

FINANCIAL AFFIDAVIT

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P.B 25-30

STATE OF CONNECTICUT
SUPERIOR COURT
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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** PLAINTIFF 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.	\$	4.	\$		\$ 0.00
2.	\$	5.	\$	TOTAL DEDUCTIONS	\$ 0.00
3.	\$	6.	\$	NET WEEKLY WAGE:	\$ 0.00

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. TFA	\$ 140.70	2. Food Stamps	\$ 20.00		\$ 160.70
DEDUCTIONS	\$	DEDUCTIONS	\$	TOTAL DEDUCTIONS	\$ 0.00
	\$		\$	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

1. RENT OR MORTGAGE		2. REAL ESTATE TAXES		3. UTILITIES		4. FOOD		5. CLOTHING		6. TRANSPORTATION		7. INSURANCE PREMIUMS		8. MEDICAL/DENTAL		9. CHILD SUPPORT (order of court)		10. ALIMONY (order of court)		11. DAY CARE		12. OTHER (specify below)		
	\$ 46.90		\$	Fuel	\$	Gas/Oil	\$			Repairs	\$													
				Electricity	\$ 7.00	Auto Loan	\$			Public Trans	\$ 8.00													
				Gas	\$ 10.00	Medical/Dental	\$			Automobile	\$													
				Water	\$	Home-owners	\$			Life	\$													
				Telephone	\$ 8.00																			
				Trash Collection	\$																			
				Cable T.V.	\$																			
	\$ 45.00																							
	\$ 5.00																							
										B. TOTAL WEEKLY EXPENSES:		\$ 134.90												

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 98	\$ 10.00
Medical (child)	\$ 1000.00	\$ 450.00	6/95	\$ 14.30
	\$	\$		\$
	\$	\$		\$
	\$	\$		\$
	\$	\$		\$
	\$	\$		\$
C. TOTAL LIABILITIES (Total Balance Due on Debts):		\$ 1050.00	D. TOTAL WEEKLY LIABILITY EXPENSE:	\$ 24.30

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	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		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:							\$ 350.00

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)	\$ 160.70	TOTAL CASH VALUE OF ASSETS (E)	\$ 350.00
TOTAL WEEKLY EXPENSES AND LIABILITIES (B + D)	\$ 159.20	TOTAL LIABILITIES (TOTAL BALANCE DUE ON DEBTS) (C)	\$ 1050.00

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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