

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

Case No.: 11DR2008
Division: _____

OMAR MR SEDDIQUE MATEEN
Petitioner,
and
STORA ALISHERZODA YUSOFIM
Respondent.

11 JUN 21 PM 12:56
ST. LUCIE COUNTY
CLERK OF CIRCUIT COURT

FAMILY LAW FINANCIAL AFFIDAVIT (SHORT FORM)
(Under \$50,000 Individual Gross Annual Income)

I, {full legal name} OMAR MR SEDDIQUE MATEEN, being sworn, certify that the following information is true:

My Occupation: SECURITY Employed by: _____

Business Address: _____ JUPITER FL 33458

Pay rate: \$ 800.00 () every week () every other week () twice a month () monthly () other: _
 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. Monthly gross salary or wages | 1. \$ <u>1600.00</u> |
| 2. Monthly bonuses, commissions, allowances, overtime, tips, and similar payments | 2. <u>0</u> |
| 3. 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) (<input type="checkbox"/> Attach sheet itemizing such income and expenses.) | 3. <u>0</u> |
| 4. Monthly disability benefits/SSI | 4. <u>0</u> |
| 5. Monthly Workers' Compensation | 5. <u>0</u> |
| 6. Monthly Unemployment Compensation | 6. <u>0</u> |
| 7. Monthly pension, retirement, or annuity payments | 7. <u>0</u> |
| 8. Monthly Social Security benefits | 8. <u>0</u> |
| 9. Monthly alimony actually received | 9. <u>0</u> |
| 9a. From this case: \$ _____ | |
| 9b. From other case(s): _____ | Add 9a and 9b |
| 10. Monthly interest and dividends | 10. <u>0</u> |
| 11. 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.) | 11. <u>0</u> |
| 12. Monthly income from royalties, trusts, or estates | 12. <u>0</u> |
| 13. Monthly reimbursed expenses and in-kind payments to the extent that they reduce personal living expenses | 13. <u>0</u> |
| 14. Monthly gains derived from dealing in property (not including nonrecurring gains) | 14. <u>0</u> |
| 15. Any other income of a recurring nature (list source) _____ | 15. <u>0</u> |
| 16. _____ | 16. <u>0</u> |
| 17. PRESENT MONTHLY GROSS INCOME (Add lines 1-16) | TOTAL: 17. \$ <u>1600.00</u> |

PRESENT MONTHLY DEDUCTIONS:

18. Monthly federal, state, and local income tax (corrected for filing status and allowable dependents and income tax liabilities) 18. \$ 180.00
a. Filing Status SINGLE
b. Number of dependents claimed 0
19. Monthly FICA or self-employment taxes 19. 0
20. Monthly Medicare payments 20. 0
21. Monthly mandatory union dues 21. 0
22. Monthly mandatory retirement payments 22. _____
23. Monthly health insurance payments (including dental insurance), excluding portion paid for any minor children of this relationship 23. 150.00
24. Monthly court-ordered child support actually paid for children from another relationship 24. 0
25. Monthly court-ordered alimony actually paid: Add 25a and 25b 25. 0
25a. from this case: \$ _____
25b. from other case(s): _____

26. **TOTAL DEDUCTIONS ALLOWABLE UNDER SECTION 61.30, FLORIDA STATUTES** (Add lines 18 through 25) TOTAL: 26. \$ 330.00
27. **PRESENT NET MONTHLY INCOME** (Subtract line 26 from line 17) 27. \$ 1270.00

SECTION II AVERAGE MONTHLY EXPENSES

A. HOUSEHOLD:

Mortgage or rent \$ ~~150.00~~
Property taxes \$ _____
Utilities \$ 60.00
Telephone \$ 50.00
Food \$ 250.00
Meals outside home \$ 50.00
Maintenance/Repairs \$ _____
Other: _____ \$ _____

B. AUTOMOBILE

Gasoline \$ 200.00
Repairs \$ 100.00
Insurance \$ 120.00

C. CHILD(REN)'S EXPENSES

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

D. INSURANCE

Medical/Dental \$ 150.00
Children's medical/dental \$ _____
Life \$ _____
Other: _____ \$ _____

E. OTHER EXPENSES NOT LISTED ABOVE

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

F. PAYMENTS TO CREDITORS

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

28. **TOTAL MONTHLY EXPENSES** (add ALL monthly amounts in A through F above) 28. \$ 980.00

SUMMARY

29. TOTAL PRESENT MONTHLY NET INCOME

(from line 27 of SECTION I. INCOME)

29. \$ 1270.00

30. TOTAL MONTHLY EXPENSES (from line 28 above)

30. \$ 980.00

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.)

