	Case No.:	11 X dos
Z. 63.) Division:	12,000
OMAR	MR SEDDIQUE, MATEEN	et et o
	Petitioner,	
and		
STIDRA	ALISHERZODA YUSUFIM	
P.P.	Respondent.	
	FAMILY LAW FINANCIAL AFFIDAVIT (SHORT FOI	
	(Under \$50,000 Individual Gross Annual Incom	lel Q=
	legal name & OMAR MIR SEOPIOUE MATERN being sworn,	S S
information is		certify that the following
	on: SECURITY Employed by:	and the same of th
Business Addr	PSS.	SUPITER F4 334
	(200.00 () every week () every other week () twice a mo	
	if unemployed and explain on a separate sheet your efforts t	
SECTION I DD	ESENT MONTHLY GROSS INCOME:	
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	ust be MONTHLY. See the instructions with this form to figure out	
that is NOT paid	d monthly. Attach more paper, if needed. Items included under "o	ther" should be listed separately
with separate of	iollar amounts.	
1 Monthly gr	ross salary or wages	1. \$ 1600.00
	onuses, commissions, allowances, overtime, tips, and similar payme	
-	usiness income from sources such as self-employment, partnersl	
	orations, and/or independent contracts (gross receipts minus ordi	
	sary expenses required to produce income) (Attach sheet item	
	ne and expenses.)	OF OF
	isability benefits/SSI	4.
ii iiioiiiij ai	orkers' Compensation	
5. Monthly W	a.vele aaviepattaaria.	5.
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PRESENT MONTHLY DEDUC	TIONS		
18 Monthly federal state a	ad local income tax (cor	rected for filing status and 18. \$	20.08
allowable dependents and	income tax liabilities)	rected for filling status and 16. 5	A
a. Filing Status SIN	어난 경에 대통령에 HELE 2018년 전에 대한 전 전 전 전 전 전 전 전 전 전 전 전 전 전 전 전 전 전		
b. Number of depend			
		10	0
19. Monthly FICA or self-emplo		19. —	8
20. Monthly Medicare paymer		20	2
21. Monthly mandatory union		21.	
22. Monthly mandatory retires		22	<u> </u>
23. Monthly health insurance			50.60
portion paid for any minor			0
 Monthly court-ordered ch 	ilio support actually paid	for children from another 24.	The Kin
relationship 25. Monthly court-ordered alia	nony actually paid:	Add 25a and 25b 25.	0
25a. from thi		Add 258 dild 256 25	
25a. from ot			
230. 11011100	iei case(s).		
26. TOTAL DEDUCTIONS AL	OWARIE UNDER SECTI	ON 61.30.	
FLORIDA STATUTES (Add		TOTAL: 26. \$	0.00
The state of the s			
27. PRESENT NET MONTHLY	INCOME (Subtract line-2	6 from line 17) 27.\$	
	THE STATE OF		
SECTION II AVERAGE MONT	HLY EXPENSES		
A. HOUSEHOLD:		E. OTHER EXPENSES NOT LISTED	ABOVE
Mortgage or rent	\$ V SEE	Clothing	\$
Property taxes	\$	Medical/Dental (uninsured)	\$
Utilities	\$ 60.00	Grooming	\$
Telephone	\$ 50.00	Entertainment	\$
Food Meals outside home	\$ 250.00	Gifts	Ş
Meals official nome	\$ 50.00	Religious organizations	<u> </u>
		Missallananus	ė .
Maintenance/Repairs	3	Miscellaneous	\$
	\$	Miscellaneous Other:	\$ \$ \$
Maintenance/Repairs Other:	\$		\$\$ \$\$ \$
Maintenance/Repairs Other: B. AUTOMOBILE	\$ 200.00		\$ \$ \$ \$ \$
Maintenance/Repairs Other: B. AUTOMOBILE Gasoline	\$ 200.00 \$ 100.00		\$ \$ \$ \$ \$
Maintenance/Repairs Other: B. AUTOMOBILE Gasoline Repairs	\$ 100.00		\$
Maintenance/Repairs Other: B. AUTOMOBILE Gasoline			\$
Maintenance/Repairs Other: B. AUTOMOBILE Gasoline Repairs Insurance	\$ 100.00		\$
Maintenance/Repairs Other: B. AUTOMOBILE Gasoline Repairs Insurance C. CHILD(REN)'S EXPENSES	\$ 100.00		\$ \$ \$ \$ \$ \$ \$
Maintenance/Repairs Other: B. AUTOMOBILE Gasoline Repairs Insurance C. CHILD(REN)'S EXPENSES Day care	\$ 100.00	Other:	\$
Maintenance/Repairs Other: B. AUTOMOBILE Gasoline Repairs Insurance C. CHILD(REN)'S EXPENSES Day care Lunch money	\$ 100.00	Other:	\$\$\$\$\$\$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$
Maintenance/Repairs Other: B. AUTOMOBILE Gasoline Repairs Insurance C. CHILD(REN)'S EXPENSES Day care Lunch money Clothing	\$ 100.00	F. PAYMENTS TO CREDITORS	\$\$
Maintenance/Repairs Other: B. AUTOMOBILE Gasoline Repairs Insurance C. CHILD(REN)'S EXPENSES Day care Lunch money Clothing Grooming	\$ 100.00	F. PAYMENTS TO CREDITORS	\$\$
Maintenance/Repairs Other: B. AUTOMOBILE Gasoline Repairs Insurance C. CHILD(REN)'S EXPENSES Day care Lunch money Clothing Grooming Gifts for holidays	\$ 100.00 \$ 120.00 \$ \$ \$ \$	F. PAYMENTS TO CREDITORS	\$
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)	\$ 100.00 \$ 120.00 \$ \$ \$ \$	F. PAYMENTS TO CREDITORS	\$
Maintenance/Repairs Other: B. AUTOMOBILE Gasoline Repairs Insurance C. CHILD(REN)'S EXPENSES Day care Lunch money Clothing Grooming Gifts for holidays	\$ 100.00 \$ 120.00 \$ \$ \$ \$	F. PAYMENTS TO CREDITORS	\$
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:	\$ 100.00 \$ 120.00 \$ \$ \$ \$	F. PAYMENTS TO CREDITORS	\$
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	\$ 100.00 \$ 120.00 \$ \$ \$ \$ \$ \$ \$	F. PAYMENTS TO CREDITORS	\$
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	\$ 100.00 \$ 120.00 \$ \$ \$ \$	F. PAYMENTS TO CREDITORS	\$
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	\$ 100.00 \$ 120.00 \$ \$ \$ \$ \$ \$ \$	F. PAYMENTS TO CREDITORS	\$

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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. 31. \$	620.00
This is the amount of your surplus. Enter that amount here.)		
32. (DEFICIT) (If line 30 is more than line 29, subtract line 29 from line	30. 32. (\$	مر <u>تےمیہ</u>
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).	Current Fair	Nonmarital (v correct column)	
DO NOT LIST ACCOUNT NUMBERS. √ the box next to any asset(s) which you are requesting the judge award to you.	Market Value	husband	wife
□Cash (on hand)	\$	er	er
Cash (in banks or credit unions)	9. 9.	-0-	- 0
☐ Stocks, Bonds, Notes		The	
□Real estate: (Home)		0	V
(Other)	Ro. Ro	20	
☐ Automobiles	at.	to.	4
☐ Other personal property			
☐ Retirement plans (Profit Sharing, Pension, IRA, 401(k)s, etc.)	5 75 T	Agr	167
☐ Other	0	et	ot
	0 0		
	S. Wer	Gle.	V.
	O,	(C)	e,
	20 20	20	
		40,	ti,
			~
	28 ,08	, Q.P.	المور
Total Assets	\$ _ ()	of	

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. If the box next to any debt(s) for which you believe you should	Owed	Nonmarital (v correct column)		
be responsible.		husband	wife	
☐ Mortgages on real estate: First mortgage on home	\$	20	Jak-	
☐ Second mortgage on home		0	at ?	
☐ Other mortgages				
	Van Van	"LES.	" (Lan	
☐ Auto loans	Ø 7	Ø .	S.	
	20 2		40	
☐ Charge/credit card accounts		471	400	
		20.	QP.	
		at.	at.	
□ Other				
			467	
	e e	O)**	er	
	0 0	-0-	-0-	
	700	77/2	450	
Total Debts	s Ø		6.	
C. CONTINGENT ASSETS AND LIABILITIES: INSTRUCTIONS: If you have any POSSIBLE assets (income potential, accrued vacation POSSIBLE liabilities (possible lawsuits, future unpaid taxes, contingent tax liabilities, of them here. Contingent Assets V the box next to any contingent asset(s) which you are requesting the judge award to you.		nother), yo		
	\$	08	or	
Total Contingent Assets	\$ 9			
Contingent Liabilities	Possible Amount		narital t column)	
√ the box next to any contingent debt(s) for which you believe you should be responsible.	Owed	husband	wife	
	\$			
	62 162	100	1462	
Total Contingent Liabilities	\$ 0	Ø T	0	

(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.) [v 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: STIORA 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. Signature of Party Printed Name: OMAR MAISEN Address: City, State, Zip: FORT PIERCE, FL 34982 Telephone Number: Fax Number: COUNTY OF St. Wice Sworn to or affirmed and signed before me on 5 19 11 by OMar Mateen NOTARY PUBLIC or DEPUTY CLERK [Print, types or stamp dommissioned name of nothry or deputy clest. Notary Public, State of Florida Personally known Commission# DD973431 My comm. expires Mar. 22, 2014 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] 1, {full legal name and trade name of nonlawyer}______ {state} _____, {phone} _____, helped {name} ____

SECTION IV. CHILD SUPPORT GUIDELINES WORKSHEET

who is the [v one only] ___ petitioner or ___ respondent, fill out this form.

IN THE CIRCUIT COURT OF THE	UDICIAL CIRCUIT,
IN AND FORCOUNTY J	
to or or or of 1	$\sim 10^{\circ}$
Case No.:	$)$ K $($ $\mathcal{X}(Z)$
Division:	
MAR MIR SEDDIQUE MATERN,	
Petitioner,	
and	
the same of the sa	30 ~
ITORA ALISHERZODA YUFUFIY	
Respondent.	
	o-< ∪
FAMILY LAW FINANCIAL AFFIDAVIT (SHORT FO	ORM) \Sigma
(Under \$50,000 Individual Gross Annual Income)	
TITADA VICENTY	167 167 167 167 167 167 1
	nat the following information
true:	
y Occupation: REAL ESTATE Employed by: SELF EMPLOYED	
isiness Address: _ VANRENCEVILLE NJ, D8648	TO. TO. TO.
y rate: \$ 3000.00 () every week () every other week () twice a month (1	monthly () other:
Check here if unemployed and explain on a separate sheet your efforts to find employ	
ECTION I. PRESENT MONTHLY GROSS INCOME: I amounts must be MONTHLY. See the instructions with this form to figure out money amountably. Attach more paper, if needed. Items included under "other" should be listed separately.	
	rately with separate dollar
amounts must be MONTHLY. See the instructions with this form to figure out money amount id monthly. Attach more paper, if needed. Items included under "other" should be listed separation. Monthly gross salary or wages	
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amounts must be MONTHLY. See the instructions with this form to figure out money amount in monthly. Attach more paper, if needed. Items included under "other" should be listed separation. Monthly gross salary or wages Monthly bonuses, commissions, allowances, overtime, tips, and similar payments 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.) Monthly disability benefits/SSI Monthly Workers' Compensation Monthly Unemployment Compensation Monthly pension, retirement, or annuity payments Monthly alimony actually received 9a. From this case: \$ 9b. From other case(s): Add 9a and 9b Monthly interest and dividends Monthly rental income (gross receipts minus ordinary and necessary expenses required to produce income) (□ Attach sheet itemizing such income and expense items.) Monthly income from royalties, trusts, or estates Monthly reimbursed expenses and in-kind payments to the extent that they	1. \$ 3000.00 2 3 4 5 6 7 8
amounts must be MONTHLY. See the instructions with this form to figure out money amount distribution. Monthly Attach more paper, if needed. Items included under "other" should be listed separation. Monthly gross salary or wages Monthly bonuses, commissions, allowances, overtime, tips, and similar payments 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.) Monthly disability benefits/SSI Monthly Workers' Compensation Monthly Unemployment Compensation Monthly Unemployment Compensation Monthly social Security benefits Monthly alimony actually received 9a. From this case: \$ 9b. From other case(s): Add 9a and 9b Monthly interest and dividends Monthly rental income (gross receipts minus ordinary and necessary expenses required to produce income) (□ Attach sheet itemizing such income and expense items.) Monthly income from royalties, trusts, or estates Monthly reimbursed expenses and in-kind payments to the extent that they reduce personal living expenses	1. \$_300.00 2 3 4 5 6 7 8 9 10 11 12
