

IN THE COUNTY COURT, FIFTH JUDICIAL CIRCUIT
IN AND FOR CITRUS COUNTY, FLORIDA

CASE NO:

Plaintiff(s)

-VS-

Defendant(s)

_____ /

FACT INFORMATION SHEET - INDIVIDUAL

Full Legal Name: _____

Nicknames or Aliases: _____

Residence

Address: _____
Street City State Zip Code

Mailing Address (if different): _____
Street City State Zip Code

Telephone Numbers: (Home) _____ (Business) _____

Name of Employer: _____ Position or Job Description: _____

Address of Employer: _____
Street City State Zip Code

Rate of Pay: \$ _____ per _____ Average Paycheck: \$ _____ per _____

Average Commissions or Bonuses: \$ _____ per _____ Commissions or bonuses are based on _____

Other Personal Income: \$ _____ from _____
(Explain details on the back of this sheet or an additional sheet if necessary.)

Social Security Number: _____ Birthdate: _____

Driver's License Number: _____ Marital Status: _____

Spouse's Name: _____

Spouse's Address (if different): _____
Street City State Zip Code

Spouse's Social Security Number: _____ Birthdate: _____

Spouse's Employer: _____

Spouse's Average Paycheck or Income: \$ _____ per _____

Other Family Income: \$ _____ per _____
(Explain details on back of this sheet or an additional sheet if necessary.)

Name and Ages of All Your Children (and addresses if not living with you):

Child Support or Alimony Paid: \$ _____ per _____

Names of Others You Live With: _____

Who is Head of Your Household? You Spouse _____ Other (list name)

Checking Account at: _____ Account # _____

Savings Account at: _____ Account # _____

(Describe all other accounts or investments you may have, including stocks, mutual funds, savings bonds, or annuities, on the back of this sheet or an additional sheet if necessary.)

For Real Estate (land) You Own or Are Buying:

Address: _____
Street City State Zip Code

All Names on Title: _____

Mortgage Owed To: _____

Balance Owed: \$ _____ Monthly Payment: \$ _____

(Attach a copy of the deed or mortgage, or list the legal description of the property on the back of this sheet or an additional sheet if necessary. Also provide the same information on any other property you own or are buying.)

For All Motor Vehicles You Own or Are Buying:

Year/Make/Model: _____ Color: _____

Vehicle ID #: _____ Tag #: _____ Mileage: _____

Names on Title: _____ Present Value: \$ _____

Loan Owed To: _____ Balance on Loan: \$ _____

Monthly Payment: \$ _____ (List all other automobiles, as well as other vehicles, such as boats, motorcycles, bicycles, or aircraft, on the back of this sheet or an additional sheet if necessary.)

Have you given, sold, loaned, or transferred any real or personal property worth more than \$100 to any person in the last year? If your answer is "yes", described the property and sale price, and give the name and address of the person who received the property.

Does anyone owe you money? Amount Owed; \$ _____

Name and Address of Person Owing Money: _____

Reason money is owed: _____

Please attach copies of the following:

- a. Your last pay stub.
- b. Your last 3 statements for each bank, savings, credit union, or other financial account.
- c. Your motor vehicle registrations and titles.
- d. Any deed or titles to any real or personal property you own or are buying, or leases to property you are renting.

UNDER PENALTY OF PERJURY, I SWEAR OR AFFIRM THAT THE FOREGOING ANSWERS ARE TRUE AND COMPLETE.

Judgment Debtor Date

STATE OF FLORIDA

COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by _____, who is personally known to me or has produced _____ as identification and who _____ did / did not _____ take an oath.

Witness my hand and official seal, this _____ day of _____, 20_____.

Notary Public
State of Florida
My Commission Expires; _____

MAIL OR DELIVER THIS FORM TO THE CLERK OF THE COURT, AND MAIL OR DELIVER A COPY OF THE COMPLETED FORM TO THE JUDGMENT CREDITOR OR THE CREDITOR'S ATTORNEY.

FACT INFORMATION SHEET-BUSINESS ENTITY

Name/Title of person filling out this form: _____

Address: _____
Street City State Zip Code

Telephone Numbers: (Home) _____ (Business) _____

Address of Business Entity: _____
Street City State Zip Code

Type of Entity: (Check One) Corporation Partnership Limited Partnership Sole

Proprietorship Limited Liability Corporation (LLC) Professional Association (PA)

Other (Please explain) _____

Does Business Entity own/have interest in any other business entity? If so please explain. _____

Gross/Taxable income reported for Federal Income Tax purpose last three years:
\$ _____ \$ _____ \$ _____

Taxpayer Identification Number: _____

List Partners (General or Limited and designate Percentage of Ownership):

Average Number of Employees/month: _____

Names of Officers and Directors:

Checking Account at: _____ Account Number : _____

Savings Account at: _____ Account Number: _____

Does the Business Entity own any vehicles: _____

Years/Makes/Models: _____

Vehicle I. D. Numbers : _____

Tag Numbers: _____

Loans Outstanding: _____