31. \$ 620.00

32. (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.)

32. (\$ _____)

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). DO NOT LIST ACCOUNT NUMBERS. ✓ the box next to any asset(s) which you are requesting the judge award to you. | Current Fair Market Value | Nonmarital (✓ correct column) | |
|---|---------------------------|-------------------------------|------|
| | | husband | wife |
| <input type="checkbox"/> Cash (on hand) | \$ | | |
| <input type="checkbox"/> Cash (in banks or credit unions) | | | |
| <input type="checkbox"/> Stocks, Bonds, Notes | | | |
| <input type="checkbox"/> Real estate: (Home) | | | |
| <input type="checkbox"/> (Other) | | | |
| <input type="checkbox"/> Automobiles | | | |
| <input type="checkbox"/> Other personal property | | | |
| <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"/> ✓ here if additional pages are attached. | | | |
| Total Assets | \$ <u>0</u> | | |

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). DO NOT LIST ACCOUNT NUMBERS. ✓ the box next to any debt(s) for which you believe you should be responsible. | Current Amount Owed | Nonmarital (✓ 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 | | | |
| <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"/> ✓ here if additional pages are attached. | | | |
| Total Debts | \$ <u>Ø</u> | | |

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 ✓ the box next to any contingent asset(s) which you are requesting the judge award to you. | Possible Value | Nonmarital (✓ correct column) | |
|---|----------------|-------------------------------|------|
| | | husband | wife |
| <input type="checkbox"/> | \$ | | |
| <input type="checkbox"/> | | | |
| Total Contingent Assets | \$ <u>Ø</u> | | |

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

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.)

[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 [one only] mailed () faxed and mailed () hand delivered to the person(s) listed below on {date} _____

Other party or his/her attorney:

Name: STORA YUSUFIM


Address: _____

City, State, Zip: LAWRENCEVILLE NT, 08648

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: 5/19/11



Signature of Party

Printed Name: OMAR MATEEN

Address: _____

City, State, Zip: FORT PIERCE, FL 34982

Telephone Number: _____

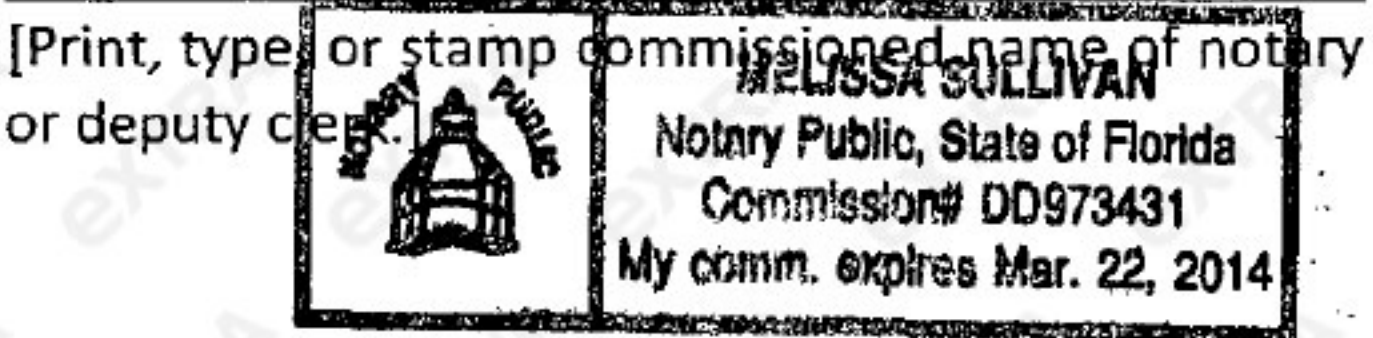
Fax Number: _____

STATE OF FLORIDA
COUNTY OF St. Lucie

Sworn to or affirmed and signed before me on 5/19/11 by Omar Mateen



NOTARY PUBLIC or DEPUTY CLERK



Personally known

Produced identification

Type of identification produced FLDL

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 [one only] _____ petitioner or _____ respondent, fill out this form.

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

Case No.: 11DR2008
Division: _____

OMAR MIR SEDDIQUE MATEEN,
Petitioner,

and

SITORA ALISHERZODA YUSUFY
Respondent.

JUN 21 PM 12:57
CLERK OF CIRCUIT COURT
ST. LUCIE COUNTY

FAMILY LAW FINANCIAL AFFIDAVIT (SHORT FORM)
(Under \$50,000 Individual Gross Annual Income)

I, {full legal name} SITORA YUSUFY, being sworn, certify that the following information is true:

My Occupation: REAL ESTATE Employed by: SELF EMPLOYED

Business Address: LAURENCEVILLE NJ, 08648

Pay rate: \$ 3000.00 () every week () every other week () twice a month () monthly () other: _____
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. Monthly gross salary or wages | 1. \$ <u>3000.00</u> |
| 2. Monthly bonuses, commissions, allowances, overtime, tips, and similar payments | 2. _____ |
| 3. 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) (<input type="checkbox"/> Attach sheet itemizing such income and expenses.) | 3. _____ |
| 4. Monthly disability benefits/SSI | 4. _____ |
| 5. Monthly Workers' Compensation | 5. _____ |
| 6. Monthly Unemployment Compensation | 6. _____ |
| 7. Monthly pension, retirement, or annuity payments | 7. _____ |
| 8. Monthly Social Security benefits | 8. _____ |
| 9. Monthly alimony actually received | 9. _____ |
| 9a. From this case: \$ _____ | |
| 9b. From other case(s): _____ | |
| Add 9a and 9b | 9. _____ |
| 10. Monthly interest and dividends | 10. _____ |
| 11. 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.) | 11. _____ |
| 12. Monthly income from royalties, trusts, or estates | 12. _____ |
| 13. Monthly reimbursed expenses and in-kind payments to the extent that they reduce personal living expenses | 13. _____ |
| 14. Monthly gains derived from dealing in property (not including nonrecurring gains) | 14. _____ |
| 15. Any other income of a recurring nature (list source) _____ | 15. _____ |
| 16. _____ | 16. _____ |
| 17. PRESENT MONTHLY GROSS INCOME (Add lines 1-16) TOTAL: | 17. \$ <u>3000.00</u> |

PRESENT MONTHLY DEDUCTIONS:

18. 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. Monthly FICA or self-employment taxes _____
20. Monthly Medicare payments _____
21. Monthly mandatory union dues _____
22. Monthly mandatory retirement payments _____
23. Monthly health insurance payments (including dental insurance), excluding portion paid for any minor children of this relationship _____
24. Monthly court-ordered child support actually paid for children from another relationship _____
25. Monthly court-ordered alimony actually paid
- 25a. from this case: \$ _____
 - 25b. from other case(s): _____
18. \$ 500.00
19. _____
20. _____
21. _____
22. _____
23. _____
24. _____
25. _____
- Add 25a and 25b
26. **TOTAL DEDUCTIONS ALLOWABLE UNDER SECTION 61.30, FLORIDA STATUTES** (Add lines 18 through 25) **TOTAL:** 26. \$ 500.00
- PRESENT NET MONTHLY INCOME** (Subtract line 26 from line 17) 27. \$ 2500.00

SECTION II. AVERAGE MONTHLY EXPENSES

A. HOUSEHOLD:

- Mortgage or rent \$ _____
- Property taxes \$ _____
- Utilities \$ _____
- Telephone \$ _____
- Food \$ _____
- Meals outside home \$ _____
- Maintenance/Repairs \$ _____
- Other: _____ \$ _____

B. AUTOMOBILE

- Gasoline \$ _____
- Repairs \$ _____
- Insurance \$ _____

C. CHILD(REN)'S EXPENSES

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

D. INSURANCE

- Medical/Dental \$ _____
- Child(ren)'s medical/dental \$ _____
- Life \$ _____
- Other: _____ \$ _____

E. OTHER EXPENSES NOT LISTED ABOVE

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

F. PAYMENTS TO CREDITORS

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

28. **TOTAL MONTHLY EXPENSES** (add ALL monthly amounts in A through F above) 28. \$ 00.00

SUMMARY

29. TOTAL PRESENT MONTHLY NET INCOME

(from line 27 of SECTION I. INCOME)

29. \$ 2,500.00

30. TOTAL MONTHLY EXPENSES (from line 28 above)

30. \$ 0

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.)

