

IN THE COUNTY COURT OF THE SIXTH JUDICIAL CIRCUIT  
IN AND FOR PASCO COUNTY FLORIDA

\_\_\_\_\_  
Plaintiff(s) Case: \_\_\_\_\_  
-vs- Defendant(s) Division: \_\_\_\_\_  
\_\_\_\_\_

**FACT INFORMATION SHEET – INDIVIDUAL**

Full Legal Name: \_\_\_\_\_

Nicknames or Aliases: \_\_\_\_\_

Residence Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Telephone Numbers: (Home) (Business) \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

Position or Job Description: \_\_\_\_\_

Rate of Pay: \$ \_\_\_\_\_ per \_\_\_\_\_. Average Paycheck: \$ \_\_\_\_\_ per \_\_\_\_\_

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

Other Personal Income: \$ \_\_\_\_\_ from \_\_\_\_\_

(Explain detail on the back of this sheet or an additional sheet if necessary.)

Social Security Number: \_\_\_\_\_ Birth date: \_\_\_\_\_

Driver License Number: \_\_\_\_\_ Issuing State: \_\_\_\_\_

Marital Status: Spouse's Name: \_\_\_\_\_

Spouse's Address (if different): \_\_\_\_\_

Spouse's Social Security Number: \_\_\_\_\_ Birth date: \_\_\_\_\_

Spouse's Employer: \_\_\_\_\_

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

Other Family Income: \$ \_\_\_\_\_ per \_\_\_\_\_

(Explain detail on the back of this sheet or an additional sheet if necessary.)

Names and Ages of All Your Children (and addresses if not living with you): \_\_\_\_\_

Child Support or Alimony Paid: \$ \_\_\_\_\_ per \_\_\_\_\_

Name of Others You Live With: \_\_\_\_\_

Who is Head of Your Household? You, Spouse, Other Person \_\_\_\_\_

Checking Account at: Account # \_\_\_\_\_

Savings Account at: Account # \_\_\_\_\_

(Describe all other account 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: \_\_\_\_\_

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 # (VIN): \_\_\_\_\_ Tag No.: \_\_\_\_\_ 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, leased, or transferred any real or personal property worth more than \$100 to any person in the last year? If your answer is "yes", describe 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:

1. Your last pay stub.
2. Your last 3 statements of each bank, saving, credit union or other financial account.
3. Your motor vehicle registrations and titles.

4. Any deeds or titles to any real or personal property you own or are buying, or leases to property you are renting.
5. Your last 2 income tax returns filed.

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

\_\_\_\_\_  
Judgment Debtor

STATE OF FLORIDA  
COUNTY OF PASCO

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_ personally known to me (or who has produced \_\_\_\_\_ as identification) and who appeared to me  by physical presence  by means of audio-video communication technology and who  did  did not take an oath.

\_\_\_\_\_  
NOTARY PUBLIC – STATE OF FLORIDA

Name: \_\_\_\_\_

Commission No.: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

MAIL OR DELIVER THIS FORM TO THE CLERK AND COMPTROLLER, AND MAIL OR DELIVER A COPY OF THE COMPLETED FORM TO THE JUDGEMENT CREDITOR OR THE CREDITOR'S ATTORNEY. DO NOT FILE THIS FORM WITH THE COURT.