

Legal Services Offices

Statewide Legal Services: (Entry point for the legal services network in Connecticut). **860-344-0380** Central CT area or **1-800-453-3320**.

Other Legal Services Programs:

Hartford, Hartford County:

Greater Hartford Legal Aid

999 Asylum Avenue
Hartford, CT 06105-2465
(860) 541-5000
FAX: (860) 541-5050

Greater New Haven Area:

New Haven Legal Assistance Association, Inc.

426 State Street
New Haven, CT 06510
(203) 946-4811
TDD: (203) 946-4811
FAX: (203) 498-9271

Visit us on the internet:

www.slsct.org
www.ghla.org
www.nhlegal.org
www.connlegalservices.org
www.larcc.org

This pamphlet was produced by the Legal Assistance Resource Center of CT in cooperation with Connecticut Legal Services, Greater Hartford Legal Aid, New Haven Legal Assistance Association, and Statewide Legal Services.

The information in this pamphlet is based on the laws in CT as of December 2009. We hope that the information is helpful. It is not intended as legal advice for an individual situation. If you need further help and have not done so already, please call Statewide Legal Services (see above) or contact an attorney.

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(no changes from August 2008)

Throughout Connecticut:

Statewide Legal Services (see left)

Connecticut Legal Services:

Administrative Office: (860) 344-0447

Offices:

211 State Street
Bridgeport, CT 06604
(203) 336-3851

16 Main Street
New Britain, CT 06051
(860) 225-8678

153 Williams Street
New London, CT 06320
(860) 447-0323

20 Summer Street
Stamford, CT 06901
(203) 348-9216

85 Central Avenue
Waterbury, CT 06702
(203) 756-8074

872 Main St., P.O. Box 258
Willimantic, CT 06226
(860) 456-1761

CLS Satellite Offices:

Danbury (203) 348-9216
Meriden (860) 225-8678
Middletown (860) 225-8678
Norwalk (203) 899-2451
Norwich (860) 447-0323
Rockville 1-800-413-7796
Torrington 1-800-413-7797

AIDS Legal Network for CT

999 Asylum Avenue
Hartford, CT 06105-2465
(860) 541-5027 or 1-888-380-3646

A Guide to Financial Affidavits

FINANCIAL AFFIDAVIT STATE OF CONNECTICUT court use only
JD-FM-6 SUPERIOR COURT
www.jud.ct.gov

My Notes

Income _____

Expenses _____

Debts _____

December 2009

Financial Affidavits

In divorce, legal separation, and custody cases, each side will be required to file a financial affidavit on a form provided by the court. This form has information that will help the judge make orders concerning money such as deciding the amount of alimony or child support to order. A financial affidavit must always be filed at the final hearing at the end of the case. A financial affidavit is also needed at hearings where pendente lite (temporary) support or alimony is being decided. It may also be needed if either party is asking the court to appoint an attorney for the child. This booklet will help you fill out the financial affidavit form.

A *different* financial affidavit form is needed if you want to ask the court to waive certain fees, such as filing fees or services fees. In these cases, the form is called an "Application for Waiver of Fees." If you need help filling out the financial affidavit on the Application for Waiver of Fees, see the Legal Aid booklet, *A Guide to Fee Waivers*.

Both affidavits are under oath (meaning you swear that what you wrote is true). So if you file both forms, you should check to make sure you use the same total amount to calculate the weekly and monthly numbers. (*Note:* the financial affidavit form discussed below is based on WEEKLY numbers while the fee waiver form is based on MONTHLY. Therefore, your numbers should be different on the two forms. *For example:* You spend \$520 a year on electricity: Your *weekly* expense would be \$10 which you would put on the Financial Affidavit form; while your *monthly* expense of \$43.33 would go on the Fee Waiver form.)

How to File a Financial Affidavit

Step

1 Get several **Financial Affidavit** forms (form #JD-FM-06). Get at least one extra to use as a rough draft. You can get the blank forms at the court or from the state's judicial website (www.jud.ct.gov).

Step

2 Gather your pay stubs, bills recently received or paid, your checkbook, and bank account statements. You will need to look at these items as you complete your financial affidavit form.

Step

3 Complete the form and take it to a notary, attorney, or court clerk. **REMEMBER - do not sign the form until** you are in front of the notary, attorney or court clerk. If you sign the form in court, you can ask any attorney or clerk to witness your signature.

Step

4 Make copies of the form for yourself, the other party, and his/her lawyer. Present the original financial affidavit to the court during your hearing or with a copy of your agreement.