31. \$ _____

32. (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.)

32. (\$ _____)

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). DO NOT LIST ACCOUNT NUMBERS. ✓ the box next to any asset(s) which you are requesting the judge award to you. | Current Fair Market Value | Nonmarital (✓ correct column) | |
|---|---------------------------|-------------------------------|------|
| | | husband | wife |
| <input type="checkbox"/> Cash (on hand) | \$ | | |
| <input type="checkbox"/> Cash (in banks or credit unions) | | | |
| <input type="checkbox"/> Stocks, Bonds, Notes | | | |
| <input type="checkbox"/> Real estate: (Home) | | | |
| <input type="checkbox"/> (Other) | | | |
| <input type="checkbox"/> Automobiles | | | |
| <input type="checkbox"/> Other personal property | | | |
| <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"/> | | | |
| ✓ here if additional pages are attached. | | | |
| Total Assets (add next column) | \$ <u>0</u> | | |

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). DO NOT LIST ACCOUNT NUMBERS. <input type="checkbox"/> the box next to any debt(s) for which you believe you should be responsible. | Current Amount Owed | Nonmarital (<input checked="" type="checkbox"/> 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 | | | |
| <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 checked="" type="checkbox"/> here if additional pages are attached. | | | |
| Total Debts (add next column) | \$ <u>0</u> | | |

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 <input checked="" type="checkbox"/> the box next to any contingent asset(s) which you are requesting the judge award to you. | Possible Value | Nonmarital (<input checked="" type="checkbox"/> correct column) | |
|---|----------------|--|------|
| | | husband | wife |
| <input type="checkbox"/> | \$ | | |
| <input type="checkbox"/> | | | |
| Total Contingent Assets | \$ <u>0</u> | | |

| Contingent Liabilities <input checked="" type="checkbox"/> the box next to any contingent debt(s) for which you believe you should be responsible. | Possible Amount Owed | Nonmarital (<input checked="" type="checkbox"/> correct column) | |
|---|----------------------|--|------|
| | | husband | wife |
| <input type="checkbox"/> | \$ | | |
| <input type="checkbox"/> | | | |
| Total Contingent Liabilities | \$ <u>0</u> | | |

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.)

[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 [one only] (mailed (faxed and mailed (hand delivered to the person(s) listed below on {date} _____.

Other party or his/her attorney:

Name: OMAR MATEEN
Address: _____
City, State, Zip: FORT PIERCE, FL 34982
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: 6/2/11

[Signature]
Signature of Party
Printed Name: Sitora Yasuniy
Address: 47 Hawk Rd
City, State, Zip: Lawrence MS
Telephone Number: _____
Fax Number: _____

STATE OF FLORIDA New York
COUNTY OF Queens

Sworn to or affirmed and signed before me on June 2, 2011 by _____

[Signature]
NOTARY PUBLIC or DEPUTY CLERK



Personally known
 Produced identification
Type of identification produced Florida ID card

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 [one only] _____ petitioner or _____ respondent, fill out this form.

IN THE CIRCUIT COURT OF THE NINETEENTH JUDICIAL CIRCUIT
IN AND FOR ST. LUCIE COUNTY, FLORIDA

Omar Mateen

Petitioner,

and

Sitora Yusufiy

Respondent.

CASE NO.

