



STATE OF CONNECTICUT JUDICIAL SELECTION COMMISSION

FINANCIAL AFFIDAVIT

Applicant: _____

I. GROSS ANNUAL INCOME

A.	Principal Employment		\$ _____
	<u>Deductions:</u>		
	Federal Taxes	_____	
	FICA/Medicare	_____	
	CT Taxes	_____	
	Other:	_____	

	Total:		\$ _____
	Net Annual Income from Principal Employment		\$ _____
B.	Other Income		
	Sources of Income, e.g.,		
	Dividends, Interest	_____	

	<u>Deductions:</u>	_____	
	Total:	_____	
	Net Annual Other Income		\$ _____
	TOTAL ANNUAL NET INCOME:		\$ _____

II. ANNUAL EXPENSES

A.	Mortgage(s) or Home Equity Line(s) of Credit		\$ _____
B.	Real Estate Taxes		\$ _____
C.	Insurance Premiums:		
	Medical/Dental	_____	
	Automobile	_____	
	Homeowners	_____	
	Total:		\$ _____
D.	Medical and Dental Expenses		\$ _____
E.	Child Support		\$ _____
F.	Alimony		\$ _____
G.	Day Care		\$ _____
H.	Other:	_____	

	TOTAL ANNUAL EXPENSES:		\$ _____
			\$ _____



STATE OF CONNECTICUT JUDICIAL SELECTION COMMISSION

III. LIABILITIES (include joint and several obligations)

A.	Creditor	Amt. Debt	Bal. Due	Annual Pmt.
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TOTAL LIABILITIES:			\$ _____	\$ _____

IV. ASSETS (include individual and jointly held)

A. Real Estate

Home: Address _____

Value: _____ \$ _____

Mortgage: _____ \$ _____

Equity: _____ \$ _____

Other: Address _____

Value: _____ \$ _____

Mortgage: _____ \$ _____

Equity: _____ \$ _____

B. Bank Accounts

Bank	Type of Account	Value
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		\$ _____

C. Stocks, Bonds, Mutual Funds

Company	Number of Shares	Value
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		\$ _____

D. Deferred Compensation Plans

Name of Plan	Approximate Value
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\$ _____	



STATE OF CONNECTICUT JUDICIAL SELECTION COMMISSION

E. All Other Assets	Approximate Value
_____	_____
_____	_____
_____	_____
TOTAL CASH VALUE OF ALL ASSETS:	\$ _____
	\$ _____

SUMMARY

TOTAL ANNUAL NET INCOME	\$ _____
TOTAL ANNUAL EXPENSES (II AND III)	\$ _____
TOTAL CASH VALUE OF ASSETS	\$ _____
TOTAL BALANCE LIABILITIES (III)	\$ _____

CERTIFICATION

I hereby certify that the foregoing statement is true and accurate to the best of my knowledge and belief.

Subscribed and sworn to before me this _____ day of _____, _____.

Commissioner of the Superior Court
Notary Public
My Commission Expires: