

MASHANTUCKET PEQUOT TRIBAL COURT
OFFICE OF THE TRIBAL COURT CLERK
P.O. BOX 3126
MASHANTUCKET, CT 06338-3126



Mashantucket Pequot
Tribal Nation
Tribal Court

Financial Affidavit
Long Form
Rev. 02/2019

Instructions

Use this long version if either your **gross annual income is more than \$75,000** (see Section I, *Income*) or your **total net assets are more than \$75,000** (see Section IV, *Assets*) or if **both are more than \$75,000**. Otherwise, use the short version.

DOCKET NO. CV-FR-_____ - _____

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-A) 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(s)	Address(es)		Base Pay:	
Job 1 _____	_____	<input type="checkbox"/> Salary	<input type="checkbox"/> Wages	\$ _____
Job 2 _____	_____	<input type="checkbox"/> Salary	<input type="checkbox"/> Wages	\$ _____
Job 3 _____	_____	<input type="checkbox"/> Salary	<input type="checkbox"/> Wages	\$ _____

Total of base pay from salary and wages of all jobs \$ _____

(b-1) Tribal incentives and stipends \$ _____	(n) Social Security \$ _____
(b-2) Elders' stipends \$ _____	(o) Disability \$ _____
(c) Overtime \$ _____	(p) Unemployment \$ _____
(d) Self-employment \$ _____	(q) Worker's compensation \$ _____
(e) Tips \$ _____	(r) Public assistance (<i>Welfare, TFA payments</i>) \$ _____
(f) Commissions..... \$ _____	(s) Child support (<i>actually received</i>) \$ _____
(g) Bonuses..... \$ _____	(t) Alimony (<i>actually received</i>) \$ _____
(h) Dividends..... \$ _____	(u) Rental and income producing property \$ _____
(i) Interest..... \$ _____	(v) Royalties and other rights..... \$ _____
(j) Trusts..... \$ _____	(w) Contributions from household member(s) ... \$ _____
(k) Annuities..... \$ _____	(x) Cash income \$ _____
(l) Pensions..... \$ _____	(y) Veteran's benefits \$ _____
(m) Retirement/Tax Deferred Funds \$ _____	(z) Other \$ _____

(1-B) Total Gross Weekly Income/Monies and Benefits From All Sources (add items a through z)..... \$ _____

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:

(2) Mandatory Deductions (If consistent deductions do not occur every pay check **provide average amounts**)

	Job 1	Job 2	Job 3	Totals:
(a) Federal income tax deductions (claiming _____ exemptions)	\$ _____	\$ _____	\$ _____	\$ _____
(b) Social Security or mandatory retirement	\$ _____	\$ _____	\$ _____	\$ _____
(c) State income tax deductions (claiming _____ exemptions)	\$ _____	\$ _____	\$ _____	\$ _____
(d) Medicare	\$ _____	\$ _____	\$ _____	\$ _____
(e) Health insurance	\$ _____	\$ _____	\$ _____	\$ _____
(f) Union dues	\$ _____	\$ _____	\$ _____	\$ _____
(g) Prior court order - child support or alimony..	\$ _____	\$ _____	\$ _____	\$ _____
(h) Total Mandatory Deductions (add items a through g).....	\$ _____	\$ _____	\$ _____	\$ _____

(3) Net Weekly Income \$ _____
 Subtract the total Mandatory Deductions [see item I(2)(h)] from the Total Gross Weekly Income/Monies and Benefits From All Sources [see item I(1-B)]

(4) Other Deductions

(a) Credit Union Loan.....	\$ _____	(e) Health Savings Account(s) or Plan(s)..	\$ _____
(b) Savings.....	\$ _____	(f) Deferred Compensation or 401K.....	\$ _____
(c) Retirement.....	\$ _____	(g) Other Pre-Tax Deductions.....	\$ _____
(d) Subsequent Other Order of Court..... (i.e., child support, alimony)	\$ _____	(h) Other Wage Executions.....	\$ _____
(i) Total Other Deductions (add items a through h).....	\$ _____		\$ _____

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, of if someone else is paying the expense.