11DK2028

STANDING TEMPORARY DOMESTIC RELATIONS ORDER

THIS MATTER came before the Court upon the filing of a PETITION FOR DISSOLUTION OF MARRIAGE. The Court finds it is in the best interests of the parties to this action and to any minor children of the marriage to issue this Order, it is therefore

ORDERED as follows:

1. **RELOCATION OF CHILDREN.** Neither party shall permanently remove, cause to be removed, or permit the removal of any minor child of the parties from the Nineteenth Judicial Circuit (Indian River, St. Lucie, Martin or Okeechobee counties) without the written agreement of both parents or Court Order.
2. **CHILD SUPPORT.** In most circumstances, child support shall be retroactive to the date the parties separated. The court encourages the non-residential parent to make voluntary payments of child support prior to the entry of an order requiring payment of support. Child support should be in an amount as determined by the Uniform Child Support Guidelines Section 61.30, Florida Statutes.
3. **TREATMENT OF CHILDREN.** Neither party shall take any action which is intended or would reasonably be expected to result in an alienation of affection by a child for the other parent. Both parents shall encourage the child(ren) to foster respect for the other parent and to encourage visitation with the non-residential parent. SEE ATTACHED GUIDELINES FOR PARENTING.
4. **MUTUAL RESTRAINING ORDER.** Both parties are directed to refrain from physical, verbal or any other form of harassment of the other, including but not limited to acts done in person or by telephone, at their residence or at work.
5. **NO SALE, ENCUMBRANCE, TRANSFER OR DAMAGE OF ASSETS.** Neither party shall conceal or damage any property, real or personal, joint or separate. Neither party shall dissipate, sell, remove, assign, transfer, dispose of, lend, mortgage or encumber any property, real or personal, joint or separate, except in the ordinary course of business or for the necessities of life.
6. **NO CONCEALMENT OR DESTRUCTION OF FAMILY RECORDS.** Neither party shall directly or indirectly conceal from the other or destroy any family records, business records or any records of income, debt or other obligations.
7. **INSURANCE POLICIES.** Any insurance policies in effect at the time the Petition for Dissolution of Marriage was filed shall not be canceled, modified, borrowed against, pledged or otherwise encumbered by either of the parties, or at the direction of either party. All life insurance, annuities, home owners, health insurance, and motor vehicle policies shall remain the same without change of their terms. All premiums shall continue to be paid in full on a timely basis unless there is a written consent by both parties or an order of this court.
8. **ADDITIONAL DEBT.** Neither party shall incur additional debt that would have any effect on the other spouse, marital assets or non-marital assets, except by the written consent of the parties or order of this court. This shall include action by either the husband or wife resulting in a decreased ability to pay, or increased need for support or family expenses.
9. **APPLICATION OF THIS ORDER.** This order shall bind the petitioner upon the filing of this action and shall become binding on the respondent upon service of the summons and complaint along with a copy of this order attached.
10. **TERM OF THIS ORDER.** This order shall become effective against the Petitioner upon filing of the petition and upon all other parties upon service and shall remain in full force and effect for a period of sixty (60) days from service of the petition (with a copy of this order attached) or until further Order of the Court or entry of Final Judgment, whichever shall first occur.

DONE AND ORDERED in Fort Pierce, St. Lucie County, Florida, on January 3, 2011.



BARBARA W. BRONIS, Circuit Judge

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

Case No.: 1 DR 2018

Division: _____

OMAR MIR SEDDIQUE MATEEN

Petitioner,

and

SITORA ALISHER ZODA YUSUFY

Respondent.

CLERK OF CIRCUIT COURT
11 JUN 21 PM 12:57

**MARITAL SETTLEMENT AGREEMENT FOR DISSOLUTION OF MARRIAGE
WITH PROPERTY BUT NO DEPENDENT OR MINOR CHILD(REN)**

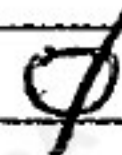
We, {Husband's full legal name} OMAR MIR SEDDIQUE MATEEN
and {Wife's full legal name} SITORA ALISHER ZODA YUSUFY
being sworn, certify that the following statements are true:

1. We were married to each other on {date} 04/16/09.
2. Because of irreconcilable differences in our marriage (no chance of staying together), we have made this agreement to settle once and for all what we owe to each other and what we can expect to receive from each other. Each of us states that nothing has been held back, that we have honestly included everything we could think of in listing our assets (everything we own and that is owed to us) and our debts (everything we owe), and that we believe the other has been open and honest in writing this agreement.
3. We have both filed a Family Law Financial Affidavit, Florida Family Law Rules of Procedure Form 12.902(b) or (c). Because we have voluntarily made full and fair disclosure to each other of all our assets and debts, we waive any further disclosure under rule 12.285, Florida Family Law Rules of Procedure.
4. Each of us agrees to execute and exchange any papers that might be needed to complete this agreement, including deeds, title certificates, etc.