A amounts must be MONTHLY. See the instructions with this form to figure out money amounted monthly. Attach more paper, if needed. Items included under "other" should be listed separations. Monthly gross salary or wages Monthly bonuses, commissions, allowances, overtime, tips, and similar payments 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.) Monthly disability benefits/SSI Monthly Unemployment Compensation Monthly Unemployment Compensation Monthly social Security benefits Monthly alimony actually received 9a. From this case: 9b. From other case(s): Add 9a and 9b Monthly interest and dividends Monthly rental income (gross receipts minus ordinary and necessary expenses required to produce income) (Attach sheet itemizing such income and expense items.) Monthly income from royalties, trusts, or estates Monthly reimbursed expenses and in-kind payments to the extent that they reduce personal living expenses Monthly gains derived from dealing in property (not including nonrecurring	1. \$_300.00 2 3 4 5 6 7 8 9 10 11
demonths must be MONTHLY. See the instructions with this form to figure out money and id monthly. Attach more paper, if needed. Items included under "other" should be listed separations. Monthly gross salary or wages Monthly bonuses, commissions, allowances, overtime, tips, and similar payments 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.) Monthly disability benefits/SSI Monthly Unemployment Compensation Monthly Unemployment Compensation Monthly Social Security benefits Monthly alimony actually received 9a. From this case: 9b. From other case(s): Add 9a and 9b Monthly interest and dividends Monthly rental income (gross receipts minus ordinary and necessary expenses required to produce income) (Attach sheet itemizing such income and expense items.) Monthly income from royalties, trusts, or estates Monthly reimbursed expenses and in-kind payments to the extent that they reduce personal living expenses Monthly gains derived from dealing in property (not including nonrecurring gains)	1. \$_300.00 2 3 4 5 6 7 8 9 10 11 12
demounts must be MONTHLY. See the instructions with this form to figure out money amond monthly. Attach more paper, if needed. Items included under "other" should be listed separation. Monthly gross salary or wages Monthly bonuses, commissions, allowances, overtime, tips, and similar payments 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.) Monthly disability benefits/SSI Monthly Workers' Compensation Monthly Unemployment Compensation Monthly Pension, retirement, or annuity payments Monthly Social Security benefits Monthly alimony actually received 9a. From this case: 9b. From other case(s): Add 9a and 9b Monthly interest and dividends Monthly rental income (gross receipts minus ordinary and necessary expenses required to produce income) (Attach sheet itemizing such income and expense items.) Monthly income from royalties, trusts, or estates Monthly reimbursed expenses and in-kind payments to the extent that they reduce personal living expenses Monthly gains derived from dealing in property (not including nonrecurring gains) Any other income of a recurring nature (list source)	1. \$_300.00 2 3 4 5 6 7 8 9 10 11 12 13
demonths must be MONTHLY. See the instructions with this form to figure out money and id monthly. Attach more paper, if needed. Items included under "other" should be listed separations. Monthly gross salary or wages Monthly bonuses, commissions, allowances, overtime, tips, and similar payments 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.) Monthly disability benefits/SSI Monthly Unemployment Compensation Monthly Unemployment Compensation Monthly Social Security benefits Monthly alimony actually received 9a. From this case: 9b. From other case(s): Add 9a and 9b Monthly interest and dividends Monthly rental income (gross receipts minus ordinary and necessary expenses required to produce income) (Attach sheet itemizing such income and expense items.) Monthly income from royalties, trusts, or estates Monthly reimbursed expenses and in-kind payments to the extent that they reduce personal living expenses Monthly gains derived from dealing in property (not including nonrecurring gains)	1. \$_300.00 2 3 4 5 6 7 8 9 10 11 12 13 14

