FINANCIAL AFFIDAVIT

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

STATE OF CONNECTICUT SUPERIOR COURT

www.jud.ct.gov

Court Use Only **FINAFFS**

ADA NOTICE

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Instructions

Use this short version if your gross annual income is less than \$75,000 (see Section I, Income) and your total

Docket number

| net assets are less than \$75,000 (see Section IV. Asse | ts). Otherwise, use the long version, form JD-FM-6-LONG. | - FA - - | - S |
|-----------------------------------------------------------------|-----------------------------------------------------------------------------------------------|---------------------|------------------|
| For the Judicial District of At (Address of Co | urt) | | |
| Fairfield 1861 M | 1ain St., Bridgeport | | |
| Name of case | JI | | |
| O'Hara Vs. Butler Name of affiant (Person submitting this form) | | | |
| Melanie O'Hara | | Plaintiff | Defendant |
| Melanie & Haia | | <u> </u> | |
| Certification | | | |
| Lunderstand that the information stated on th | is Financial Statement and the attached Schedu | les, if any, is com | olete, true, and |
| accurate. I understand that willful misrepre | sentation of any of the information provided | will subject me t | o sanctions |
| and may result in criminal charges being f | iled against me. | | |
| | | | |
| I. Income | • | | |
| 1) Gross Weekly Income/Monies and Bene | fits From All Sources | | |
| | ess than the last 13 weeks. If computation is ba | sed on less than 1 | 13 weeks or if |
| your computations are not reflective of cur | rent wages, explain: | | |
| <u> </u> | | | |
| | | | |
| Paid: Weekly 🗌 Bi-weekly 🔲 Mo | nthly [_] Semi-monthly [_] Annually | | |
| If income is not paid weekly, adjust the rat | e 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 | | |
| mentally waster, cy 12, and cy | | | |
| (a) Employer(s) | Address(es) | Base Pa | / : |
| lob 1 VV7 PA | 765 Bigby Rd, Bridgeport CT = s | alary Wages | 350.00 |
| Job 1 X Y 7 ('O | | | |
| Job 2 | | alary | \$ |
| Job 3 | | alary 🗌 Wages 🤅 | \$ |
| Total of base pay from salary and wage | s of all jobs | | 350 00 |
| | | | |
| (b) Overtime | | | |
| (d) Tips | | | |
| (e) Social Security | | • | |
| (f) Disability | | | |
| (g) Unemployment | | | |
| (h) Worker's compensation | | | 5 |
| (i) Public Assistance (Welfare, TFA | | | |
| payments) | \$ 20.00 | | 444 |
| | d Benefits From All Sources (Add items a thro | ugh p) | 370.00 |
| Hours worked per week 35 | ide amount of income not coming of forms | | 19.110-00 |
| | ide amount of income, not copies of forms ing but not limited to: non-reported income; and | | |
| friends, and others: | ing but not innited to. non-reported income, and | anhhoir hiovided i | by relatives, |
| menae, and enterer | | | |