SECTION I. MARITAL ASSETS AND LIABILITIES

- A. Division of Assets.** We divide our assets (everything we own and that is owed to us) as follows:
Any personal item(s) not listed below is the property of the party currently in possession of the item(s).

1. Wife shall receive as her own, and Husband shall have no further rights or responsibilities regarding these assets:

| ASSETS: DESCRIPTION OF ITEM(S) WIFE SHALL RECEIVE (To avoid confusion at a later date, describe each item as clearly as possible. You do not need to list account numbers. Where applicable, include whether the name on any title/deed/account described below is wife's, husband's, or both.) | Current Fair Market Value |
|---|---|
| <input type="checkbox"/> Cash (on hand) | \$ |
| <input type="checkbox"/> Cash (in banks/credit unions) | |
| <input type="checkbox"/> | |
| <input type="checkbox"/> Stocks/Bonds | |
| <input type="checkbox"/> | |
| <input type="checkbox"/> Notes (money owed to you in writing) | |
| <input type="checkbox"/> | |
| <input type="checkbox"/> Money owed to you (not evidenced by a note) | |
| <input type="checkbox"/> | |
| <input type="checkbox"/> Real estate: (Home) | |
| <input type="checkbox"/> (Other) | |
| <input type="checkbox"/> | |
| <input type="checkbox"/> Business interests | |
| <input type="checkbox"/> | |
| <input type="checkbox"/> Automobiles | |
| <input type="checkbox"/> | |
| <input type="checkbox"/> | |
| <input type="checkbox"/> Boats | |
| <input type="checkbox"/> Other vehicles | |
| <input type="checkbox"/> | |
| <input type="checkbox"/> Retirement plans (Profit Sharing, Pension, IRA, 401(k)s, etc.) | |
| <input type="checkbox"/> | |
| <input type="checkbox"/> | |
| <input type="checkbox"/> Furniture & furnishings in home | |
| <input type="checkbox"/> | |
| <input type="checkbox"/> Furniture & furnishings elsewhere | |
| <input type="checkbox"/> | |
| <input type="checkbox"/> Collectibles | |
| <input type="checkbox"/> | |
| <input type="checkbox"/> Jewelry | |
| <input type="checkbox"/> | |
| <input type="checkbox"/> Life insurance (cash surrender value) | |
| <input type="checkbox"/> | |
| <input type="checkbox"/> Sporting and entertainment (T.V., stereo, etc.) equipment | |
| <input type="checkbox"/> | |
| <input type="checkbox"/> Other assets | |
| <input type="checkbox"/> |  |

2. Husband shall receive as his own and Wife shall have no further rights or responsibilities regarding these assets:

| ASSETS: DESCRIPTION OF ITEM(S) HUSBAND SHALL RECEIVE (To avoid confusion at a later date, describe each item as clearly as possible. You do not need to list account numbers. Where applicable, include whether the name on any title/deed/account described below is wife's, husband's or both.) | Current Fair Market Value |
|--|---------------------------|
| <input type="checkbox"/> Cash (on hand) | \$ |
| <input type="checkbox"/> Cash (in banks/credit unions) | |
| <input type="checkbox"/> | |
| <input type="checkbox"/> Stocks/Bonds | |
| <input type="checkbox"/> | |
| <input type="checkbox"/> Notes (money owed to you in writing) | |
| <input type="checkbox"/> | |
| <input type="checkbox"/> Money owed to you (not evidenced by a note) | |
| <input type="checkbox"/> | |
| <input type="checkbox"/> Real estate: (Home) | |
| <input type="checkbox"/> (Other) | |
| <input type="checkbox"/> | |
| <input type="checkbox"/> Business interests | |
| <input type="checkbox"/> | |
| <input type="checkbox"/> Automobiles | |
| <input type="checkbox"/> | |
| <input type="checkbox"/> | |
| <input type="checkbox"/> Boats | |
| <input type="checkbox"/> Other vehicles | |
| <input type="checkbox"/> | |
| <input type="checkbox"/> Retirement plans (Profit Sharing, Pension, IRA, 401(k)s, etc.) | |
| <input type="checkbox"/> | |
| <input type="checkbox"/> | |
| <input type="checkbox"/> Furniture & furnishings in home | |
| <input type="checkbox"/> | |
| <input type="checkbox"/> Furniture & furnishings elsewhere | |
| <input type="checkbox"/> | |
| <input type="checkbox"/> Collectibles | |
| <input type="checkbox"/> | |
| <input type="checkbox"/> Jewelry | |
| <input type="checkbox"/> | |
| <input type="checkbox"/> Life insurance (cash surrender value) | |
| <input type="checkbox"/> | |
| <input type="checkbox"/> Sporting and entertainment (T.V., stereo, etc.) equipment | |
| <input type="checkbox"/> | |
| <input type="checkbox"/> Other assets | ϕ |

