

FINANCIAL AFFIDAVIT

JD-FM-6 Rev. 2-04
P.B. 25-30

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

COURT USE ONLY	mFlow.FFBarcode
FINAFF	
DOCKET NO	
(FA-90)	
NAME OF AFFIANT (Person submitting this form) (put your name)	
<input checked="" type="checkbox"/> PLAINTIFF	<input type="checkbox"/> DEFENDANT

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.)

SOURCE OF INCOME	GROSS AMT/WK	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

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

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
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1. RENT OR MORTGAGE	\$ 102.00	6. TRANSPORTATION	Gas/Oil	\$ 12.00	11. DAY CARE	\$ 25.00
2. REAL ESTATE TAXES	\$		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	7. INSURANCE PREMIUMS				\$
5. CLOTHING	\$ 5.00	8. MEDICAL/DENTAL	\$			\$
		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
Visa	\$ 1200.00	\$ 1200.00		\$ 7.50
	\$	\$		\$
	\$	\$		\$
	\$	\$		\$
C. TOTAL LIABILITIES (Total Balance Due on Debts):	\$	2250.00	D. TOTAL WEEKLY LIABILITY EXPENSE:	\$ 17.50