| 2) Mandatory Deductions (If consistent ded | ductions do | n't oc | cur eve | ery pay o | check | provide a | verage amou | nts.) | |
|-----------------------------------------------------------------------------------------------------|------------------|-----------------------------------------|-------------|-----------------------------------------|-----------------------|--------------|-----------------------------------------|----------------|---------------|
| | | | | b 1 | | Job 2 | Job 3 | | Totals |
| (1) Federal income tax deductions | | | \$ <u>~</u> | <u> 3.00</u> | _ \$ | | _\$ | \$_ | 23.00 |
| (claiming exemptions) | | | _ | | • | | • | • | |
| (2) Social Security or Mandatory Retir | ement | | \$ | // | - \$ | | _ \$ | <u>\$</u> _ | 11/ |
| (3) State income tax deductions | | | \$ | 4.00 | _ \$ | | _ ^ֆ | Þ_ | 14,00 |
| (claiming exemptions) | | | œ | | ø | | œ | œ | |
| (4) Medicare | | | \$ | A a a | - \$ | | - \$ | \$_ | |
| (5) Health insurance | * | | \$ | 0.00 | | | \$ | — °,- | 10.00 |
| (6) Union dues | r alimony | | Ψ | 6.00 | - 🐫 | | _ \$ | — წ- | 6.00 |
| (7) Prior court order — child support of. (8) Total Mandatory Deductions | n allinony | | φ <u> </u> | 3.00 | - \$ | | _ \$ \$ | —,*- | 53.00 |
| (add items 1 through 7) | | | Ψ | 9.00 | - Ψ <u> </u> | | Ψ | Ψ- | 05.00 |
| , | | | | | | | | | 010 |
| 3) Net Weekly Income | | | | | | | | | 3/7.00 |
| Subtract the Total Mandatory Deductions [| see item I., | 2), (8 | 3)] from | the Tot | al Gro | ss Weekly | Income/Moni | es and | d Benefits |
| From All Sources [see item I., 1), q)] | | | | | | | | | |
| II. Weekly Expenses Not Deducted | From Pay | , | | | | | | | |
| If expenses are not paid weekly, adjust the | | | t to we | akly as f | ollows | ·• | | | |
| Bi-weekly → divide by 2 | | | | | | | 12, divide by 5 | 52 | 1 |
| Monthly → multiply by 12, divide by 52 | Annua | llv → | divide | by 52 | <i>y</i> <u>z</u> , 1 | ruidply by | 12, divide by c | , | - |
| Insert an ("x") in the box if you are not curr | | | | | some | ne else is | paving the ex | pense | j. 1 |
| Home: | onay paym | 9 4.0 | олрон | | 0011101 | 3110 0100 10 | paying the ex | ponoc | |
| Rent or Mortgage (Principal, Interest — | 18/25 | 0^ | Prope | arty tavo | e and | accacema | ents | □ \$ | |
| Real Estate Taxes and Insurance if | Ψ <u>/συ·</u> | 00 | _ 11000 | sity taxe | s anu | a55C55111C | | ∟ Ψ_ | |
| escrowed) | | | | | | | | | |
| Utilities: | ٦. | \triangle | Talaa | h-n-10 | -11/1-4- | | | | |
| Oil | \$ | 0 | | | | | | | |
| Electricity |]\$ <i>[2.</i>] | | _ | | | | | | |
| Gas Water and Sewer | \$ //. | 00_ | _ 1.V./I | nternet. | ••••• | | | \$ | |
| Groceries (after food stamps): Including hous | opold cupp | lioc 1 | Formula | dianor | ^ | | | □ ¢ | 12 |
| Transportation: | enola sapp | 1165, 1 | Ommula | i, ulaper | S | ••••• | | □ • | 00,00 |
| Gas/Oil | 7\$ | | Auto | l oan or | Looca | | ******* | c | |
| Repairs/Maintenance | _ | | | | | | | ☐ \$_ ☐ \$_ | // 6.7 |
| Automobile Insurance/Tax/Registration | | | _ 1 4511 | o mansp | o lau | JII | *************************************** | ∟ Ψ_ | 11.00 |
| Insurance Premiums: | J V | | _ | | | | | | |
| Medical/Dental (Out-of-pocket expense — | _ | | | | | | | | |
| after Health Savings Account/Plan) | 」 \$ | | Life | ••••• | ••••• | | | □\$ | |
| Uninsured Medical/Dental not paid by insuran | ce | | - | | | | | □\$ | |
| Clothing | | | | | | | | ≒ *- | |
| Child(ren): | | | | | | | | □ * _ | |
| • • | 1. | | Child | Care Ex | pense | e (after de | ductions, | | <i></i> |
| Child Support of this case | 」\$ | | _ cred | lits and | subsic | lies) | | * \$_ | 50.00 |
| Child Support of other children other than | ٦, | | Child | (ren)'s a | ctivitie | s (e.g., les | ssons, sports, | \Box | |
| this case (attach a copy of the order) | 1\$ | | _ etc.) |) | | | | □\$_ | |
| Alimony: Payable to this spouse | | | | | | | pouse | □\$ | |
| Extraordinary travel expenses for visitation with | h child(ren) | | | • • • • • • • • • • • • • • • • • • • • | | ••••• | | | |
| Other (Specify): | | | | | | | | \$ | |
| Total Weekly Expenses Not Deducted Fron | n Pay | | | | | | • • • • • • • • • • • • • • • • • • • • | \$ | 251,50 |
| III Liebilities (Dobte) | | | | | | | | - | |
| III. Liabilities (Debts) | | | | | | | | | |
| Do not include expenses listed above. Do | not include | mort | gage ci | urrent pr | incipa | i balance d | or Ioan balanc | es tha | ıt are listed |
| under "Assets." | | | | | | | Data Dahé | | |
| Creditor Name /Type of | Debt | | | | Bal | ance Due | Date Debt Incurred/ | | Weekly |
| | | , , , , , , , , , , , , , , , , , , , , | / | | | | Revolving | | Payment |
| Credit Card, Consumer, Tax, Health Care, Oth | er Debt | / | | | | | 1 / | | |
| GAS Utility (a. | | | Sole [| Joint | | 00.00 | 11/30/201 | | 10.00 |
| Medical (Child) | | N. | Sole [| Joint | \$ 8 | 50.00 | 1000 | \$ | 10.00 |

