees:		
Itemize other monthly expenses:		
<b>TOTAL MONTHLY OTHER EXPENSES:</b>		

**MONTHLY PAYMENTS TO CREDITORS** (e.g. student loans, credit cards, department store cards, etc.)  
Creditors must also be listed under liabilities, pages 8-9, even if you are not currently paying the debt.

<b>CREDITOR NAME</b>	<b>Amount of Total Monthly Obligation</b>	<b>Amount Being Paid by Applicant</b>
<b>TOTAL MONTHLY PAYMENTS TO CREDITORS</b>		

**TOTAL MONTHLY EXPENSES**

<b>TOTAL MONTHLY EXPENSES</b>	<b>Amount of Total Monthly Obligation</b>	<b>Amount Being Paid by Applicant</b>
Household expenses (from page 3):		
Personal expenses (from page 4):		
Insurance expenses (from page 4):		
Transportation expenses (from page 5):		



2.			
Contents of home/apartment:			
Jewelry:			
Insurance (cash value):			
Retirement accounts (IRA, 401K, etc.):			
Money owed to you (not evidenced by a note):			
Boats and other watercrafts:			
Sporting and entertainment equipment:			
Collectibles:			
Contingent assets (income potential, accrued vacation or sick leave, bonus, inheritance, etc.):			
Itemize other assets:			
TOTAL ASSETS:			

<b>LIABILITIES</b> (List all creditors even if you are not presently making payments, including student loans. Do not report those liabilities on which your spouse or partner is the <b>sole</b> obligor. Include accounts that have been charged off or are in deferment, etc.)			
CREDITOR NAME	TYPE OF LOAN	APPLICANT BALANCE	APPLICANT + SPOUSE/ PARTNER
	<b>1st mortgage on home-list addresses below</b>		
	<b>2nd mortgage on home-list addresses below</b>		
	<b>Other mortgages-list addresses below</b>		
	<b>Auto loan(s)/lease(s) - list year/make/model</b>		



	<b>Boat loan(s)/lease(s) - list year/make/model</b>		
	<b>Charge/credit card accounts</b>		
	<b>Loans (identify the source)</b>		
	<b>Money you owe (not evidenced by a note)</b>		
	<b>Judgments</b>		
	<b>Contingent liabilities</b> (possible lawsuits, future unpaid taxes, contingent tax liabilities, debts assumed by another)		
	<b>Student loans</b>		

	<b>Other liabilities</b>		
TOTAL LIABILITIES:			

<b>NET WORTH</b> [Total assets (page 8) minus total liabilities (page10)]		
	<b>APPLICANT</b>	<b>APPLICANT + SPOUSE/PARTNER</b>
TOTAL ASSETS:		
TOTAL LIABILITIES:		
NET WORTH:		

*Under penalties of perjury, I declare that I have read the foregoing document and that the statements in it are true.*

\_\_\_\_\_  
Applicant's Name (printed)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date (mm/dd/yyyy)