

If you're 60 or over, call your local legal aid office:

Eastern CT	800-413-7796	Western CT	800-413-7797
Hartford Area	860-541-5000	Bridgeport Area	800-809-4434
Stamford Area	800-541-8909	New Haven Area	203-946-4811

If you're under 60, call SLS for help:



Statewide Legal Services
1-800-453-3320
860-344-0380

Search our website for help:



www.ctlawhelp.org

FAMILY

LEGAL SERVICES

SELF-HELP SERIES

A Guide to **Financial Affidavits**

August 2017



We offer free legal help in many areas, including

- welfare,
- SNAP (food stamps),
- divorce,
- child support,
- domestic violence,
- bankruptcy,
- special education,
- nursing home care,
- health insurance,
- eviction,
- foreclosure,
- and more.

See the reverse side for more about legal services.

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Statewide Legal Services
1-800-453-3320 or 860-344-0380

Search our website for help:



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If you're over 60, call your local legal aid office.

Connecticut Legal Services

www.ctlegal.org

Bridgeport

211 State Street 203-336-3851

New Britain

16 Main Street 860-225-8678

New London

153 Williams Street 860-447-0323

Stamford

20 Summer Street 203-348-9216

Waterbury

85 Central Avenue 203-756-8074

Willimantic

872 Main Street 860-456-1761

Greater Hartford Legal Aid

www.ghla.org

999 Asylum Avenue
Hartford, CT 06105
860-541-5000

New Haven Legal Assistance Association

www.nhlegal.org

426 State Street
New Haven, CT 06510
203-946-4811

Consumer Law Project for Elders

Free legal assistance to people 60 and over throughout Connecticut who have money/debt problems.

1-800-296-1467

A Guide to Financial Affidavits

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This booklet was produced by Connecticut Legal Services, Greater Hartford Legal Aid, New Haven Legal Assistance Association, and Statewide Legal Services.

The information in this booklet is based on laws in Connecticut as of 8/2017. We hope that the information is helpful. It is not intended as legal advice for an individual situation. Please call Statewide Legal Services or contact an attorney for additional help.

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Sample p. 4

H. Other Assets

Name of Asset	Current Balance/ Value	Name of Asset	Current Balance/ Value
FURNITURE + HOUSEWARES	\$ 400.00		\$
	\$		\$
	\$		\$
	\$		\$
Total Net Value of Other Assets:			\$ 400.00

I. Total Net Value All Assets (add items A through H)..... \$ 400.00

V. Child(ren)'s Assets

Include Uniform Gift to Minor Account, Uniform Trust to Minor Account, College Accounts/529 Account, Custodial Account, etc.

Institution	Account Number (last 4 numbers only)	Listed Beneficiary	Person Who Controls the Account (Fiduciary)	Current Balance/ Value
				\$
				\$
Total Net Value of Child(ren)'s Assets:				\$

VI. Health (Medical and/or Dental Insurance)

Company	Name of Insured Person(s) Covered by the Policy

Do you or any member of your family have HUSKY Health Insurance Coverage? ☐ Yes ☐ No ☐ I Don't Know
If Yes, whom?

Important:

If you have other financial information that has not yet been disclosed, you have an affirmative duty to disclose that information. List additional information below:

Summary (Use the amounts shown in Sections I. through IV.)

Total Net Weekly Income (See Section I. 3)..... \$ 317.00
Total Weekly Expenses and Liabilities (Total From Section II. + III.(B))..... \$ 271.50
Total Cash Value of Assets (See Section IV. I.)..... \$ 400.00
Total Liabilities (Total Balance Due on Debts) (See Section III. (A))..... \$ 1050.00

Certification

I certify under the penalties of perjury that the information stated on this Financial Statement and the attached Schedules, if any, is complete, true, and accurate. I understand that willful misrepresentation of any of the information provided will subject me to sanctions and may result in criminal charges being filed against me.

I, _____, the ☐ Plaintiff ☐ Defendant herein, residing at _____, telephone number _____, being duly sworn, depose and say that the following is an accurate statement of my income from all sources, my liabilities, my assets and my net worth, from whatever sources, and whatever kind and nature, and wherever situated.

Signed (Affiant)	Date signed
Signed (Notary, Commissioner of Superior Court, Assistant Clerk, Other Proper Officer under Section 1-24 of the Connecticut General Statutes)	Date signed
Print name and title of person signing at left	

Your Financial Information

In divorce, separation, and custody cases, parents must give their financial information to the court. The court needs this information to make orders about child support, alimony, or legal fees.