Division of Liabilities/Debts. We divide our liabilities (everything we owe) as follows:

1. Wife shall pay as her own the following and will not at any time ask Husband to pay these debts/bills:

| LIABILITIES: DESCRIPTION OF DEBT(S) TO BE PAID BY WIFE (To avoid confusion at a later date, describe each item as clearly as possible. You do not need to list account numbers. Where applicable, include whether the name on any mortgage, note, or account described below is wife's, husband's, or both.) | Monthly Payment | Current Amount Owed |
|--|------------------------|----------------------------|
| <input type="checkbox"/> Mortgages on real estate: (Home) | \$ | \$ |
| <input type="checkbox"/> (Other) | | |
| <input type="checkbox"/> Charge/credit card accounts | | |
| <input type="checkbox"/> | | |
| <input type="checkbox"/> | | |
| <input type="checkbox"/> | | |
| <input type="checkbox"/> | | |
| <input type="checkbox"/> | | |
| <input type="checkbox"/> Auto loan | | |
| <input type="checkbox"/> Auto loan | | |
| <input type="checkbox"/> Bank/credit union loans | | |
| <input type="checkbox"/> | | |
| <input type="checkbox"/> | | |
| <input type="checkbox"/> | | |
| <input type="checkbox"/> Money you owe (not evidenced by a note) | | |
| <input type="checkbox"/> | | |
| <input type="checkbox"/> Judgments | | |
| <input type="checkbox"/> | | |
| <input type="checkbox"/> Other | | |
| <input type="checkbox"/> | | |
| <input type="checkbox"/> | | |
| <input type="checkbox"/> | | |
| <input type="checkbox"/> | | |
| <input type="checkbox"/> | | |
| <input type="checkbox"/> | | |
| Total Debts to Be Paid by Wife | \$ <u> ϕ </u> | \$ <u> ϕ </u> |

2. Husband shall pay as his own the following and will not at any time ask Wife to pay these debts/bills:

| LIABILITIES: DESCRIPTION OF DEBT(S) TO BE PAID BY HUSBAND (To avoid confusion at a later date, describe each item as clearly as possible. You do not need to list account numbers. Where applicable, include whether the name on any mortgage, note or account described below is wife's, husband's, or both.) | Monthly Payment | Current Amount Owed |
|--|------------------------|----------------------------|
| <input type="checkbox"/> Mortgages on real estate: (Home) | \$ | \$ |
| <input type="checkbox"/> (Other) | | |
| <input type="checkbox"/> | | |
| <input type="checkbox"/> Charge/credit card accounts | | |
| <input type="checkbox"/> | | |
| <input type="checkbox"/> | | |
| <input type="checkbox"/> | | |
| <input type="checkbox"/> | | |
| <input type="checkbox"/> Auto loan | | |
| <input type="checkbox"/> Auto loan | | |
| <input type="checkbox"/> Bank/credit union loans | | |
| <input type="checkbox"/> | | |
| <input type="checkbox"/> | | |
| <input type="checkbox"/> | | |
| <input type="checkbox"/> Money you owe (not evidenced by a note) | | |
| <input type="checkbox"/> | | |
| <input type="checkbox"/> Judgments | | |
| <input type="checkbox"/> | | |
| <input type="checkbox"/> Other | | |
| <input type="checkbox"/> | | |
| <input type="checkbox"/> | | |
| <input type="checkbox"/> | | |
| <input type="checkbox"/> | | |
| Total Debts to Be Paid by Husband | \$ 0 | \$ 0 |

C. Contingent Assets and Liabilities (listed in Section III of our Family Law Financial Affidavits) will be divided as follows: _____

SECTION II. SPOUSAL SUPPORT (ALIMONY) (if you have not agreed on this matter, write An/a@ on the lines provided.)