✓ Before you sign, keep these points in mind:

- You must complete both sides of the form.
- If you do not own something that the form asks about, write either "none" or "0" in that space.
- When you are done filling out the form, you must swear to it and sign it in front of a notary public, attorney or court clerk.

How to Fill Out The Form

Looking at **SAMPLE FORM 1** (if you work) or **FORM 1A** (if you receive public benefits) begin to fill in the information on your blank form. You must give the docket number, name of the case, the address of the court, and the date. In the section "Name of Affiant", put your name. Then, check off whether you are the *plaintiff* (the person who *complained* and brought the lawsuit) or the *defendant* (the person who is being sued and must *defend*). In the samples in this book, you are noted as the plaintiff. However, if this is an existing case and you are the defendant in it, you must put a check next to "defendant."



Continue filling in the financial affidavit:

1. WEEKLY INCOME

A. From Principal Employment

If you are working, fill in your average gross (before taxes) weekly income for the past 13 weeks. You can figure this out from your wage stubs by adding your last 13 weekly gross income amounts and dividing by 13. If you are not working, put "none" or 0."

Gross Wage is your weekly wages before any deductions.

Deductions. Write down amounts that are taken from your wages. These include federal tax, state tax, FICA, wage attachments, health insurance, union dues, etc.



Total Deductions. Add up all your deductions.

Net Wage is your take-home pay. (Gross wage minus deductions).

B. All Other Income

If you have any other regular income such as from a second job, pensions, state welfare, food stamps, unemployment compensation, alimony, child support, etc., you must note it here. Then fill in gross, deductions, and net as you did for "A" above.

If you get money from your spouse sometimes in the form of alimony or child support, but you cannot count on getting this money, you can make a note as is done in Sample 1.

A. TOTAL NET WEEKLY INCOME

Add the net weekly wage and income from A and B above and write it in the dark box marked "A."

2. WEEKLY EXPENSES

Be sure to compute your expenses on a **weekly** basis. (NOTE: This weekly amount is different from the fee waiver affidavit form where you must report expenses on a monthly basis.) If a bill is paid monthly, divide the monthly expense by 4.3 to come up with a

weekly expense (there are 4.3 weeks in a month). If a bill is paid yearly, divide the yearly expense by 52 to come up with a weekly expense.



1. Rent or Mortgage. Put the amount you pay for your home. If you have a mortgage which includes taxes, and you can't separate the two, put both under mortgage.

2. Real Estate Taxes. Weekly cost, if not included in "1" above.

3. Utilities. Weekly average. (If you are unsure of the exact amount, write "estimate" after the amount.)

4. Food. Weekly average (If you are unsure of the exact amount, write "estimate" after the amount.)

5. Clothing. Figure out how much you spend each year and divide by 52. (If you are unsure of the exact amount, write "estimate" after the amount.)

6. Transportation. Include all costs to keep your car running. Write the costs under the appropriate categories of gas/oil, repairs or car loan. (For example, if you spend \$15 per week on gas, and spent \$300 in the last 15 weeks on repairs and oil, then the repairs average \$20 per week.) If you are using public transportation, put the amount you generally spend on this as a weekly expense. List car insurance premiums under the next category: "Insurance Premiums."

7. Insurance Premiums. On a weekly basis. Include health insurance only if it is not already listed as a pay deduction.

8. Medical and Dental Expenses. Figure out how much you spend on medical and dental bills and prescriptions in one year and divide by 52. Do **not** include insurance or expenses reimbursed by insurance. Do include co-payments for doctor or hospital visits and for prescription drugs.

9. Child Support. Any court-ordered child support you **pay** should be stated here (not child support you are receiving).

10. Alimony. Write only that amount which the court has ordered you to pay and that you are actually paying.

11. Daycare. Write how much you spend weekly on child care. Include cost of nursery school, baby-sitters, afterschool care, etc.

12. Other. Include personal and other miscellaneous expenses (weekly). Examples include: diapers, laundry, haircuts, cigarettes, church offerings, children's school expenses, school and lunches, toys, recreation, movie rentals, toiletries (for example, shampoo, contact lens fluid, make-up), newspapers, stamps, etc.

B. TOTAL WEEKLY EXPENSES

Add up your expenses and write in this amount. Then, compare this total to your **Weekly Income**. Most likely your expenses will be greater than your income. If your income is greater than your expenses, are you really saving that amount each week? If not, now is a good time to find out where your money is going or to figure how much you will need in support from your ex-spouse to meet your expenses.

