

MAY 08 2024

CHIEF CLERK'S OFFICE

DOCKET NO.: NNH-FA23-5056176-S : SUPERIOR COURT
ALEXIS COLE : JUDICIAL DISTRICT OF NEW HAVEN
V. : AT NEW HAVEN
BRENDON STEWARTSON : MAY 8, 2024

MEMORANDUM OF DECISION

Following a contested hearing on 2/29/2024 and final argument on 3/27/2024, the court has carefully considered the testimony of the parties, the Proposed Orders of the parties, their Financial Affidavits, the Child Support Guidelines Worksheet prepared by counsel, the court file and all relevant cases and statutes in connection with the Plaintiff's Custody/Visitation Application filed 3/1/2023 and Motion for Orders regarding Child Support filed 3/29/2023 and now makes the following findings before entering its orders:

By Way of Findings

1. Although the parties were never married to each other they have the following child together: Ava Stewartson who was born on 10/19/2017 and is now 6 years old. She lives with her mother in New Haven, Connecticut, goes to the King/Robinson Magnet School in New Haven and is in the first grade. According to her mother she is a good student and has no issues. The mother wants sole legal and physical custody. The father wants joint legal custody with the minor child residing with her mother in New Haven.
2. The father is in the military. When the child was born the mother was living in New Haven and the father was stationed in Louisiana. The father did come to Connecticut for the birth of the child. They resided together in Louisiana for about five months in 2019 but separated in June of 2019 when the mother returned to New Haven with the child to reside with her mother for about a year before going out on her own with the child.
3. The mother was born 10/21/1997 and is now 26 years old. She testified that she is a highschool graduate and in good health. She has worked at restaurants making

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minimum wage, although she is currently out of work. She testified that she should be able to get a job at minimum wage and the child support calculation is based on that representation. She is not married and lives on the first floor of a home at 64 Lilac Street in New Haven with her three children, Ava of her relationship with the father in this proceeding, and two other younger children she had with a Tyrone Giles.

4. The father has been in the Army for the past seven years and plans to stay in as long as he can. He was born 4/19/1998 and is now 26 years old. He is a highschool graduate and has some additional Education through the military. He testified his health is good. He is married and has a two year old with his wife. They live on base in Hawaii where he has been stationed since March of 2023. He does not know how long he will be there before his next assignment.
5. The mother claims they cannot agree on anything. She uses dance vs. gymnastics as an example. It took the father a year to come around to her position on dance for their daughter which apparently they both now support. Although she claims he does not help out financially for that activity, their testimony says otherwise. There are some issues regarding domestic violence, primarily by the mother, that has resulted in her arrest and the issuance of a protective order. It should have no bearing on this decision but the parties need to be respectful of each other when rarely in each other's presence.
6. The child support calculation is based on the father's gross income from the military as shown on his Financial Affidavit and using minimum wage for the mother for a 40-hour work week. The gross and net incomes for child support purposes are as shown on the Child Support Guidelines Worksheet filed in the hearing. The court will deviate from the presumptive child support based on the father's expense to exercise his parenting time with his daughter. The presumptive amount would be inequitable or inappropriate under these circumstances.

The following orders shall enter which this court finds to be in the best interest of the minor

child.

Orders

1. The parties shall share joint legal custody of the minor child, Ava Alexis Stewartson, who was born 10/19/2017. Physical custody and place of residence shall be with the mother in Connecticut.
2. The parties will discuss all major decisions regarding the minor child's education, health, medical treatment, therapy, religious upbringing and activities at least three times within 72 hours via App Close prior to making a final decision unless there is an emergency, at which point the party dealing with the emergency needs to notify the other parent immediately. If there is no agreement after three discussions within the 72 hours, the mother has final authority to make that decision and to notify the father immediately of that decision.
3. The father will have parenting time with the minor child as follows:
 - a. Six (6) weeks during the summer beginning one week after the school year ends. The parties have agreed for the summer of 2024 to 6/18/2024 through 7/30/2024.
 - b. Christmas school break in odd years beginning the morning after the last day of school until two days before school resumes. In the event the father is unable to exercise this visit he will let the mother know as soon as possible.
 - c. Thanksgiving break in even years beginning on Wednesday after school gets out until the following Sunday. In the event the father is unable to exercise this visit, he will let the mother know as soon as possible.
 - d. Spring break from school in even years starting the morning after the last day of school until the day before school resumes. In the event the father is unable to exercise this visit he will let the mother know as soon as possible.
 - e. The father may have reasonable additional parenting time in Connecticut by giving the mother at least five (5) days prior notice. Such parenting time will not interrupt the child's attendance at school or school-related activities

unless agreed upon by the parties.