How do I give my financial information to the court?

You will need to fill out a *Financial Affidavit* form. You can get the form from the court clerk or from the State of Connecticut Judicial Branch website. If you have very low income, you should use the **short** version of the *Financial Affidavit* (#JD-FM-6-SHORT, <http://www.jud.ct.gov/webforms/forms/fm006-short.pdf>). There is a long version of the form for people who have higher income and assets, but this booklet talks only about the short form.

Step 1:

It is highly recommended that you get the form at the Judicial Branch website and save it to your computer to work on it digitally. The form is a fillable PDF and it will do all of the math calculations for you. Make sure to save your work as you go.

If you have to fill out the form by hand, start with two or more blank copies of the form. You can use the extra copies to practice.

**If you need help filling out the form,
go to a Court Service Center at
your local courthouse.**

Step 2:

You will need your financial information to fill out the form, including

- pay stubs,
- recent bills you have paid,
- recent bills you have not paid yet,
- your checkbook, and
- bank account statements.



Step 3:

Make sure to answer each question and fill out all of the pages. If a question does not apply to you, write "None" or "0." Fill out the form completely, but **do not sign it**. See below for instructions on how to fill out the form.

Step 4:

After you fill out the form, take it to a notary, a lawyer, or the court clerk. You will have to swear that the information you wrote on the form is true. Then you will sign it and that person will sign as your witness.

Step 5:

Make three copies of the completed and signed form.

- Send a copy to your spouse or your spouse's lawyer.
- Keep a copy for your records.
- Take a copy to your court hearing.

When should I give the court my financial information?

The court usually needs your financial information at the end of a case, but it may need it sooner sometimes in order to make temporary orders.

Sample p. 3

	<input type="checkbox"/> Sole <input type="checkbox"/> Joint	\$		\$
	<input type="checkbox"/> Sole <input type="checkbox"/> Joint	\$		\$
	<input type="checkbox"/> Sole <input type="checkbox"/> Joint	\$		\$

(A). Total Liabilities (Total Balance Due on Debts) \$ 4,050.00

(B). Total Weekly Liabilities Expense \$ 20.00

IV. Assets

Note: Under "Ownership" indicate S for sole, JTS for joint with spouse, and JTO for joint with other. You must complete the last column to the right "Value of Your Interest" in each applicable section.

A. Real Estate (including time share)

Address	Ownership S JTS JTO	a. Fair Market Value (Estimate)	b. Mortgage Current Principal Balance	c. Equity Line of Credit and Other Liens	d. Equity (d = a minus (b + c))	e. Value of Your Interest
Home	<input type="checkbox"/> <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 Net Value of Real Estate:						\$

B. Motor Vehicles

Year	Make	Model	Ownership S JTS JTO	a. Value	b. Loan Balance	c. Equity (c = a minus b)	d. Value of Your Interest
1:			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$	\$	\$	\$
2:			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$	\$	\$	\$
Total Net Value of Motor Vehicles:						\$	\$

C. Bank Accounts

Do not include custodial accounts or child(ren)'s assets — complete Section V. below.

Institution	Account Number (last 4 numbers only)	Ownership S JTS JTO	Current Balance/ Value	Value of Your Interest
Checking		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$	\$
Savings		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$	\$
Other		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$	\$
Total Net Value of Bank Accounts:				\$

D. Stocks, Bonds, Mutual Funds

Company	Account Number (last 4 numbers only)	Listed Beneficiary	Current Balance/ Value
			\$
			\$
Total Net Value of Stocks, Bonds, Mutual Funds:			\$

E. Insurance (exclude children) D = Disability L = Life

Name of Insured	D	L	Company	Account Number (last 4 numbers only)	Listed Beneficiary	Current Balance/ Value
						\$
						\$
Total Net Value of Insurance:						\$

F. Retirement Plans (Pensions on Interest, Individual IRA, 401K, Keogh, etc.)

Type of Plan	Name of Plan/Bank/Company	Account Number (last 4 numbers only)	Listed Beneficiary	Receiving Payments	Current Balance/ Value
				<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
				<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Total Net Value of Retirement Plans:					\$

G. Business Interest/Self-Employment

If you own an interest in a business, or are self-employed, complete this section.