3. LIABILITIES (DEBTS)

Liabilities are debts you owe. Think of every person or company you owe money to and list them here. Don't forget to include such things as overdue utility bills, tax bills, personal and student loans, credit cards, store credit cards, outstanding medical bills, etc.

Creditor is the person or company to whom you owe money.

Under **Amount of Debt**, state the original debt owed.

Balance Due is the amount you still owe.

Under **Date Debt Incurred**, if you are not sure of the exact date you got the debt, just put the month and year or just the year. If it is an open account such as MasterCard or Visa, you do not need to put a date.

Weekly Payment is the amount you pay on the debt every week. (Again, divide your monthly payment by 4.3 to get the weekly amount). If you are not making any payments because you have not been able to do so, write "0" on this line. If you have already put your auto loan payments under **Weekly Expenses**, you should **not** put them down again.

C. TOTAL LIABILITIES (Total Balance Due on Debts)

Total Liabilities is the sum or total of the Balance Due column.

D. TOTAL WEEKLY LIABILITY EXPENSE ▶

Total Weekly Liability Expense is the total of the Weekly Payments column.

4. ASSETS

Here you must list your assets; that is, any valuable property you own. You may estimate the value if you don't have the exact figures.

A. Real Estate.

Value. Place an estimated value of your home if it were sold today. If unsure, write "unknown."

Mortgage is the amount still owed on the home and on any liens on the property.

Equity is how much of the home **you** own. Your equity is the difference between the estimated value of your home and all mortgages and liens. If you own only half-interest in the house, put "half equity" and fill in value of your share.

B. Motor Vehicles.

State what car or cars you own by year, make and model.

Value is the book or present value of your car. (You can look up the value in Kelly's Blue Book or on the web at www.kbb.com. Another website is www.nada.com).

Loan Balance is the amount still owed on any car loans.

Equity is the value of your car *minus* the loan balance. For example, if the value of the car is \$2000 and the loan balance is \$1500, then you own \$500 equity in your car.



C. Other Personal Property.

If you own valuable jewelry or antiques, a boat, a motorcycle, etc., list the items and their value if you were to sell them today, not what you paid for them. Used furniture, except for antiques, has a low resale value. (If you own only furniture and clothing that are not especially valuable, write "household goods-nominal value" and put a dash(--)) where it says "**Total Value**").

D. Bank Accounts.

If you have money in a bank account, state the type of account, bank name and the amounts on deposit. Calculate and write the total where it says total bank accounts. (**Note:** If you keep a checking account only for paying bills, write "checking account--only for paying bills" and list the *average* monthly balance where it says "**Total Bank Accounts**").

E. Stocks, Bonds, Mutual Funds.

If you own any, write the name, number of shares, type and value or put "0" or "--".

F. Insurance.

This section is for life insurance you own on your own life or on someone else's life. State the name of the insured person and the name of the company that issued the policy. There are two types of life insurance: **whole life** and **term**.

A **term life** insurance policy does not build cash value from which you can borrow. It only pays money when the person insured dies and is never paid up. The policy is cancelled when you stop making payments.

A **whole life** insurance policy requires you to make monthly payments for a specified number of years. At the end of that time, the policy is paid for and no more monthly payments are needed. The policy will have a **cash value** from which you can borrow.

Face Amount is the amount policy will pay if the insured person dies.

Cash Value is the amount you would receive were you to cancel a **whole life** policy. If you don't know the cash value, call your insurance company or agent for the information. (**Note:** If you have term insurance the cash value is "0".) If you have borrowed on the policy, **amount of the loan** is the amount you borrowed that you have not yet repaid. (That is, the amount you still owe, not including interest). You may have to call the insurance company for this information if it is not on your monthly statement.

Calculate and write in the total value of the insurance.

G. Deferred Compensation Plans.

Deferred Compensation Plans are any pension or retirement plans, including IRAs or KEOGH plans. Total Value is what they are worth at the time you are filling out the affidavit.

If you have a 401K-type (defined contribution) pension plan, you should be receiving statements of the value of your interest in the plan at least once a year. Use the value as of the last statement that you received.

If you have a traditional pension plan based on your average salary and the number of years you worked (defined benefit plan), you do not receive statements as to the current value of your interest in the plan. You will have to ask your plan administrator to provide you with this information. Some plan administrators will not provide a current value, in which case you should write "unknown" in the space provided.