| | | | | • | | | | | | | | | | | | | | | |
|-----------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|--------|------------|---------|-------------------|-------------------|----------------|--------------|------------------|--------------------|--------------------|--------------------------------|----------------------------------------|------------------------|----------|-----------------|---------------------------|-------------|---------------------------|
| | | | | | | | | | | Sol | | Joint | | | | | | \$ | |
| | | | | | | | | | | Sol | | Joint | | | | | | \$ | |
| | | | | | | | | | | Sol | | Joint | | | <u> </u> | | | \$ | |
| | _iabilities <i>(To</i> | | | | | | | | | | | | \$ / | 050.00 | | | | 6 | 24 - |
| (B). Total Weekly Liabilities Expense \$ 20.0 | | | | | | | | | | | | | 20.00 | | | | | | |
| You must o | ts er "Ownership" complete the la tate (including | ist c | olu | mn to | or sole the ri | e, JTS ight "\ | for alu | joir e oi | nt witi f You | h spo r Inte | ouse eres | e, and J t" in eac | TO fo | or joint with o | othe | er. | | | |
| A. Real ES | Address | um | <i>C</i> 3 | Owi | nership | | | | rent l | tgage Principal | | quity Line of dit and Other | d. Equity (d = a minus (b + c)) | | | | Value of Your Interest | | |
| Home | | | | | | | | | | | | | | | | | | | |
| | | | | | |][\$ | | \$ | | | | | \$ | | \$ | | | \$ | |
| Other | | | | | | | | | | | | | | | | | | | |
| | | | | | |] \$ | | | | \$ | | | \$ | | \$ | | | \$ | |
| | | | | | |] \$ | | | | \$ | | | \$ | | \$ | | | \$ | |
| | | | | | | | | | | | | Т | otal | Net Value o | of R | eal Es | state: | \$ | |
| B. Motor V | ehicles | | | | | | | | | | | | | | | | | | |
| Year | Make | | | ı | Model | | O ₁ | | rship S JTO | | a. Va | alue | b. L | oan Balance | | c. Equ | | d. | Value of Your Interest |
| 1: | | | | | | | | | | \$ | | | \$ | | \$ | | | \$ | |
| 2: | | | Ι. | | | | | | | \$ | | | \$ | | \$ | | | \$ | |
| | | | | | | | | | | | | Total | Net | Value of M | oto | r Vehi | cles: | \$ | |
| | C. Bank Accounts Do not include custodial accounts or child(ren)'s assets — complete Section V. below. | | | | | | | | | | | | | | | | | | |
| | | lı | nsti | tution | · | | | | | | | count Nu t 4 number | | Ownership S JTS JTO | , | rrent B Valu | | e/ \ | /alue of Your Interest |
| Checkin | g | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | \$ | | | \$ | |
| Savings | | | | | | | | | | | | | - | | <u> </u> | | | • | |
| Othor | | т— | | | | | | | | | <u> </u> | | | | \$ | | | \$ | |
| Other | | | | | | | | | | | <u> </u> | | | | \$ | | | \$ | |
| | | | | | | | | | | | | Total | Ni-4 V | Value of Ba | | A | 4 | | |
| D Stocks | Bonds, Mutu | al F | une | ah | | | | | | | | TOtal | Mer | value of Ba | IIIK. | ACCO | unts: | \$ | |
| Di Otobilo, | | | | oany | | | | | | | Account Numbers or | | | | | | у | | rrent Balance/ Value |
| | | | | | | | | | | _ | - | | | | | | | \$ | |
| | | | | | | | | | | | | | | | | | | \$ | |
| | | | | | | | | | | Net | val | ue of S | tock | s, Bonds, I | Иutı | ıal Fu | nds: | \$ | |
| E. Insuran | ce (exclude c | hildı | en, | D = I | Disab | ility | L: | = Li | fe | | | | | | | | | | |
| Name | of insured | D | L | | | Comp | any | | | 0 | Acco | ount Num numbers | only) | Listed | Ben | eficiar | y | Cu | rrent Balance/ Value |
| \ | | \top | 1 | | | | | | | 10 | JOL 7 | | July) | | | | | \$ | value |
| | | \top | 1 | | | | | | | | | | | | | | | \$ | |
| | | | | | | | | | | | | | Total | Net Value | of I | nsura | nce. | <u> </u> | |
| F Refireme | ent Plans (Pe | neir | ne | on In | teresi | Indi | l ubiy | al II | 2Δ Δ | 01K | Ko | | | | | | | | |
| | | T | | of Plan | | | | | count | | | T . | | lanofician. | | Rece | ivina | Cu | rrent Balance/ |
| туре | of Plan | Nan | ne c | or Plan | Бапки | Compa | ny (| | 4 num | | | LIS | stea E | Beneficiary | | Paym | ents | | Value |
| | | - | | | | | 4 | | | | | | | | <u> </u> | Yes | | lo \$ | |
| Yes 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. | | | | | | | | | | | | | | | | | | |
| If you own a | an interest in a | bus | ine | | | | | | i, cor | nple | te th | is section | on. | | | | | | |
| | | | | | Name | of Bus | ines | S | | | | | | | Pe | rcent C | | | Value |
| | | | | | | | | | | | | | | | | | % | | |
| | • | | | | | | Tot | al l | vet V | alue | of | Busine | ss In | terest/Self- | Em | ployn | nent: | \$ | |
| | | | | | | | | | | | | | | | | | | | |

