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FINANCIAL AFFIDAVIT
JD-FM-6-SHORT Rev. 2-16
P.B. §§ 25-30, 25a-15; WCAG 2.1 AA

STATE OF CONNECTICUT
SUPERIOR COURT
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Docket number
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Instructions

*Use this short version if your **gross annual income is less than $75,000** (see Section I. Income) and your **total net assets are less than $75,000** (see Section IV. Assets). Otherwise, use the long version, form JD-FM-6-LONG.*

For the Judicial District of | At *(Address of Court)*

Name of case

Name of affiant *(Person submitting this form)*

☐ Plaintiff ☐ Defendant

Certification

I understand that the information stated on this Financial Statement and the attached Schedules, if any, is complete, true, and accurate. **I understand that willful misrepresentation of any of the information provided will subject me to sanctions and may result in criminal charges being filed against me.**

I. Income

1) Gross Weekly Income/Monies and Benefits From All Sources

Computed based on year-to-date, but no less than the last 13 weeks. If computation is based on less than 13 weeks or if your computations are not reflective of current wages, explain:

Paid: ☐ Weekly ☐ Bi-weekly ☐ Monthly ☐ Semi-monthly ☐ Annually

If income is not paid weekly, adjust the rate of pay to weekly as follows:

Bi-weekly → divide by 2	Semi-monthly → multiply by 2, multiply by 12, divide by 52
Monthly → multiply by 12, divide by 52	Annually → divide by 52

(a)	Employer	Address	Base Pay:
Job 1			☐ Salary ☐ Wages $
Job 2			☐ Salary ☐ Wages $
Job 3			☐ Salary ☐ Wages $

Total of base pay from salary and wages of all jobs ..... $ **0.00**

(b) Overtime	$	(j) Child Support *(Actually received)*	$
(c) Self-employment	$	(k) Alimony *(Actually received)*	$
(d) Tips	$	(*l*) Rental and income producing property	$
(e) Social Security	$	(m) Contributions from household member(s)	$
(f) Disability	$	(n) Cash income	$
(g) Unemployment	$	(o) Veterans Benefits	$
(h) Worker's compensation	$	(p) Other:	$
(i) Public Assistance *(Welfare, TFA payments)*	$		

(q) Total Gross Weekly Income/Monies and Benefits From All Sources *(Add items a through p)* $ **0.00**

Hours worked per week

Gross yearly income from prior tax year. Provide amount of income, not copies of forms ..... $

List here and explain any other income including but not limited to: non-reported income; and support provided by relatives, friends, and others:

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2) Mandatory Deductions *(If consistent deductions don't occur every pay check **provide average amounts**.)*

	Job 1	Job 2	Job 3	Totals
(1) Federal income tax deductions *(claiming ___ exemptions)*	$	$	$	$ **0.00**
(2) Social Security or Mandatory Retirement	$	$	$	$ **0.00**
(3) State income tax deductions *(claiming ___ exemptions)*	$	$	$	$ **0.00**
(4) Medicare	$	$	$	$ **0.00**
(5) Health insurance	$	$	$	$ **0.00**
(6) Union dues	$	$	$	$ **0.00**
(7) Prior court order — child support or alimony	$	$	$	$ **0.00**
(8) **Total Mandatory Deductions** *(add items 1 through 7)*	$ **0.00**	$ **0.00**	$ **0.00**	$ **0.00**

3) Net Weekly Income..... $ **0.00**

Subtract the Total Mandatory Deductions [see item I., 2), (8)] from the Total Gross Weekly Income/Monies and Benefits From All Sources [see item I., 1), q)]

II. Weekly Expenses Not Deducted From Pay

If expenses are not paid weekly, adjust the rate of payment to weekly as follows:

Bi-weekly → divide by 2	Semi-monthly → multiply by 2, multiply by 12, divide by 52
Monthly → multiply by 12, divide by 52	Annually → divide by 52

Insert an ("x") in the box if you are **not** currently paying the expense, or if someone else is paying the expense.

Home:

Rent or Mortgage *(Principal, Interest — Real Estate Taxes and Insurance if escrowed)* ☐ $_____ Property taxes and assessments ..... ☐ $_____

Utilities:

Oil ..... ☐ $_____ Telephone/Cell/Internet..... ☐ $_____

Electricity ..... ☐ $_____ Trash Collection ..... ☐ $_____

Gas ..... ☐ $_____ T.V./Internet..... ☐ $_____

Water and Sewer..... ☐ $_____

Groceries *(after food stamps):* Including household supplies, formula, diapers ..... ☐ $_____

Transportation:

Gas/Oil ..... ☐ $_____ Auto Loan or Lease ..... ☐ $_____

Repairs/Maintenance ..... ☐ $_____ Public Transportation..... ☐ $_____

Automobile Insurance/Tax/Registration ... ☐ $_____

Insurance Premiums:

Medical/Dental *(Out-of-pocket expense after Health Savings Account/Plan)*..... ☐ $_____ Life..... ☐ $_____

Uninsured Medical/Dental not paid by insurance ..... ☐ $_____

Clothing ..... ☐ $_____

Child(ren):

Child Support of this case ..... ☐ $_____ Child Care Expense *(after deductions, credits and subsidies)*..... ☐ $_____

Child Support of other children other than this case *(attach a copy of the order)* ... ☐ $_____ Child(ren)'s activities *(e.g., lessons, sports, etc.)* ..... ☐ $_____

Alimony: Payable to this spouse ..... ☐ $_____ Alimony: Payable to another spouse ..... ☐ $_____

Extraordinary travel expenses for visitation with child(ren) ..... ☐ $_____

Other *(Specify):* _____ ☐ $_____

Total Weekly Expenses Not Deducted From Pay ..... $ **0.00**

III. Liabilities *(Debts)*

Do not include expenses listed above. Do not include mortgage current principal balance or loan balances that are listed under "Assets."

