

IN THE CIRCUIT COURT IN AND FOR ESCAMBIA COUNTY, FLORIDA  
FAMILY LAW DIVISION

\_\_\_\_\_, Petitioner,

vs.

CASE NO: \_\_\_\_\_

\_\_\_\_\_, Respondent.

AGREEMENT TO WAIVE FINANCIAL DISCLOSURE

The above-named parties hereby agree to waive Rule 12.285, Florida Family Law Rules of Procedure, regarding mandatory financial disclosure, as it relates to providing the financial documents required to be attached to the Florida Family Law Financial Affidavit for Dissolution of Marriage, with the following exceptions:

- ( ) Parties agree that no financial documents shall be attached to their respective financial affidavits.
- ( ) Parties will not waive disclosure of the following documents:
  - ( ) IRS W-2 forms, 1099's, K-1's or any other forms to be attached to their income tax returns for the past year, if the income tax return for that year has not been prepared.
  - ( ) All federal and state income tax returns, gift tax returns and intangible property tax returns filed by them or on their behalf for the past three years.
  - ( ) Pay stubs or other evidence of earned income for 3 months preceding delivery of the financial affidavit.
  - ( ) A statement by the producing party identifying the amount and source of all income received from any source during 3 months preceding delivery of the financial affidavit.
  - ( ) All loan applications and financial statements prepared or used within 3 years prior to delivery of the financial affidavit, whether for the purpose of obtaining or attempting to obtain credit or for any other purpose.

Parties acknowledge they are required by law to file with the Clerk of the Circuit Court, a financial affidavit in substantial conformity with Florida Family Law Form 12.902(b) or 12.902(c) - Family Law Financial Affidavit, and have done so prior to executing this Agreement to Waive Financial Disclosure.

DATED: \_\_\_\_\_

DATED: \_\_\_\_\_

\_\_\_\_\_  
Petitioner - Signature

\_\_\_\_\_  
Respondent - Signature

\_\_\_\_\_  
Petitioner's Name - Typed or Printed

\_\_\_\_\_  
Respondent's Name - Typed or Printed

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Telephone Number