Name of Business	Percent Owned	Value
	%	\$
Total Net Value of Business Interest/Self-Employment:		\$

Sample p. 2

2) Mandatory Deductions (If consistent deductions don't occur every pay check provide average amounts.)

	Job 1	Job 2	Job 3	Totals
(1) Federal income tax deductions (claiming exemptions)	\$ 23.00	\$	\$	\$ 23.00
(2) Social Security or Mandatory Retirement	\$	\$	\$	\$
(3) State income tax deductions (claiming exemptions)	\$ 14.00	\$	\$	\$ 14.00
(4) Medicare	\$	\$	\$	\$
(5) Health insurance	\$ 10.00	\$	\$	\$ 10.00
(6) Union dues	\$ 6.00	\$	\$	\$ 6.00
(7) Prior court order — child support or alimony	\$	\$	\$	\$
(8) Total Mandatory Deductions (add items 1 through 7)	\$ 53.00	\$	\$	\$ 53.00

3) Net Weekly Income \$317.00
 Subtract the Total Mandatory Deductions [see item 1., 2., (8)] from the Total Gross Weekly Income/Monies and Benefits From All Sources [see item 1., 1), q.]

II. Weekly Expenses Not Deducted From Pay

If expenses are not paid weekly, adjust the rate of payment to weekly as follows:

Bi-weekly → divide by 2	Semi-monthly → multiply by 2, multiply by 12, divide by 52
Monthly → multiply by 12, divide by 52	Annually → divide by 52

Insert an ("x") in the box if you are not currently paying the expense, or if someone else is paying the expense.

Home:

Rent or Mortgage (Principal, Interest) — ☐ \$ 125.00 Property taxes and assessments ☐ \$

Real Estate Taxes and Insurance if escrowed)

Utilities:

Oil ☐ \$ 0 Telephone/Cell/Internet ☐ \$

Electricity ☐ \$ 12.50 Trash Collection ☐ \$

Gas ☐ \$ 11.00 T.V./Internet ☐ \$

Water and Sewer ☐ \$

Groceries (after food stamps): Including household supplies, formula, diapers ☐ \$ 35.00

Transportation:

Gas/Oil ☐ \$ Auto Loan or Lease ☐ \$

Repairs/Maintenance ☐ \$ Public Transportation ☐ \$ 11.00

Automobile Insurance/Tax/Registration ... ☐ \$

Insurance Premiums:

Medical/Dental (Out-of-pocket expense after Health Savings Account/Plan) ☐ \$ Life ☐ \$

Uninsured Medical/Dental not paid by insurance ☐ \$

Clothing ☐ \$

Child(ren):

Child Support of this case ☐ \$ Child Care Expense (after deductions, credits and subsidies) ☒ \$ 50.00

Child Support of other children other than this case (attach a copy of the order) ... ☐ \$ Child(ren)'s activities (e.g., lessons, sports, etc.) ☐ \$

Alimony: Payable to this spouse ☐ \$ Alimony: Payable to another spouse ☐ \$

Extraordinary travel expenses for visitation with child(ren) ☐ \$

Other (Specify): ☐ \$

Total Weekly Expenses Not Deducted From Pay \$251.50

III. Liabilities (Debts)

Do not include expenses listed above. Do not include mortgage current principal balance or loan balances that are listed under "Assets."

Creditor Name /Type of Debt	Balance Due	Date Debt Incurred/Revolving	Weekly Payment
Credit Card, Consumer, Tax, Health Care, Other Debt			
Gas Utility Co.	\$ 200.00	11/30/2013	\$ 10.00
Medical (Child)	\$ 850.00	1000	\$ 10.00

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How to fill out the *Financial Affidavit* form

Get the *Financial Affidavit* online at www.jud.ct.gov/webforms/forms/fm006-short.pdf and download it to your computer, making sure to save it as you go. You can fill it out by hand, but if you use a computer, the form will do the math for you.

Start by filling out the **Instructions** section at the top of the form.

You must list the

- docket number,
- Judicial district,
- court address,
- name of your case, and
- your name (under "name of affiant").

Look for this information on your other court papers and copy it here. Then check one of these boxes: **Plaintiff** or **Defendant**.

