

FINANCIAL AFFIDAVIT FOR Wife

Court: Superior

Case Number: 43-77792

Lisa S Mallinkrodt

v. Michael R Mallinkrodt

SECTION I.

Name: Lisa S Mallinkrodt
Soc. Sec. No: 111-11-1111
Date of Birth: 4/7/1972
Address: 447 Whispering Wind Ln.
City: Hartford
State: CT
Zip: 06043

SECTION II. INCOME

Table with 12 rows of income items and a total row. Items include Monthly Salary (2,500), Monthly Overtime, Tips, Bonus, Commission, etc. (0), Monthly Business/Partnership Income (0), Monthly Pension, IRA, Annuity (0), Monthly Interest & Dividends (12), Monthly Social Security (0), Monthly Unemployment, Disab., Workers' Comp. (0), Monthly Public Aid / Food Stamps (0), Monthly Rental, Royalty (0), Monthly Prior Alimony & Support Received (0), Monthly Other Income (0). Total Monthly Income (add lines 1-12) is 2,512.

SECTION III. DEDUCTIONS

Table with 12 rows of deduction items and a total row. Items include Monthly Federal Tax (-164), Monthly State Tax (111), Monthly Local Income Tax (0), Monthly FICA & Medicare Tax (191), Monthly Prior Support Obligation (0), Monthly Prior Alimony Obligation (0), Monthly Mandatory Retirement Contribution (0), Monthly Union Dues (0), Monthly Other (Health Insurance, Life Insurance.) (0). Total Monthly Deductions is 138.

25. Monthly Income After Deductions: 25. \$ 2,374

---

---

**SECTION IV. AVERAGE EXPENSES**

---

---

**HOUSEHOLD EXPENSES:**

|  |                     |
|--|---------------------|
| 27. Monthly Mortgage (first) . . . . .                                     | 327                 |
| 28. Monthly Mortgage (second) . . . . .                                    | 80                  |
| 29. Monthly Rent. . . . .  | 0                   |
| 30. Monthly Condo Fee. . . . .   | 0                   |
| 31. Monthly Local & Property Tax. . . . .                                  | 75                  |
| 32. Monthly Electricity. . . . .   | 79                  |
| 33. Monthly Oil / Heat Fuel. . . . .                                       | 92                  |
| 34. Monthly Water/Sewer. . . . .   | 42                  |
| 35. Monthly Gas or Propane for Heat. . . . .                               | 0                   |
| 36. Monthly Phone & Cell Phone. . . . .                                    | 239                 |
| 37. Monthly Cable TV. . . . .  | 50                  |
| 38. Monthly Internet Access. . . . .                                       | 50                  |
| 39. Monthly Household Supplies, Cleaning, Maintenance, Paint, etc. . . . . | 166                 |
| 40. Monthly Laundry & Dry Cleaning. . . . .                                | 0                   |
| 41. Monthly Homeowners' & Renters Insurance. . . . .                       | 167                 |
| 42. Monthly Lawn & Snow Service. . . . .                                   | 84                  |
| 43. Monthly Trash Removal. . . . .   | 0                   |
| 44. Monthly Furniture & Appliance Repair. . . . .                          | 0                   |
| 45. Monthly Other Household. . . . .                                       | 0                   |
| 46. Monthly Other Utilities. . . . .                                       | 0                   |
| 47. _____  |                     |
| <b>48. Total Monthly Household Expenses . . . . .</b>                      | <b>48. \$</b> 1,451 |

**TRANSPORTATION EXPENSES:**

|  |                   |
|--|-------------------|
| 49. Monthly Car Payments. . . . .                          | 229               |
| 50. Monthly Car Insurance. . . . .                         | 40                |
| 51. Monthly Car Gas, Maintenance, License. . . . .         | 141               |
| 52. Monthly Parking, Tolls, Public Transportation. . . . . | 19                |
| 53. Monthly Other Transportation. . . . .                  | 0                 |
| 54. _____  |                   |
| <b>55. Total Monthly Transportation Expenses . . . . .</b> | <b>55. \$</b> 429 |

**EXPENSES FOR CHILD(REN):**

|   |                   |
|---|-------------------|
| 56. Monthly Child Care & Sitters. . . . .                   | 225               |
| 57. Monthly Child Clothing. . . . .                         | 0                 |
| 58. Monthly Child Education Tuition. . . . .                | 0                 |
| 59. Monthly Child Education Other. . . . .                  | 125               |
| 60. Monthly Child Doctor, Dentist, Medication, etc. . . . . | 70                |
| 61. Monthly Child Groceries. . . . .                        | 100               |
| 62. Monthly Child Tutors, Lessons, Supplies. . . . .        | 0                 |
| 63. Monthly Child Allowance. . . . .                        | 20                |
| 64. Monthly Child Vacation & Summer Camp. . . . .           | 83                |
| 65. Monthly Child Other. . . . .                            | 18                |
| 66. _____   |                   |
| <b>67. Total Monthly Child Expenses . . . . .</b>           | <b>67. \$</b> 641 |