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DDECENT MONTHLY DEDUCTIONS.		
PRESENT MONTHLY DEDUCTIONS:	w (compated for films states and	
18. Monthly federal, state, and local income to		
allowable dependents and income tax liabilitie	(S)	
a. Filing Status		10 6 500.00
b. Number of dependents claimed	To To To	18. \$ 500.00
19. Monthly FICA or self-employment taxes		19
20. Monthly Medicare payments		20
 Monthly mandatory union dues Monthly mandatory retirement payments 		22.
23. Monthly health insurance payments (included)	dina dental insurance) evoludina	
portion paid for any minor children of this rela		23
24. Monthly court-ordered child support actual	•	<i>LJ</i>
relationship	y para for officeron from unother	24.
25. Monthly court-ordered alimony actually paid		TO TO TO
25a. from this case: \$		
25b. from other case(s):	Add 25a and 25b	25.
	762 762 762	V62 V67
26. TOTAL DEDUCTIONS ALLOWABLE U	NDER SECTION 61.30,	at at
FLORIDA STATUTES (Add lines 18 through	th 25) TOTAL:	26. \$ 4500.00 27. \$ 2506.00
0- 0- 0- 0- 1	-4 I'm - 200 Comma I'm - 157)	7.500.00
PRESENT NET MONTHLY INCOME (Subtra	ct line 26 from line 17)	27.3
CECTION II AVEDACE MONTHI V EVDEN	CEC	
SECTION II. AVERAGE MONTHLY EXPEN		C NOT LICTED A DOVE
A. HOUSEHOLD:		ES NOT LISTED ABOVE
Mortgage or rent \$	Clothing Medical/Dental (univ	Ф 2
Property taxes \$ Utilities \$	Medical/Dental (unit	nsureu) \$
Telephone \$	Entertainment	•
Food \$	Gifts	e
Meals outside home \$	Religious organization	ons \$
Maintenance/Repairs \$	Miscellaneous	\$
Other:	Other:	\$
		\$ 45 45
B. AUTOMOBILE	0, 0, 0	\$
Gasoline \$		\$
Repairs \$		\$
Insurance \$	_ot ot	<u> </u>
		\$
C. CHILD(REN)'S EXPENSES		
Day care \$	F. PAYMENTS TO C	
Lunch money \$		MONTHLY
Clothing \$	CREDITOR:	PAYMENT
Grooming \$	- 6 - 6 - 6 - 6 - 6 - 6 - 6 - 6 - 6 - 6	<u>\$</u>
Gifts for holidays \$		<u> </u>
Medical/Dental (uninsured) \$		
Other: \$		
D. INICIID LAVOR		
D. INSURANCE	er er	3
Medical/Dental \$		• • • • • • • • • • • • • • • • • • •
Child(ren)'s medical/dental \$		2
Life \$	- 10, 10, 10, 10, 10, 10, 10, 10, 10, 10,	2
Other: \$		_

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Florida Family Law Rules of Procedure Form 12.902(b), Family Law Financial Affidavit (Short Form) (09/06)

A through F above)

SUMMARY

29.	TOTAL PRESENT MONTHLY NET INCOME	The same	2500	2.00
	(from line 27 of SECTION I. INCOME)	29. \$_	250	.00
30.	TOTAL MONTHLY EXPENSES (from line 28 above)	30. \$_	Ø	
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. \$_	05	0
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).	Current Fair	Nonmarital (√ correct column)	
DO NOT LIST ACCOUNT NUMBERS. √ the box next to any asset(s) which you are requesting the judge award to you.	Market Value	husband	wife
□ Cash (on hand)	\$	40	40
□ Cash (in banks or credit unions)			<u> </u>
□ Stocks, Bonds, Notes	ar ar	_Q\$	
□ Real estate: (Home)	at'	of	at "
□ (Other)			
□ Automobiles	Gr. Yer.	467	
□ Other personal property	0	0	0
□ Retirement plans (Profit Sharing, Pension, IRA, 401(k)s, etc.)			
□ Other		No.	
	O,	e,	6)
	90 90	90	
		400	
	<u> </u>		W.
	Ro Ro	20	
		40	30
√ here if additional pages are attached.			
Total Assets (add next column)	s Ø	P.O.	-0

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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	Current Amount Owed	Nonmarital (√ correct column)	
you should be responsible.	PL MED	husband	wife
□ Mortgages on real estate: First mortgage on home	\$	@F	O.
□ Second mortgage on home	40 40	20	
□ Other mortgages		40	4
			0
□ Auto loans	La La	6	
	4		at
□ Charge/credit card accounts			
	Q ^V	167	
	· o	et .	0
Other	le le	1/2	6
	O.	er	6,
	90 90	20	-
		401	4
□ √ here if additional pages are attached.			
Total Debts (add next column)	s Ø		

