

FINANCIAL AFFIDAVIT

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

STATE OF CONNECTICUT
SUPERIOR COURT
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COURT USE ONLY
FINAFF



DOCKET NO.

FOR THE JUDICIAL DISTRICT OF	AT (Address of court)	NAME OF AFFIANT (Person submitting this form)
NAME OF CASE		<input type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT
OCCUPATION	NAME OF EMPLOYER	
ADDRESS OF EMPLOYER		

1.	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.	\$	TOTAL DEDUCTIONS →	\$		
	2.	\$	5.	\$	NET WEEKLY WAGE →	\$		
	3.	\$	6.	\$				
	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.	\$	TOTAL DEDUCTIONS →	\$		
	DEDUCTIONS	AMOUNT/WEEK	DEDUCTIONS	AMOUNT/WEEK	NET WEEKLY INCOME FROM OTHER SOURCES →	\$		
		\$		\$	ADD "NET WEEKLY WAGE" FROM SECTION A, AND "NET WEEKLY INCOME" FROM SECTION B, AND ENTER TOTAL BELOW:			
	\$		\$	A. TOTAL NET WEEKLY INCOME →	\$			
2.	1. RENT OR MORTGAGE		\$	6. TRANSPORTATION	Gas/Oil	\$	11. DAY CARE	\$
	2. REAL ESTATE TAXES		\$		Repairs	\$	12. OTHER (specify below)	
	3. UTILITIES	Fuel	\$	7. INSURANCE PREMIUMS	Auto Loan	\$		\$
		Electricity	\$		Public Trans.	\$		\$
		Gas	\$		Medical/Dental	\$		\$
		Water	\$	Automobile	\$		\$	
		Telephone	\$	Home-owners	\$		\$	
	Trash Collection	\$	Life	\$		\$		
	Cable T.V.	\$	8. MEDICAL/DENTAL		\$		\$	
	4. FOOD		\$	9. CHILD SUPPORT (order of court)		\$		\$
5. CLOTHING		\$	10. ALIMONY (order of court)		\$	B. TOTAL WEEKLY EXPENSES →	\$	
3.	CREDITOR (Do not include mortgages or loan balances that will be listed under assets.)		AMOUNT OF DEBT	BALANCE DUE	DATE DEBT INCURRED	WEEKLY PAYMENT		
			\$	\$		\$		
			\$	\$		\$		
			\$	\$		\$		
			\$	\$		\$		
			\$	\$		\$		
			\$	\$		\$		
C. TOTAL LIABILITIES (Total Balance Due on Debts) →				\$	D. TOTAL WEEKLY LIABILITY EXPENSE →	\$		

(continued)

4. ASSETS	A. Real Estate	Home	ADDRESS			VALUE (Est) \$	MORTGAGE \$	EQUITY \$
		Other:	ADDRESS			VALUE (Est) \$	MORTGAGE \$	EQUITY \$
		Other:	ADDRESS			VALUE (Est) \$	MORTGAGE \$	EQUITY \$
	B. Motor Vehicles	Car 1:	YEAR	MAKE	MODEL	VALUE \$	LOAN BALANCE \$	EQUITY \$
		Car 2:	YEAR	MAKE	MODEL	VALUE \$	LOAN BALANCE \$	EQUITY \$
	C. Other Personal Property	DESCRIBE AND STATE VALUE OF EACH ITEM						TOTAL VALUE
								\$
	D. Bank Accounts	BANK NAME, TYPE OF ACCOUNT, AND AMOUNT						TOTAL BANK ACCOUNTS
								\$
	E. Stocks, Bonds Mutual Funds	NAME OF COMPANY, NUMBER OF SHARES, AND VALUE						TOTAL VALUE
						\$		
F. Insurance (exclude children)	NAME OF INSURED		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						TOTAL VALUE (less loans)	
							\$	
H. All Other Assets							TOTAL VALUE	
							\$	
I. Total	E. TOTAL CASH VALUE OF ALL ASSETS →						\$	

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

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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