Docket number - FA - - S	
For the Judicial District of	At (Address of Court)
Name of case	
Name of affiant (Person submitting this form)	
<input type="checkbox"/> Plaintiff	<input type="checkbox"/> Defendant

If you started this case, you are the *plaintiff*. If your spouse or the other parent started this case, then you are the *defendant*. If this is part of another case, the person who started that case is the plaintiff.

For a sample of a completed affidavit, see page 11.

I. Income

1) Gross Weekly Income/Monies and Benefits from all Sources

The Financial Affidavit is based on your **weekly** income and expenses. If your income and expenses are not paid weekly, you will have to figure out your weekly average.

If you are paid...	Here's how to get your average weekly gross income:
Bi-weekly Every other week – 26 paychecks per year.	<ul style="list-style-type: none"> Divide your gross pay in one paycheck by 2. This is your average weekly pay.
Semi-monthly Twice a month (for example, you are paid each month on the 15th and 30th) – 24 paychecks per year.	<ul style="list-style-type: none"> Multiply your gross pay in one paycheck by 2 to get your monthly pay. Multiply that number by 12 months. Divide the total by 52 weeks. This is your average weekly pay.
Monthly One paycheck per month.	<ul style="list-style-type: none"> Multiply your gross pay in one paycheck by 12 months. Divide the total by 52 weeks. This is your average weekly pay.
Annually You get an annual salary.	<ul style="list-style-type: none"> Divide the gross amount you are paid each year by 52. This is your average weekly pay.

Your average must be based on at least 13 weeks. If the amounts you write in are based on fewer than 13 weeks, you must explain why in the lines provided.

FINANCIAL AFFIDAVIT
JD-FM-6-SHORT New 1-14
P.R. §§ 25-30, 25a-15

STATE OF CONNECTICUT
SUPERIOR COURT
www.jud.ct.gov

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ADA NOTICE
The Judicial Branch of the State of Connecticut complies with the Americans with Disabilities Act (ADA). If you need a reasonable accommodation in accordance with the ADA, contact a court clerk or an ADA contact person listed at www.jud.ct.gov/ADA.

Docket number:
- FA - - S

Instructions

Use this short version if your gross annual income is less than \$75,000 (see Section I. Income) and your total net assets are less than \$75,000 (see Section IV. Assets). Otherwise, use the long version, form JD-FM-6-LONG.

For the Judicial District of Fairfield At (Address of Court) 1861 Main St., Bridgeport
Name of case O'Hara vs. Butler
Name of affiant (Person submitting this form) Melanie O'Hara ☒ Plaintiff ☐ Defendant

Certification

I understand that the information stated on this Financial Statement and the attached Schedules, if any, is complete, true, and accurate. I understand that willful misrepresentation of any of the information provided will subject me to sanctions and may result in criminal charges being filed against me.

I. Income

1) Gross Weekly Income/Monies and Benefits From All Sources

Computed based on year-to-date, but no less than the last 13 weeks. If computation is based on less than 13 weeks or if your computations are not reflective of current wages, explain:

Paid: ☒ Weekly ☐ Bi-weekly ☐ Monthly ☐ Semi-monthly ☐ Annually

If income is not paid weekly, adjust the rate of pay to weekly as follows:

Bi-weekly → divide by 2	Semi-monthly → multiply by 2, multiply by 12, divide by 52
Monthly → multiply by 12, divide by 52	Annually → divide by 52

(a) Employer(s) XYZ Co. Address(es) 705 Bigby Rd, Bridgeport CT Base Pay:
Job 1 ☐ Salary ☒ Wages \$ 350.00
Job 2 ☐ Salary ☐ Wages \$
Job 3 ☐ Salary ☐ Wages \$
Total of base pay from salary and wages of all jobs \$ 350.00
(b) Overtime \$
(c) Self-employment \$
(d) Tips \$
(e) Social Security \$
(f) Disability \$
(g) Unemployment \$
(h) Worker's compensation \$
(i) Public Assistance (Welfare, TFA payments) \$ 20.00
(j) Child Support (Actually received) \$
(k) Alimony (Actually received) \$
(l) Rental and income producing property \$
(m) Contributions from household member(s) \$
(n) Cash income \$
(o) Veterans Benefits \$
(p) Other: \$
(q) Total Gross Weekly Income/Monies and Benefits From All Sources (Add items a through p) \$ 370.00
Hours worked per week 35
Gross yearly income from prior tax year. Provide amount of income, not copies of forms \$ 19,110.00
List here and explain any other income including but not limited to: non-reported income; and support provided by relatives, friends, and others:

(Page 1 of 4)

I. Total Net Value of All Assets

Add all items in A-H above and write that number.