**PERSONAL EXPENSES:**

|  |     |
|--|-----|
| 68. Monthly Restaurants & Entertainment. . . . . | 63  |
| 69. Monthly Food / Groceries. . . . .            | 347 |
| 70. Monthly Clothes. . . . .                     | 67  |
| 71. Monthly Liquor, Beer, Wine. . . . .          | 22  |
| 72. Monthly Cigarettes. . . . .                  | 0   |
| 73. Monthly Travel. . . . .                      | 0   |
| 74. Monthly Vacations. . . . .                   | 0   |

|   |                     |
|---|---------------------|
| 75. Monthly Bank Fees. . . . .                              | 0                   |
| 76. Monthly Charitable. . . . .                             | 0                   |
| 77. Monthly Church / Synagogue / Mosque etc. . . . .        | 17                  |
| 78. Monthly Dues / Clubs. . . . .                           | 0                   |
| 79. Monthly Gifts. . . . .                                  | 0                   |
| 80. Monthly Hair, Manicure, Pedicure. . . . .               | 0                   |
| 81. Monthly Horseback Riding. . . . .                       | 0                   |
| 82. Monthly Lottery Tickets. . . . .                        | 22                  |
| 83. Monthly Employment Education, Travel, Uniforms. . . . . | 0                   |
| 84. Monthly Education. . . . .                              | 0                   |
| 85. Monthly Loan Payments, College. . . . .                 | 0                   |
| 86. Monthly Loan Payment Other. . . . .                     | 125                 |
| 87. Monthly Legal / Accounting Fees. . . . .                | 250                 |
| 88. Monthly Life Insurance. . . . .                         | 0                   |
| 89. Monthly Personal Property Insurance. . . . .            | 0                   |
| 90. Monthly Pets. . . . .                                   | 0                   |
| 91. Monthly Stamps and Stationary. . . . .                  | 0                   |
| 92. Monthly Sports / Hobbies / Lessons. . . . .             | 0                   |
| 93. Monthly Subscriptions, Books. . . . .                   | 0                   |
| 94. Monthly Therapist / Counselor. . . . .                  | 217                 |
| 95. Monthly Toiletries / Grooming / Drug Store. . . . .     | 0                   |
| 96. Monthly Voluntary Retirement. . . . .                   | 0                   |
| 97. Monthly Other Personal. . . . .                         | 0                   |
| 98. <input type="text"/> . . . . .                          |                     |
| <b>99. Total Monthly Personal Expenses . . . . .</b>        | <b>99. \$ 1,130</b> |

**HEALTH AND MEDICAL EXPENSES:**

|   |                   |
|---|-------------------|
| 100. Monthly Health Insurance. . . . .                          | 0                 |
| 101. Monthly Dental Insurance. . . . .                          | 0                 |
| 102. Monthly Disability Insurance. . . . .                      | 0                 |
| 103. Monthly Medical / Doctor. . . . .                          | 13                |
| 104. Monthly Optical. . . . .                                   | 0                 |
| 105. Monthly Dental. . . . .                                    | 0                 |
| 106. Monthly Drugs & Prescriptions. . . . .                     | 10                |
| 107. Monthly Orthodontist. . . . .                              | 0                 |
| 108. <input type="text"/> . . . . .                             |                   |
| <b>109. Total Monthly Health and Medical Expenses . . . . .</b> | <b>109. \$ 23</b> |

|  |                      |
|--|----------------------|
| <b>110. Total Monthly Expenses . . . . .</b> | <b>110. \$ 3,674</b> |
|--|----------------------|

**SUMMARY**

|  |                       |
|--|-----------------------|
| <b>111. Total Monthly Income. . . . .</b>                          | <b>111. \$ 2,512</b>  |
| <b>112. Total Monthly Deductions. . . . .</b>                      | <b>111. \$ 138</b>    |
| <b>113. Total Monthly Expenses . . . . .</b>                       | <b>112. \$ 3,674</b>  |
| <b>114. Monthly Income After Deductions and Expenses . . . . .</b> | <b>113. \$ -1,300</b> |

Signature \_\_\_\_\_  
 Joe Smith  
 Prepared By

Date \_\_\_\_\_  
 06/09/2004  
 Date