| H. Other Assets | | | | | | | | |
|-----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|---------------------------|---------------------------------|---------------------------------------|-----------------------|--|--|
| Name of Asset | | | t Balance/ /alue | | Current Balance/ Value | | | |
| FURNITURE + HOUSEWARES | | | 00.00 | | | \$ | | |
| | | \$ | | | | \$ | | |
| | | \$ | | - | | \$ | | |
| | | \$ | | T-4 | al Nat Value of Other Assets | \$ 460 . | | |
| | | Į | · | ı ot: | al Net Value of Other Assets: | \$ 400.00 | | |
| I. Total Net Value All Assets | (add items A thi | ough H | f) | ••••• | | \$400.00 | | |
| V. Child(ren)'s Assets Include Uniform Gift to Minor etc. | Account, Uniform | Trust | to Minor A | Account, Colleg | re Accounts/529 Account, Custo | dial Account, | | |
| Institution | Account Number (last 4 numbers only) | | Listed Be | neficiary | Person Who Controls the Account | Current Balance/ | | |
| | (last 4 humbers only) | | | - | (Fiduciary) | Value \$ | | |
| | | | | | | \$ | | |
| | | | | Total Net | Value of Child(ren)'s Assets: | \$ | | |
| | | L | | | | | | |
| VI. Health (Medical and/or | Dental Insurance |) | | | | | | |
| Company | | | • | Name of Insur | red Person(s) Covered by the Policy | | | |
| | | | | | | | | |
| Do you or any member of you If Yes, whom? | ır family have HU | SKY H | ealth Insu | rance Coverag | ge? Yes No IDor | n't Know | | |
| | | | | | | | | |
| Important: If you have other financial in information. List additional | | | t yet bee | n disclosed, y | ou have an affirmative duty to | disclose that | | |
| | | | | | | | | |
| Summary (Use the amount | | | | | | 2 | | |
| Total Net Weekly Income (S | ee Section I. 3) | | | | | \$ 317,00 | | |
| Total Weekly Expenses and Liabilities (Total From Section II. + III.(B)) | | | | | | | | |
| Total Cash Value of Assets (See Section IV. I.) | | | | | | | | |
| Total Liabilities (Total Balance Due on Debts) (See Section III. (A)) | | | | | | | | |
| Certification | | | | | | | | |
| any, is complete, true, and ac subject me to sanctions and | curate. I understand in c | and tha | at willful i I charges | misrepresenta being filed ag | <u> </u> | provided will | | |
| l, | | | | the Delair | | esiding at ng duly | | |
| sworn, depose and say that the and my net worth, from whater | | | te stateme | ent of my incom | ne from all sources, my liabilities | | | |
| Signed (Affiant) | in the state of th | | 3. mid di | riaidro, drid | · · · · · · · · · · · · · · · · · · · | Date signed | | |
| Signed (Notary, Commissioner of Superior Proper Officer under Section 1-24 of the Co | | | Print name | and title of person sig | ning at left | Date signed | | |