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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 (√ correct column)		
√ the box next to any contingent asset(s) which you are requesting the judge award to you.	E. 95.	husband	wife	
	\$			
	46. VG	44		
Total Contingent Assets	s Ø	er	et	

Contingent Liabilities	Possible Amount	Nonmarital (√ correct column)	
√ the box next to any contingent debt(s) for which you believe you should be responsible.		husband	wife
	\$	آي. `	
	et et	et"	et.
Total Contingent Liabilities	\$ 78	2 3 3	

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 [\(\sqrt{one} \) one only] (\(\sqrt{onit} \) mailed () faxed and mailed () hand delivered to the person(s) listed below on {date} Other party or his/her attorney: Name: OMAR MATECH Address: City, State, Zip: FORT PICRCE, FL 34882 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. Signature of Party usuay Printed Name: Hawk Ka Address: City, State, Zip: Lav Cuc Telephone Number: ____ Fax Number: COUNTY OF _______ Sworn to or affirmed and signed before me on June 2,211 NOTARY PUBLIC or DEPUTY CLERK [Print, ty], or stamped the strength are or not or deputy elerk. Petery Public - State of New York Personally known Produced identification Type of identification produced Plant Tocal Commission Expires 29 IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS

_____, {city} __

who is the [$\sqrt{}$ one only] ___ petitioner or ___ respondent, fill out this form.

BELOW: [fill in all blanks]

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

a nonlawyer, located at {street} ________, {state} _______, helped {name} ______, helped {name} _______,

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

Omar Maten,

Petitioner,

and Stora Vusufiy

Respondent.

CASE NO. 110Radae

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(rem 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.
- 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 NI		20, 20,
IN AND FOR	COUNTY, FLORIDA	1) x >0
	Case No.:	EXVIO
Top Top Top Top Top	Division:	20 G1
OMAR MIR SEPPLONE MATEEN		
Petitioner,		
The The The The The	. The The The	500 -
and and		38
SITORA ALISHER ZODA, YUSVFIY		SE SE
Respondent.		57 Sun
	/	

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

We, {Husband's full legal name}	MAR MIR SEDD	1005 MATESN	30
and {Wife's full legal name} SITOCA	ALISHERZODA	YUSUFIY	
being sworn, certify that the following state.			
	of all		

- 1. We were married to each other on {date} 04 1609
- 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). 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
Cash (on hand)	\$
□Cash (in banks/credit unions)	er er
□Stocks/Bonds	The The
□Notes (money owed to you in writing)	
	160 160
☐Money owed to you (not evidenced by a note)	of of
Timoney owed to you that evidenced by a note;	
□Real estate: (Home)	A
(Other)	et et
□ Business interests	
□ □Automobiles	_00
	300
	0
	-DD
□ Boats	
□Other vehicles	2 - CT
	AP AP
Retirement plans (Profit Sharing, Pension, IRA, 401(k)s, etc.)	
	05 05
□Furniture & furnishings in home	45 45
☐ Furniture & furnishings elsewhere	- P
□Collectibles	
	160
□Jewelry	40.
Life insurance (cash surrender value)	Pop Pop
Sporting and entertainment (T.V., stereo, etc.) equipment	
Other assets	J 101

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

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.)	Market Value
□Cash (on hand)	\$
Cash (in banks/credit unions)	16 16 16 12 16 12 16 12 16 15 16 16 16 16 16 16 16 16 16 16 16 16 16
	et et
☐Stocks/Bonds	0 0
	The The
□Notes (money owed to you in writing)	
Money owed to you (not evidenced by a note)	40, 40,
□Real estate: (Home)	19 P
□ (Other)	et et
	0 0
☐Business interests	The The
	6, 6,
☐ Automobiles	20 20
	4. 4.
□Boats	162
□Other vehicles	er er
	0 0
Retirement plans (Profit Sharing, Pension, IRA, 401(k)s, etc.)	The The
	8' 8'
To to to to to to to	Las Las
☐ Furniture & furnishings in home	
□Furniture & furnishings elsewhere	18 18 18 18 18 18 18 18 18 18 18 18 18 1
	et et
□Collectibles	
	Van Van
□Jewelry	6, 6,
□Life insurance (cash surrender value)	4"
□Sporting and entertainment (T.V., stereo, etc.) equipment	10
at at at at at at at	et et
Other assets	6

