

FINANCIAL AFFIDAVIT

JD-FM-6 Rev. 1-03
P.B. 25-30

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

COURT USE ONLY	
FINAFF	
DOCKET NO. 44-32323	
NAME OF AFFIANT Harold J Jones	
SUBMITTED BY <input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	

FOR THE JUDICIAL DISTRICT OF	AT (Address of court)
NAME OF CASE Harold J Jones VS. Marianne P Jones	
OCCUPATION Building Contractor	NAME OF EMPLOYER Merry Builders, Inc
ADDRESS OF EMPLOYER Merion, CT 19333	

1. Weekly Income	A. WEEKLY INCOME FROM PRINCIPAL EMPLOYMENT (Use weekly average not less than 13 weeks)							
	DEDUCTIONS	AMOUNT/WEEK	DEDUCTIONS (cont.)	AMOUNT/WEEK	GROSS WKLY WAGE FROM PRINCIPAL EMPLOYMENT =>	\$ 3,365		
	1.Fed Tax	\$	4.	\$	TOTAL DEDUCTIONS =>	\$ 0		
	2.State Tax	\$	5.	\$	NET WEEKLY WAGE =>	\$ 3,365		
	3.FICA/Soc Sec	\$	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 =>	\$ 355		
	1.Other Income	\$ 355	2.	\$	TOTAL DEDUCTIONS =>	\$ 0		
	DEDUCTIONS	AMOUNT/WEEK	DEDUCTIONS	AMOUNT/WEEK	NET WEEKLY INCOME FROM OTHER SOURCES =>	\$ 355		
		\$		\$	A. TOTAL NET WEEKLY INCOME =>	\$ 3,720		
2. Weekly Expenses	1. RENT or MORTGAGE	\$ 46	6. TRANS-PORTA-TION	Gas/Oil	\$ 30	11. DAY CARE	\$ 0	
	2. REAL ESTATE TAXES	\$ 96		Repairs	\$ 17	12. OTHER (specify below)		
	3. UTILITIES	Fuel	\$ 23	Auto Loan	\$ 115	Other Itemize	\$ 485	
		Electric	\$ 17	Public Tr.	\$ 10	Other Expense	\$ 0	
		Gas	\$ 0	7. INSURE-ANCE PREMIUM	Med/Dental	\$ 115		\$
		Water	\$ 10	Automobile	\$ 19		\$	
		Phone	\$ 12	Home	\$ 15		\$	
	Trash	\$ 0	Life	\$ 0		\$		
	Cable TV	\$ 9	8. MEDICAL/DENTAL	\$ 0		\$		
	4. FOOD	\$ 50	9. CHILD SUPPORT	\$ 46		\$		
5. CLOTHING	\$ 15	10. ALIMONY	\$ 0	B. TOTAL WKLY EXPENSE =>	\$ 1,130			
3. Liabilities (Debts)	CREDITOR (Do not include mortgages or loan balances that will be listed under assets.)		AMOUNT OF DEBT	BALANCE DUE	DATE DEBT INCURRED	WEEKLY PAYMENT		
	MasterCard Bank Two		\$ 5,000	\$ 3,456	1/2/2000	\$ 17		
	VISA Country Card		\$ 1,000	\$ 775	3/23/2001	\$ 28		
			\$	\$		\$		
			\$	\$		\$		
			\$	\$		\$		
C. TOTAL LIABILITIES (Total Balance Due on Debts)				\$ 4,231	D. TOTAL WEEKLY LIABILITY EXPENSE =>	\$ 45		

(continued)

4. Assets	A. Real Estate	Home	ADDRESS 40 Winding Way			VALUE (Est.) \$ 450,000	MORTGAGE \$ 320,000	EQUITY \$ 130,000
		Other:	ADDRESS Vacation Home			VALUE (Est.) \$ 100,000	MORTGAGE \$ 18,750	EQUITY \$ 81,250
		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
		Jewelry						1,500
		Paintings						700
								\$ 2,200
	D. Bank Accounts	BANK NAME, TYPE OF ACCOUNT, AND AMOUNT						TOTAL BANK ACCOUNTS
		First Union 1234567						1,875
								\$ 1,875
	E. Stocks Bonds Mutual Funds	NAME OF COMPANY, NUMBER OF SHARES, AND VALUE						TOTAL VALUE
Vanguard Index 500						12,755		
ibm stock						40,000		
							\$ 52,755	
F Insurance (exclude children)	NAME OF INSURED	COMPANY	FACE AMOUNT	CASH VALUE	AMT OF LOAN	TOTAL VALUE		
			\$	\$	\$			
			\$	\$	\$	\$ 0		
G. Deferred Compensation Plans	NAME OF PLAN (Individual I.R.A., 401K, Keogh, etc.) AND APPROX. VALUE						TOTAL VALUE	
	Vanguard IRA						12,555	
	AMFAC Teacher's Assn						23,207	
							\$ 35,762	
H. All Other Assets	Florida Condo 0						45,000	
	Mary Kay franchise						1,000	
							\$ 46,000	
I. Total	E. TOTAL CASH VALUE OF ALL ASSETS						=> \$ 349,842	

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)	\$ 3,720	TOTAL CASH VALUE OF ASSETS (E)	\$ 349,842
TOTAL WEEKLY EXPENSES AND LIABILITIES (B + D)	\$ 1,175	TOTAL LIABILITIES (TOTAL BALANCE DUE ON DEBTS) (C)	\$ 4,231

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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