Home:

Rent or Mortgage (principal, interest, real estate taxes and insurance if escrowed)	<input type="checkbox"/> \$ _____	2nd mortgage/home equity line of credit or other lien.....	<input type="checkbox"/> \$ _____
Property taxes and assessments	<input type="checkbox"/> \$ _____	Household Improvements (Specify).....	<input type="checkbox"/> \$ _____
Condominium Fees.....	<input type="checkbox"/> \$ _____		
<u>Utilities:</u>			
Oil	<input type="checkbox"/> \$ _____	Telephone / cell / internet	<input type="checkbox"/> \$ _____
Electricity	<input type="checkbox"/> \$ _____	Trash collection	<input type="checkbox"/> \$ _____
Gas	<input type="checkbox"/> \$ _____	TV/internet	<input type="checkbox"/> \$ _____
Water and sewer	<input type="checkbox"/> \$ _____		
Groceries: (after food stamps) including household supplies, formula, diapers	<input type="checkbox"/> \$ _____		
(Not including take out meals)			
Restaurants (not including take out meals).....	<input type="checkbox"/> \$ _____		
<u>Transportation:</u>			
Gas / oil	<input type="checkbox"/> \$ _____	Auto loan or lease	<input type="checkbox"/> \$ _____
Repairs / maintenance	<input type="checkbox"/> \$ _____	Public transportation	<input type="checkbox"/> \$ _____
Automobile insurance/tax/registration...	<input type="checkbox"/> \$ _____		

Insurance Premiums:

Medical/dental (out-of-pocket expense after health savings account/plan) \$ _____ Life \$ _____
 Uninsured medical/dental not paid by insurance \$ _____
 Insert an X in the box if you are **not** currently paying the expense, or if someone else is paying the expense.
 Personal care (e.g., haircuts, etc.)..... \$ _____ Clothing..... \$ _____
 Dry cleaning..... \$ _____ Entertainment..... \$ _____
 Alcohol, smoking products..... \$ _____ Vacation..... \$ _____

Child(ren):

Child support of this case..... \$ _____ Child(ren)'s education (elementary, secondary, college, occupational)..... \$ _____
 Child care expense (after deductions, credits and subsidies)..... \$ _____ Child(ren)'s activities (e.g., lessons, sports, etc.)..... \$ _____
 Child support of other children than this case (attach a copy of the order)..... \$ _____ Child(ren)'s camp..... \$ _____
 Child(ren)'s clothing and footwear.. \$ _____
 Check here if any part is court ordered

Education (self) \$ _____
 Alimony: Payable to this spouse..... \$ _____
 Alimony: Payable to another spouse..... \$ _____

Employment Related Expenses: (which are not reimbursed)

Uniforms..... \$ _____
 Travel..... \$ _____
 Required continuing education..... \$ _____
 Other (specify) _____ \$ _____
 Charitable Contributions..... \$ _____
 Child(ren)'s Allowance..... \$ _____
 Extraordinary travel expenses for visitation with child(ren)..... \$ _____
 Other (specify) _____ \$ _____
Total Weekly Expenses Not Deducted From Pay..... \$ _____

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 debt			
<input type="checkbox"/> Sole <input type="checkbox"/> Joint	\$		\$
<input type="checkbox"/> Sole <input type="checkbox"/> Joint	\$		\$
<input type="checkbox"/> Sole <input type="checkbox"/> Joint	\$		\$
<input type="checkbox"/> Sole <input type="checkbox"/> Joint	\$		\$
<input type="checkbox"/> Sole <input type="checkbox"/> Joint	\$		\$
Other consumer debt			
<input type="checkbox"/> Sole <input type="checkbox"/> Joint	\$		\$
<input type="checkbox"/> Sole <input type="checkbox"/> Joint	\$		\$
Tax debt			
<input type="checkbox"/> Sole <input type="checkbox"/> Joint	\$		\$
<input type="checkbox"/> Sole <input type="checkbox"/> Joint	\$		\$
Health care debt			
<input type="checkbox"/> Sole <input type="checkbox"/> Joint	\$		\$
<input type="checkbox"/> Sole <input type="checkbox"/> Joint	\$		\$
Other debt			
<input type="checkbox"/> Sole <input type="checkbox"/> Joint	\$		\$
<input type="checkbox"/> Sole <input type="checkbox"/> Joint	\$		\$
<input type="checkbox"/> Sole <input type="checkbox"/> Joint	\$		\$
<input type="checkbox"/> Sole <input type="checkbox"/> Joint	\$		\$
<input type="checkbox"/> Sole <input type="checkbox"/> Joint	\$		\$
<input type="checkbox"/> Sole <input type="checkbox"/> Joint	\$		\$
<input type="checkbox"/> Sole <input type="checkbox"/> Joint	\$		\$

(A). Total liabilities (total balance due on debts) \$

(B). Total weekly liability expenses..... \$

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			a. Fair Market Value (Estimate)	b. Mortgage Current Principal Balance	c. Equity Line of Credit and Other Liens	d. Equity (d = a - (b + c))	e. Value of Your Interest
	S	JTS	JTO					
Home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	\$	\$	\$
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	\$	\$	\$
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	\$	\$	\$
Total Net Value of Real Estate:								\$

B. Motor Vehicles

Year	Make	Model	Ownership			a. Value	b. Loan Balance	c. Equity (c = a minus b)	d. Value of Your Interest
			S	JTS	JTO				
1:			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	\$	\$
2:			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	\$	\$
3:			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	\$	\$
Total Net Value of Motor Vehicles:								\$	

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			Current Balance/Value	Value of Your Interest
		S	JTS	JTO		
Checking		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
Savings		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
Certificate of Deposit		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
Credit Union		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
Other Account (i.e., money market, U.S. Savings Bonds, etc.)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
Total Net Value of Bank Accounts:						\$

D. Stocks, Bonds, Mutual Funds, Bond Funds

	Company	Account Number (last 4 numbers only)	Listed Beneficiary	Current Balance/Value
Stocks				\$
Bonds				\$
Mutual Funds				\$
Bond Funds				\$
Total Net Value of Stocks, Bonds, Mutual Funds, Bond Funds:				\$

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:						\$

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
				<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
				<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
				<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
				<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
				<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Total Net Value of Retirement Plans:						\$

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. Institutional Held Assets

	Institution/Individual	Account Number (last 4 numbers only)	Listed Beneficiary	Current Balance/Value
Annuity				\$
Cash in brokerage accounts				\$
Funds held in escrow including money held by attorney				\$
Profit sharing				\$
Total Net Value of Business Institutional Held Assets:				\$

I. Other Assets

Name of Asset	Current Balance/Value	Name of Asset	Current Balance/Value
Art and antiques	\$	Firearms	\$
Cash on hand	\$	Home furnishings	\$
Collections	\$	Jewelry	\$
Contents of safe or safe deposit box	\$	Money owed to you	\$
Crops/livestock	\$	Tools/equipment	\$
Name of Asset	Name of Beneficiary		Current Balance/Value
Inheritances			\$
Other (specify)			\$
			\$
Total Net Value of Other Assets:			\$

J. Total Net Value All Assets (add items A through I) \$

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 <i>(last 4 numbers only)</i>	Listed Beneficiary	Person Who Controls the Account <i>(Fiduciary)</i>	Current Balance/Value
				\$
				\$
				\$
				\$
				\$
Total Net Value of Child(ren)'s Assets:				\$

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 or Tribal 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 <i>(See Section I(3))</i>	\$ _____
Total Weekly Expenses and Liabilities <i>(Total From Section II + III(B))</i>	\$ _____
Total Cash Value of Assets <i>(See Section IV(J))</i>	\$ _____
Total Liabilities <i>(Total Balance Due on Debts) (See Section III(A))</i>	\$ _____

Certification

I certify under the penalties of perjury that the information stated on this Financial Affidavit 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, deposes and says that the foregoing 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
X		
Signed (Notary Public, Commissioner of the Superior Court, Clerk)	Print name and title of person signing at left	Date signed