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

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

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.)	Payment	Amount Owed
☐Mortgages on real estate: (Home)	\$	\$
☐ (Other)	KER K	A KAD
□Charge/credit card accounts	S. G.	6,
	The Ti	T. Tilby
		0
	4500	The state of
		0- 0
	A A	
□Auto loan		P
□Auto loan	at at	et.
□Bank/credit union loans		P 08
	of of	et.
To to to to to to	AP.	D al
	et et	et !
☐Money you owe (not evidenced by a note)	AP.	er ar
et et et et et et	et et	et
□Judgments	APP A	P RP
	er er	O.
□Other	Kep.	A KER
	S, 6,	6,
	The T	T. T. B.
	0	
	4500	T. T. Gr.
Total Debts to Be Paid by Wife	\$ 0	\$ 06

Florida Supreme Court Approved Family Law Form 12.902(f)(2), Marital Settlement Agreement for Dissolution of Marriage with Property but No Dependent or Minor Child(ren) (9/00)

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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
☐Mortgages on real estate: (Home)	\$	\$
☐ (Other)	A P	Ag. A
	et et	et e
□Charge/credit card accounts	(Q).	A RA
	er er	er e
	KEP K	The State of the S
	e e	e e
	The Ti	
□Auto loan		0
□Auto loan	The T	
□Bank/credit union loans		
	400	4,44
	atter att	of the same
☐Money you owe (not evidenced by a note)		
	at at	of o
□ Judgments	40	90 9
	et et	et e
□Other	, a.s.	r ar
	et et	et e
	AP.	P RP
	et et	et e
	18 P	
Total Debts to Be Paid by Husband	\$	\$ 0

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0	et et et	et et	et e		e F	of
SECTION II	. SPOUSAL SUPPORT (ALIN	VIONY) (if you have r	not agreed o	n this matter,	write An/a	a@ on the
lines provi		May May	1467	Van Vien	"YE.	1 Ken
[✓ one or	AT AT AT					
18	70 70 70					
1.	Each of us forever gives up	p any right to spousa	l support (al	limony) that v	ve may ha	ve.
	() HUSBAND () WIFE as					
	ery()week()other we	ek () month, begin	ining luute/_	V 1		
un	til {date or event}		£ 6			et.
un Ex	til {date or event} plain type of alimony (temp		£ 6			et
un Ex	til {date or event}		£ 6			et.
un Ex sp	til {date or event} plain type of alimony (temp ecifics:	orary, permanent, re	ehabilitative,	and/or lump	sum) and	any othe
un Ex sp 	til {date or event} plain type of alimony (temp	nce in the amount of	ehabilitative,	and/or lump	sum) and	any othe
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	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 of Husband Printed Name: <u>OMAR</u> MATEEN
	Printed Name: DMAR MATEEN Address:
	City, State, Zip: FORT PIERCE, FC 34982
	Telephone Number:
	Fax Number: STATE OF FLORIDA
	COUNTY OF St. WCie
	Sworn to or affirmed and signed before me on 5/19/11 by OMAR Mateen.
	N/e (m) And Tran
	NOTARY PUBLIC or DEPUTY CLERK
	Personally known MELISSA SULLIVAN
	Produced identification Type of identification produced for DC Type of identification produced for DC Commission# DD973431
	Type of identification produced
	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: (0/2/2011 = 5 4v1
	Signature of Wife ()
	Printed Name: Sr tora Tyusufry
	Address:
	City, State, Zip: Telephone Number:
	Fax Number:
	STATE OF FLORIDA NON SINCE COUNTY OF QUELLAS
	Constant to an efficiency of the state of the form of the state of the
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	IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW: [fill in
	all blanks]
	ا, {full legal name and trade name of nonlawyer}
	a nonlawyer, located at {street} {city} {city}
	\text{state}, \text{\text{phone}}, \text{helped \text{\text{Wife's name}}, \text{who is the [\sqrt{one only}] petitioner or respondent, fill out this form.