

FINANCIAL AFFIDAVIT

JD-FM-6 Rev. 2-04
PB 25-30

STATE OF CONNECTICUT SUPERIOR COURT www.jud.state.ct.us

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DOCKET NO

(FA-90)

FOR THE JUDICIAL DISTRICT OF Fairfield	AT (Address of court) 1061 Main St., Bridgeport CT	NAME OF AFFIANT (Person submitting this form) (put your name)
NAME OF CASE O'Hara v Butler		<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT
OCCUPATION Receptionist	NAME OF EMPLOYER XYZ Company	
ADDRESS OF EMPLOYER 111 Main St., Bridgeport CT 06604		

A. WEEKLY INCOME FROM PRINCIPAL EMPLOYMENT (Use weekly average not fewer than 13 weeks)

DEDUCTIONS (taxes, FICA, etc.)	AMOUNT/WEEK	DEDUCTIONS (Cont)	AMOUNT/WEEK	GROSS WKLY WAGE FROM PRINCIPAL EMPLOYMENT	
1. FICA	\$ 22.50	4. Med Insurance	\$ 3.00		\$ 250.00
2. FIT	\$ 14.00	5.	\$	TOTAL DEDUCTIONS	\$ 45.50
3. Union Dues	\$ 6.00	6.	\$	NET WEEKLY WAGE:	\$ 204.50*

B. ALL OTHER INCOME (Include in-kind compensation, gratuities, rents, interest, dividends, pension, etc.)

1. SOURCE OF INCOME		GROSS AMT/WK	2. SOURCE OF INCOME		GROSS AMT/WK	GROSS WEEKLY INCOME FROM OTHER SOURCES:	
1.		\$	2.		\$		\$ 0.00
DEDUCTIONS		AMOUNT/WEEK	DEDUCTIONS		AMOUNT/WEEK	TOTAL DEDUCTIONS:	\$ 0.00
		\$			\$	NET WEEKLY INCOME FROM OTHER SOURCES:	\$ 0.00
		\$			\$	ADD "NET WEEKLY WAGE" FROM SECTION A, AND "NET WEEKLY INCOME" FROM SECTION B, AND ENTER TOTAL BELOW:	
		\$			\$		
		\$			\$		
		\$			\$		
		\$			\$		
						A. TOTAL NET WEEKLY INCOME:	\$ 204.50

* Also, my husband sometimes gives me \$20-40, but not regularly.

1. RENT OR MORTGAGE		\$ 102.00	6. TRANSPORTATION	Gas/Oil	\$ 12.00	11. DAY CARE	\$ 25.00
2. REAL ESTATE TAXES		\$		7. INSURANCE PREMIUMS	Repairs	\$ 10.00	12. OTHER (specify below)
3. UTILITIES	Fuel	\$	Auto Loan		\$ 10.00		\$
	Electricity	\$ 15.00	Public Trans	\$		\$	
	Gas	\$ 10.00	Medical/Dental	\$		\$	
	Water	\$	Automobile	\$ 12.00		\$	
	Telephone	\$ 7.00	Home-owners	\$		\$	
	Trash Collection	\$	Life	\$		\$	
4. FOOD	\$ 50.00	8. MEDICAL/DENTAL		\$		\$	
5. CLOTHING	\$ 5.00	9. CHILD SUPPORT (order of court)		\$		\$	
			10. ALIMONY (order of court)		\$		\$
						B. TOTAL WEEKLY EXPENSES:	\$ 258.00

CREDITOR (Do not include mortgages or loan balances that will be listed under assets.)		AMOUNT OF DEBT	BALANCE DUE	DATE DEBT INCURRED	WEEKLY PAYMENT
Gas Company		\$ 700.00	\$ 600.00	winter 98	\$ 10.00
Medical (child)		\$ 1000.00	\$ 450.00	6/95	\$ 0.00
3. LIABILITIES (DEBTS) Visa		\$ 1200.00	\$ 1200.00		\$ 7.50
		\$	\$		\$
		\$	\$		\$
		\$	\$		\$
C. TOTAL LIABILITIES (Total Balance Due on Debts):		\$	2250.00	D. TOTAL WEEKLY LIABILITY EXPENSE:	\$ 17.50

(continued)

4. ASSETS

A. Real Estate	Home	ADDRESS			VALUE (Est) \$	MORTGAGE \$	EQUITY \$ 0.00
	Other:	ADDRESS			VALUE (Est) \$	MORTGAGE \$	EQUITY \$ 0.00
	Other:	ADDRESS			VALUE (Est) \$	MORTGAGE \$	EQUITY \$ 0.00
B. Motor Vehicles	Car 1:	YEAR 1990	MAKE Ford	MODEL Escort	VALUE \$ 550.00	LOAN BALANCE \$ 250.00	EQUITY \$ 300.00
	Car 2:	YEAR	MAKE	MODEL	VALUE \$	LOAN BALANCE \$	EQUITY \$
C. Other Personal Property	DESCRIBE AND STATE VALUE OF EACH ITEM furniture and appliances						TOTAL VALUE
							\$ 350.00
D. Bank Accounts	BANK NAME, TYPE OF ACCOUNT, AND AMOUNT none						TOTAL BANK ACCOUNTS
							\$ 0.00
E. Stocks, Bonds Mutual Funds	NAME OF COMPANY, NUMBER OF SHARES, AND VALUE none						TOTAL VALUE
							\$ 0.00
F. Insurance (exclude children)	NAME OF INSURED	NAME OF COMPANY		FACE AMOUNT	CASH VALUE	AMT OF LOAN	TOTAL VALUE
				\$	\$	\$	
				\$	\$	\$	
G. Deferred Compensation Plans	NAME OF PLAN (Individual I.R.A , 401K, Keogh, etc.) AND APPROX. VALUE none						TOTAL VALUE (less loans)
							\$ 0.00
H. All Other Assets	none						TOTAL VALUE
							\$ 0.00
I. Total	E. TOTAL CASH VALUE OF ALL ASSETS:						\$ 650.00

5. HEALTH INSURANCE

NAME AND ADDRESS OF HEALTH OR DENTAL INSURANCE CARRIER	
INSURANCE POLICY NO	NAME(S) OF PERSON(S) COVERED BY THE POLICY

SUMMARY
(Use the amounts shown in boxes A thru E of sections 1-4.)

TOTAL NET WEEKLY INCOME (A)	\$ 204.50	TOTAL CASH VALUE OF ASSETS (E)	\$ 650.00
TOTAL WEEKLY EXPENSES AND LIABILITIES (B + D)	\$ 275.50	TOTAL LIABILITIES (TOTAL BALANCE DUE ON DEBTS) (C)	\$ 2250.00

CERTIFICATION

I certify that the foregoing statement is true and accurate to the best of my knowledge and belief.

SIGNED (Affiant)	Subscribed and sworn to before me on:	DATE	SIGNED (Notary, Comm. of Superior Court, Assistant Clerk)
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