V. Child(ren)'s Assets

Here you will list any of your kids' trust accounts.

VI. Health

Here you will list the name and address of your health and dental insurance companies and the names of the people your policies cover.

Summary

Write and add the totals from sections I through IV.

Certification

Do not sign yet! You must sign the form in front of a court clerk, a notary public, or a lawyer. When you sign this form, you are swearing that the information is true.

Make 3 copies of the completed, signed form.

Remember to

- send 1 copy to your spouse or your spouse's lawyer,
- keep one copy for your records, and
- take one copy to your court hearing.

What if I don't earn much money and I need help to pay my court fees?

You will have to fill out a form called the *Application for Waiver of Fees*. If you need help filling out this form, see the legal aid booklet, *A Guide to Fee Waivers*.

Section (a) (Job 1, Job 2 and Job 3): Fill in your **average weekly gross income**, which is the amount you get paid before taxes and other deductions are taken out of your pay. To figure out the average, add your *gross income* for the past 13 weeks (see the chart above to get that amount) and divide the total by 13. If you are not working, put "none" or "0."

- ▶ Lines (b) through (p): If you get money from any other source (such as Social Security, disability, or unemployment), fill in the amounts in the spaces provided.
- ▶ Line (q): Fill in your **Total Gross Weekly Income/Monies and Benefits from All Sources**.

If you're filling out the form by hand, add up lines (b) through (p) and enter it here. In the second field, put your total income from all sources from the year before.

2) Mandatory Deductions

Here you will write the weekly average amount of each deduction taken from your paycheck, including

- Federal income tax,
- Social Security,
- State income tax,
- Medicare,
- health insurance,
- union dues, and
- child support or alimony.

3) Net Weekly Income

This amount is calculated by subtracting your **Total Mandatory Deductions** in part (2) from your **Total Gross Weekly Income** in part (1).

II. Weekly Expenses Not Deducted From Pay

In this section you must list each of your weekly expenses.

If a bill is one you pay monthly, multiply the monthly amount by 12 and divide the total by 52.

If a bill is one you pay yearly, divide the yearly amount by 52.

Tip: Under **Other**, you can list expenses such as laundry, haircuts, cigarettes, church donations, children's school expenses, school lunches, toys, recreation, movie rentals, toiletries (such as shampoo, contact lens solution, makeup), newspapers, stamps, union dues, etc.

Add all of your expenses in this section and put the total under **Total Weekly Expenses Not Deducted From Pay**.

Important: If you have more *income* than *expenses*, that means you have extra money after paying all of your bills. If this is not true for you, think about other expenses that you may have forgotten to write down. By listing *all* of your expenses, the court will know how much support is needed.

III. Liabilities (Debts)

Liabilities are debts that you owe. You must list the amount that you pay **per week** for each debt. List every person or company that you owe money to. Also include overdue items that you have not paid, such as utility and tax bills, credit cards, medical bills, and personal and student loans. Do not include any expenses that are listed in **Section II. Weekly Expenses Not Deducted From Pay**.

The creditor is the person or company you owe money to.

- Check the box marked **Sole** if the bill is in your name alone.
- Check the box marked **Joint** if someone else's name is also on the bill (for example, your spouse).

Balance Due is the amount you still owe.

Date Debt Incurred is the date you took on the debt. If you don't know, try to list the month and year. If the debt is a credit card, you don't need to put a date.

Weekly Payment is the amount you pay per week. If you have not made payments, write "0" on this line. If you have already put your auto loan payments under Weekly Expenses, do not list them here.

Tip: If your expense is *monthly*, multiply the monthly amount by 12 and divide the total by 52. If your expense is *yearly*, divide the yearly amount by 52.

Line (A): Total Liabilities (Total Balance Due on Debts)

Add all items in the Balance Due column here.

Line (B): Total Weekly Liabilities Expense

Add all items in the Weekly Payment column here.

IV. Assets

In this section, you will list valuable things that you own. If you do not know the exact value, you can guess. Assets include

- real estate;
- motor vehicles;
- bank accounts;
- stocks, bonds, and mutual funds;
- insurance;
- retirement plans;
- business interest/self-employment; and
- other things you own that are worth money.