

FAIRFIELD COUNTY

Plaintiff/Petitioner

-vs-/-and-

Case No. : \_\_\_\_\_

FINANCIAL AFFIDAVIT/MOTION  
 FOR TEMPORARY ORDERS/AFFIDAVIT  
 OF HEALTH INSURANCE COVERAGE

Defendant/Petitioner

\_\_\_\_\_, Affiant(s), being duly sworn, say(s):

PART A - TEMPORARY RELIEF REQUESTED

I am requesting the following relief:

- |  |  |
|--|--|
| <input type="checkbox"/> Financial Disclosure Only     | <input type="checkbox"/> Spousal Support                                     |
| <input type="checkbox"/> Residential Parent Allocation | <input type="checkbox"/> Debt Allocation                                     |
| <input type="checkbox"/> Companionship Only            | <input type="checkbox"/> Legal Fees and Expenses<br>(Amount Requested _____) |
| <input type="checkbox"/> Child Support                 | <input type="checkbox"/> Other (Please Specify) _____                        |

PART B - NOTICE OF HEARING

This matter shall come on for non-oral hearing on affidavits only (parties and counsel need not appear) on the \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_ at \_\_\_\_\_m.

PART C - CASE INFORMATION		
	Husband	Wife
Full Name		
Street Address		
City/State/Zip		
Telephone		
Social Security No.		
Date of Birth/Age		
Date Married	When Separated	Number of Children
Children's Ages	With Whom Children Live	Number of Dependents
Children's Address	Home Rented or Owned? Occupied By	Number of Dependent Children by Previous Marriage - H _____ W _____

PART D - ANNUAL INCOME		
	Husband	Wife
Employer/Source of Income		
Street Address		
City/State/Zip		
Telephone		

Income (excluding overtime and bonuses)		
Gross annual overtime or bonuses	\$	\$
Gross annual unemployment benefits	\$	\$
Gross annual worker's compensation	\$	\$
Gross annual interest or dividends	\$	\$
Child support received for other children	\$	\$
Spousal support received from prior marriage	\$	\$
Other: (eg. pensions, annuities, etc.)	\$	\$
<b>TOTAL GROSS ANNUAL INCOME:</b>	\$	\$
*Attach Verification - Current Pay Stub, W-2's, Tax Return, Etc.		
<b>Deductions from Income</b>		
Income Tax Actually Paid (Federal/State/Local)	\$	\$
F.I.C.A.	\$	\$
Mandatory Retirement Plan	\$	\$
Union Dues	\$	\$
Health Insurance Coverage	\$	\$
Child Support Withheld From Income	\$	\$
Spousal Support Withheld From Income	\$	\$
<b>TOTAL ANNUAL DEDUCTIONS:</b>	\$	\$
<b>TOTAL NET ANNUAL INCOME:</b>	\$	\$

**PART E - FINANCIAL DISCLOSURE**

LIST ALL CASH AND FUNDS ON DEPOSIT IN ANY AND ALL ACCOUNTS IN ANY BANK, SAVINGS AND LOAN, CREDIT UNION OR OTHER FINANCIAL INSTITUTION. ACCOUNT MAY INCLUDE ONE OR MORE OF THE FOLLOWING: CHECKING, CERTIFICATE OF DEPOSIT, INVESTMENT, SAVINGS, INDIVIDUAL RETIREMENT, STOCK OPTION, ETC. NOTE - YOU ARE REQUIRED TO DISCLOSE ALL FUNDS IN WHICH YOU HAVE AN INTEREST REGARDLESS OF THE NAME IN WHICH THESE FUNDS ARE HELD. INCLUDE CASH OVER \$250.00.

Name of Financial Institution	Address	Account Number	Name On Account	Balance

PART F - DEPENDENT INFORMATION			
LIST EACH BIOLOGICAL OR ADOPTIVE MINOR CHILD, NOT THE SUBJECT OF THIS ACTION, LIVING WITH EITHER PARTY. (DO NOT INCLUDE THE CHILD(REN) INVOLVED IN THIS ACTION. DO NOT INCLUDE STEP-CHILDREN.)			
Husband's Household		Wife's Household	
Child's Name	Date of Birth	Child's Name	Date of Birth

PART G - EXPENSES				
STATE YOUR ACTUAL EXPENSES PER MONTH:				
	Husband		Wife	
1. Rent (Not to include mortgage payments)	\$		\$	
2. Utilities				
a. Gas	\$		\$	
b. Electric	\$		\$	
c. Phone	\$		\$	
d. Other (Identify)	\$		\$	
3. Insurance	\$		\$	
a. Auto	\$		\$	
b. Life	\$		\$	
c. Health (Not withheld from income)	\$		\$	
4. Uninsured Medical/Dental	\$		\$	
5. Clothing	\$		\$	
6. Groceries & Household Supplies	\$		\$	
7. Transportation				
a. Fuel	\$		\$	
b. Maintenance & Repairs	\$		\$	
8. Work-Related Child Care (Attach verification)	\$		\$	
9. Child Support Paid For Other Child(ren) (Not withheld from income)	\$		\$	
10. Spousal Support Paid For Ex-Spouse	\$		\$	
11. Other (Please identify)	\$		\$	

LIST ALL DEBTS OWED BY EACH PARTY, WHETHER ALLEGED TO BE MARITAL OR SEPARATE DEBT. DO NOT INCLUDE ANYTHING LISTED IN PART G AS EXPENSES.

Secured Creditors	Debtor H W J	Person in Possession, Use or Occupancy	Principal	Monthly Installment
Mortgage				
2nd Mortgage				
Auto				
Auto				
Other				
Unsecured Creditors	Debtor H W J		Principal	Monthly Installment

**PART I - GROUP HEALTH INSURANCE FOR MINOR CHILDREN**

INSTRUCTIONS: IF MINOR CHILDREN ARE INVOLVED IN THIS ACTION, ANSWER THE FOLLOWING QUESTIONS ABOUT THE AVAILABILITY, COST, AND COVERAGE OF GROUP HEALTH INSURANCE FOR THE MINOR CHILDREN. IF MINOR CHILDREN ARE NOT INVOLVED IN THIS ACTION, DO NOT COMPLETE PART I.

	Husband	Wife
AVAILABLE THROUGH EMPLOYER (Yes or No)		
AVAILABLE THROUGH NON-EMPLOYER (Yes or No)		
NAME AND ADDRESS OF INSURANCE COMPANY		
GROUP POLICY NUMBER		
COST TO YOU OR THE OTHER PARTY PER YEAR: (For children only)	\$	\$
Summarize the benefits of each plan (i.e. DEDUCTIBLES, CO-PAYMENTS, RMO, COMPREHENSIVE, MAJOR MEDICAL, DENTAL, OPTICAL, ETC...).		
Husband's Policy:		
Wife's Policy:		

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_.

Notary Public