Creditor Name /Type of Debt		Balance Due	Date Debt Incurred/ Revolving	Weekly Payment
Credit Card, Consumer, Tax, Health Care, Other Debt				
	☐ Sole ☐ Joint	$		$
	☐ Sole ☐ Joint	$		$

	☐ Sole ☐ Joint	$		$
	☐ Sole ☐ Joint	$		$
	☐ Sole ☐ Joint	$		$

(A). Total Liabilities *(Total Balance Due on Debts)* ..... $ **0.00**

(B). Total Weekly Liabilities Expense ..... $ **0.00**

IV. Assets

Note: Under "Ownership" indicate S for sole, JTS for joint with spouse, and JTO for joint with other.
You must complete the last column to the right "Value of Your Interest" in each applicable section.

A. Real Estate *(including time share)*

Address	Ownership S	JTS	JTO	a. Fair Market Value *(Estimate)*	b. Mortgage Current Principal Balance	c. Equity Line of Credit and Other Liens	d. Equity (d = a minus (b + c))	e. Value of Your Interest
Home								
	☐	☐	☐	$	$	$	$ **0.00**	$
Other								
	☐	☐	☐	$	$	$	$ **0.00**	$
	☐	☐	☐	$	$	$	$ **0.00**	$

Total Net Value of Real Estate: $ 0.00

B. Motor Vehicles

Year	Make	Model	Ownership S	JTS	JTO	a. Value	b. Loan Balance	c. Equity (c = a minus b)	d. Value of Your Interest
1:			☐	☐	☐	$	$	$ **0.00**	$
2:			☐	☐	☐	$	$	$ **0.00**	$

Total Net Value of Motor Vehicles: $ 0.00

C. Bank Accounts

Do not include custodial accounts or child(ren)'s assets — complete Section V. below.

Institution	Account Number *(last 4 numbers only)*	Ownership S	JTS	JTO	Current Balance/ Value	Value of Your Interest
Checking						
		☐	☐	☐	$	$
Savings						
		☐	☐	☐	$	$
Other						
		☐	☐	☐	$	$

Total Net Value of Bank Accounts: $ 0.00

D. Stocks, Bonds, Mutual Funds

Company	Account Number *(last 4 numbers only)*	Listed Beneficiary	Current Balance/ Value
			$
			$

Total Net Value of Stocks, Bonds, Mutual Funds: $ 0.00

E. Insurance *(exclude children) D = Disability L = Life*

Name of Insured	D	L	Company	Account Number *(last 4 numbers only)*	Listed Beneficiary	Current Balance/ Value
	☐	☐				$
	☐	☐				$

Total Net Value of Insurance: $ 0.00

F. Retirement Plans *(Pensions on Interest, Individual IRA, 401K, Keogh, etc.)*

Type of Plan	Name of Plan/Bank/Company	Account Number *(last 4 numbers only)*	Listed Beneficiary	Receiving Payments	Current Balance/ Value
				☐ Yes ☐ No	$
				☐ Yes ☐ No	$

Total Net Value of Retirement Plans: $ 0.00

G. Business Interest/Self-Employment

If you own an interest in a business, or are self-employed, complete this section.

Name of Business	Percent Owned	Value
	%	$

Total Net Value of Business Interest/Self-Employment: $

H. Other Assets

Name of Asset	Current Balance/ Value	Name of Asset	Current Balance/ Value
	$		$
	$		$
	$		$
	$		$

Total Net Value of Other Assets: $ 0.00

I. Total Net Value All Assets *(add items A through H)*..... $ **0.00**

V. Child(ren)'s Assets

Include Uniform Gift to Minor Account, Uniform Trust to Minor Account, College Accounts/529 Account, Custodial Account, etc.

Institution	Account Number *(last 4 numbers only)*	Listed Beneficiary	Person Who Controls the Account *(Fiduciary)*	Current Balance/ Value
				$
				$

Total Net Value of Child(ren)'s Assets: $ 0.00

VI. Health *(Medical and/or Dental Insurance)*

Company	Name of Insured Person(s) Covered by the Policy

Do you or any member of your family have HUSKY Health Insurance Coverage? ☐ Yes ☐ No ☐ I Don't Know

If Yes, whom?

Important:
If you have other financial information that has not yet been disclosed, you have an affirmative duty to disclose that information. List additional information below:

Summary *(Use the amounts shown in Sections I. through IV.)*

Total Net Weekly Income *(See Section I. 3)*..... $ **0.00**

Total Weekly Expenses and Liabilities *(Total From Section II. + III.(B))*..... $ **0.00**

Total Cash Value of Assets *(See Section IV. I.)*..... $ **0.00**

Total Liabilities *(Total Balance Due on Debts) (See Section III. (A))*..... $ **0.00**

Certification

I certify under the penalties of perjury that the information stated on this Financial Statement and the attached Schedules, if any, is complete, true, and accurate. **I understand that willful misrepresentation of any of the information provided will subject me to sanctions and may result in criminal charges being filed against me.**

I, _____ the ☐ Plaintiff ☐ Defendant herein, residing at _____, telephone number _____, being duly sworn, depose and say that the following is an accurate statement of my income from all sources, my liabilities, my assets and my net worth, from whatever sources, and whatever kind and nature, and wherever situated.

Signed *(Affiant)*		Date signed
Signed *(Notary, Commissioner of Superior Court, Assistant Clerk, Other Proper Officer under Section 1-24 of the Connecticut General Statutes)*	Print name and title of person signing at left	Date signed

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