

FINANCIAL AFFIDAVIT

JD-FM-6 Rev. 1-08
P.B. 25-30

STATE OF CONNECTICUT
SUPERIOR COURT
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DOCKET NO.
(FA-90-write docket #)

NAME OF AFFIANT (Person submitting this form)
(put your name)

PLAINTIFF DEFENDANT

FOR THE JUDICIAL DISTRICT OF
Fairfield

AT (Address of court)
1061 Main St., Bridgeport CT

NAME OF CASE
O'Hara v Butler

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 →	\$ 0.00
1.	\$	4.	\$	TOTAL DEDUCTIONS →	\$
2.	\$	5.	\$	NET WEEKLY WAGE →	\$ 0.00
3.	\$	6.	\$		

B. ALL OTHER INCOME (Include in-kind compensation, gratuities, rents, interest, dividends, pension, etc.)						
1. WEEKLY INCOME	SOURCE OF INCOME	GROSS AMT/WK	SOURCE OF INCOME	GROSS AMT/WK	GROSS WEEKLY INCOME FROM OTHER SOURCES →	\$ 160.70
	1. TFA	\$ 140.70	2. Food Stamps	\$ 20.00	TOTAL DEDUCTIONS →	\$
	DEDUCTIONS	\$	DEDUCTIONS	\$	NET WEEKLY INCOME FROM OTHER SOURCES →	\$ 160.70
		\$		\$		
		\$		\$		
		\$		\$		
		\$		\$		
		\$		\$		
ADD "NET WEEKLY WAGE" FROM SECTION A, AND "NET WEEKLY INCOME" FROM SECTION B, AND ENTER TOTAL BELOW:					A. TOTAL NET WEEKLY INCOME →	\$ 160.70

2. WEEKLY EXPENSES	1. RENT OR MORTGAGE	\$ 46.90	6. TRANSPORTATION	Gas/Oil	\$	11. DAY CARE	\$	
	2. REAL ESTATE TAXES	\$		Repairs	\$	12. OTHER (specify below)		
	3. UTILITIES	Fuel		\$	Auto Loan	\$	toys, books, gifts	\$ 5.00
		Electricity	\$ 10.00	Public Trans.	\$ 8.00		\$	
		Gas	\$ 11.00	7. INSURANCE PREMIUMS	Medical/Dental	\$		\$
		Water	\$		Automobile	\$		\$
		Telephone	\$ 10.00		Home-owners	\$		\$
	Trash Collection	\$	Life	\$		\$		
	Cable T.V.	\$	8. MEDICAL/DENTAL	\$		\$		
	4. FOOD	\$ 45.00	9. CHILD SUPPORT (order of court)	\$		\$		
5. CLOTHING	\$ 5.00	10. ALIMONY (order of court)	\$	B. TOTAL WEEKLY EXPENSES →	\$ 140.90			

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 2006	\$ 10.00
Medical (child)	\$ 1,250.00	\$ 850.00	June 2004	\$ 5.00
	\$	\$		\$
	\$	\$		\$
	\$	\$		\$
	\$	\$		\$
C. TOTAL LIABILITIES (Total Balance Due on Debts) →		\$ 1,450.00	D. TOTAL WEEKLY LIABILITY EXPENSE →	\$ 15.00

(continued)

4. ASSETS	A. Real Estate	Home	ADDRESS none			VALUE (Est) \$	MORTGAGE \$	EQUITY \$ 0.00
		Other:	ADDRESS			VALUE (Est) \$	MORTGAGE \$	EQUITY \$
		Other:	ADDRESS			VALUE (Est) \$	MORTGAGE \$	EQUITY \$
	B. Motor Vehicles	Car 1:	YEAR	MAKE	MODEL	VALUE \$	LOAN BALANCE \$	EQUITY \$ 0.00
		Car 2:	YEAR	MAKE	MODEL	VALUE \$	LOAN BALANCE \$	EQUITY \$ 0.00
	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	COMPANY		FACE AMOUNT	CASH VALUE	AMT. OF LOAN	TOTAL VALUE	
	none			\$	\$	\$		
				\$	\$	\$		
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 →					\$ 350.00	
5. HEALTH INSURANCE	NAME AND ADDRESS OF HEALTH OR DENTAL INSURANCE CARRIER (Do not include policy number)							
	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)	\$	160.70	TOTAL CASH VALUE OF ASSETS (E)
			\$ 350.00
TOTAL WEEKLY EXPENSES AND LIABILITIES (B + D)	\$	155.90	TOTAL LIABILITIES (TOTAL BALANCE DUE ON DEBTS) (C)
			\$ 1,450.00

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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