[one only]



1. Each of us forever gives up any right to spousal support (alimony) that we may have.

2. () HUSBAND () WIFE agrees to pay spousal support (alimony) in the amount of \$ _____ every () week () other week () month, beginning {date} _____ and continuing until {date or event} _____

Explain type of alimony (temporary, permanent, rehabilitative, and/or lump sum) and any other specifics: _____

[if applies] () Life insurance in the amount of \$ _____ to secure the above support, will be provided by the obligor.

SECTION III. OTHER

SECTION IV. We have not agreed on the following issues:

I certify that I have been open and honest in entering into this settlement agreement. I am satisfied with this agreement and intend to be bound by it.

Dated: 5/19/11

[Signature]
Signature of Husband
Printed Name: OMAR MATEEN
Address: [REDACTED]
City, State, Zip: FORT PIERCE, FL 34982
Telephone Number: _____
Fax Number: _____

STATE OF FLORIDA
COUNTY OF St. Lucie

Sworn to or affirmed and signed before me on 5/19/11 by Omar Mateen

[Signature]
NOTARY PUBLIC or DEPUTY CLERK

Personally known
 Produced identification
Type of identification produced FL DL



I certify that I have been open and honest in entering into this settlement agreement. I am satisfied with this agreement and intend to be bound by it.

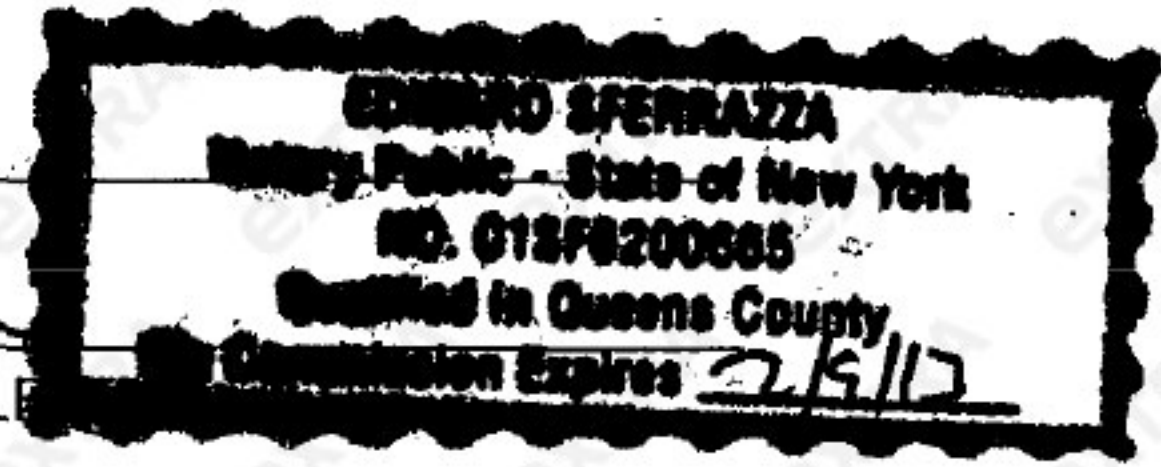
Dated: 6/2/2011

[Signature]
Signature of Wife
Printed Name: Sitora Agusefy
Address: _____
City, State, Zip: _____
Telephone Number: _____
Fax Number: _____

STATE OF ~~FLORIDA~~ NEW YORK
COUNTY OF Queens

Sworn to or affirmed and signed before me on June 2, 2011 by _____

[Signature]
NOTARY PUBLIC or DEPUTY CLERK



Personally known
 Produced identification
Type of identification produced Florida Driver license

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 {Wife's name} _____
who is the [one only] _____ petitioner or _____ respondent, fill out this form.