H. All Other Assets.

In this section, write down any other valuable items you might own. If none, write "0" for total value.

I. Total.

Add up the amounts you have written down for all your assets in parts A-H and write the total in the dark box.

*E. Total Cash Value ▶
of All Assets.*

5. HEALTH INSURANCE

If you have health insurance, write the name and address of your health and/or dental insurance carrier, your policy number, and the names of the persons covered by the policy here.

SUMMARY

Transfer the totals from boxes A-E to Sections 1, 2, 3 and 4 on the back.

CERTIFICATION

You must swear to the truth of your financial statement and sign it in front of a notary public or an attorney who must then sign that it was sworn to and signed in front of him/her.

Congratulations! You have completed the financial affidavit. Make photocopies and give the original to the court clerk, give one copy to the opposing attorney, and the other party, and keep one for yourself. You may have to refer to your financial affidavit during a hearing. Or you may need to periodically update your financial affidavit--you can use the existing one as a starting point.

Sample 1 (If you work)

FINANCIAL AFFIDAVIT <small>JD-FM-6 Rev. 1-08 P.B. 25-30</small>		STATE OF CONNECTICUT SUPERIOR COURT <small>www.jud.ct.gov</small>	<small>COURT USE ONLY</small> FINAFF				
FOR THE JUDICIAL DISTRICT OF Fairfield		AT (Address of court) 1061 Main St., Bridgeport CT	DOCKET NO. (FA-90-write docket #)				
NAME OF CASE O'Hara v Butler		NAME OF AFFIANT (Person submitting this form) (put your name)					
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			
	1. FICA	\$ 23.00	4. Medical Insurance	\$ 10.00	GROSS WKLY WAGE FROM PRINCIPAL EMPLOYMENT → \$ 350.00		
	2. FIT	\$ 14.00	5.	\$	TOTAL DEDUCTIONS → \$ 53.00		
	3. Union dues	\$ 6.00	6.	\$	NET WEEKLY WAGE → \$ 297.00		
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 → \$		
	1. none	\$ 0.00	2.	\$	\$ 0.00		
	DEDUCTIONS	AMOUNT/WEEK	DEDUCTIONS	AMOUNT/WEEK	TOTAL DEDUCTIONS → \$		
		\$		\$	NET WEEKLY INCOME FROM OTHER SOURCES → \$ 0.00		
		\$		\$			
<small>ADD "NET WEEKLY WAGE" FROM SECTION A. AND "NET WEEKLY INCOME" FROM SECTION B. AND ENTER TOTAL BELOW:</small>							
A. TOTAL NET WEEKLY INCOME → \$ 297.00							
2. WEEKLY EXPENSES	1. RENT OR MORTGAGE	\$ 100.00	6. TRANSPORTATION	Gas/Oil	\$	11. DAY CARE	\$ 50.00
	2. REAL ESTATE TAXES	\$		Repairs	\$	12. OTHER (specify below)	
		\$		Auto Loan	\$		\$
	3. UTILITIES	Fuel	\$ 15.00	Public Trans.	\$ 50.00		\$
		Electricity	\$ 15.00	Medical/Dental	\$		\$
		Gas	\$ 10.00	Automobile	\$		\$
		Water	\$	Home-owners	\$		\$
		Telephone	\$ 10.00	Life	\$		\$
		Trash Collection	\$	8. MEDICAL/DENTAL	\$		\$
	Cable T.V.	\$	9. CHILD SUPPORT (order of court)	\$		\$	
	4. FOOD	\$ 75.00	10. ALIMONY (order of court)	\$		\$	
	5. CLOTHING	\$ 5.00				\$	
	B. TOTAL WEEKLY EXPENSES → \$ 330.00						
	3. LIABILITIES (DEBTS)	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 Utility Company	\$ 400.00	\$ 200.00	winter 2006	\$ 10.00	
Medical (child)		\$ 1,250.00	\$ 850.00	June 2004	\$ 0.00		
Visa		\$ 1,000.00	\$ 900.00		\$ 8.00		
		\$	\$		\$		
		\$	\$		\$		
		\$	\$		\$		
		\$	\$		\$		
C. TOTAL LIABILITIES (Total Balance Due on Debts) → \$ 1,950.00							
D. TOTAL WEEKLY LIABILITY EXPENSE → \$ 18.00							

(continued)

(Continued on next page)

(Sample 1A continued)

Notes

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		\$	\$	\$				
			\$	\$	\$				
							\$ 0.00		
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)					