- f. The exchange of the child at the beginning or end of father's parenting time shall be at Bradley International Airport unless otherwise agreed upon on AppClose.
 - g. The cost of exercising the father's parenting time shall be his responsibility.
4. The parties will communicate exclusively through AppClose except in an emergency when they may attempt to reach the other by phone or text.
 5. The parties shall have full and complete access to all medical and school records of the minor child. The mother shall provide the father with the names and contact information for all medical and educational providers of the minor child.
 6. If either party has knowledge of any illness, accident or other circumstances seriously affecting the health or welfare of the minor child, he or she shall promptly notify the other party.
 7. The mother shall facilitate a video call between the father and the minor child on Monday, Wednesday and Friday and on either Saturday or Sunday. While the father is stationed in Hawaii the video calls shall occur between 5:30 p.m. and 7:00 p.m. Eastern Standard Time during Daylight Savings Time (March - November) and 4:30 p.m. to 6:00 p.m. Eastern Standard Time when Daylight Savings Time ends (November - March). Video calls on either Saturday or Sunday shall be after 9:00 a.m. EST and before 9:00 p.m. EST.
 8. The father has purchased an iPad with cellular service for the minor child to use while she is in his care and in the mother's care. The father will pay the monthly expense associated with that iPad. Unless otherwise agreed by the parties, the only contacts allowed on the iPad are the minor child and her parents, step-parents and siblings. The iPad shall not be used as punishment unless both parties agree. However, it will always be available for the parties to contact the minor child. Both parties shall have access to the passcodes and passwords for the iPad.
 9. Pursuant to the Connecticut Child Support Guidelines, the father's child support

obligation is \$153.00 per week. This amount is inequitable or inappropriate given the travel expenses to be incurred by the father to exercise his parenting time from Hawaii. Based on that factor, the court has deviated to \$90.00 per week retroactive to March 29, 2023, which is the date of filing the motion for child support. Said child support of \$90.00 per week plus \$18.00 towards an arrearage of \$5,220.00 brings the total payment to \$108.00 which shall be paid each and every Friday by way of an Immediate Wage Withholding Order (IWWO). Until the IWWO goes into effect, the father shall pay the total amount of \$108.00 directly to the mother via an account to be agreed upon.

10. Both parties shall maintain medical, dental and eye care insurance for the minor child as available to them at a reasonable cost. They shall share all unreimbursed and uninsured medical, dental, orthodontic and work-related childcare as follows: 50% by the mother and 50% by the father. For reimbursement of these expenses, receipts or bills showing the amounts incurred or paid shall be provided to the other parent within 30 days or forgo reimbursement. Reimbursement shall be made within 30 days of receipt.
11. The parties shall equally share the cost for the minor child's agreed upon extracurricular activities, such agreement not to be unreasonably withheld.
12. The parties shall share the dependency exemption for the minor child for all federal, state and local tax purposes. Starting for the tax year 2024, the mother shall take the exemption in even years and the father in odd years. However, in the event the father is not substantially current on his child support obligations by December 31 of any given year, the mother may claim the child as a dependent for that year. In that event, the mother must advise him in writing on January 1 and then may only take the exemption upon a written agreement of the parties or an order of the court. The parties shall execute any documents which are necessary to allow for the aforesaid declaration regarding the dependency exemption. This provision regarding the dependency exemption is in the nature of support and is subject to modification upon a substantial change in circumstances from the date of this order.

13. The court having found that it is more likely than not that these parties would have provided post-secondary support for their child if they had remained an intact family, retains jurisdiction to enter educational support orders as to their child pursuant to §46b-56c of the Connecticut General Statutes on motion or petition of either party in the event they are unable to agree on the allocation of those costs. A copy of the current statute is attached hereto and made a part hereof.
14. Both parties shall satisfactorily complete the Parenting Education Program and file the certificate and results form with the court within 90 days of this order.
15. All Financial Affidavits are unsealed.
16. A copy of the following pleadings are attached hereto and made a part hereof: Financial Affidavits filed by the parties, Child Support Guidelines Worksheet prepared by counsel (pleading #131), Advisement of Rights Re: Income Withholding and Section 46b-56c of the Connecticut General Statutes regarding Educational Support Orders.

By the Court,


 James G. Kenefick, Jr.
 Judge Trial Referee

Judgment entered 5/8/24 20
 Counsel/Self-rep. Ind. notified 6/8 2024
 By JDND copy of memo Other
 Copy to Reporter of Judicial Decisions

mailed to:
 T SRPA Cole
 Δ Atty R Sheehan
 by N Sam
 ASAC

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ADA NOTICE

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Docket number

- FA - - - S

Instructions

Use this short version if your gross annual income is less than \$75,000 (see Section I. Income) and your total net assets are less than \$75,000 (see Section IV. Assets). Otherwise, use the long version, form JD-FM-6-LONG.

For the Judicial District of NH At (Address of Court) 235 Church St. 035056176

Name of case Alexis cole Vs Brendon Stewartson

Name of affiant (Person submitting this form) Alexis cole 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) 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:

Judicial District of New Haven
SUPERIOR COURT
 FILED
FEB 02 2024

Paid: Weekly Bi-weekly Monthly Semi-monthly Annually

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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	Address	Base Pay:
Job 1	<u>X</u>	<u>X</u>	<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) Overtime \$ _____ | (j) Child Support (Actually received) \$ _____ |
| (c) Self-employment \$ _____ | (k) Alimony (Actually received) \$ _____ |
| (d) Tips \$ _____ | (l) Rental and income producing property \$ _____ |
| (e) Social Security \$ _____ | (m) Contributions from household member(s) \$ _____ |
| (f) Disability \$ _____ | (n) Cash income \$ _____ |
| (g) Unemployment \$ _____ | (o) Veterans Benefits \$ _____ |
| (h) Worker's compensation \$ _____ | (p) Other: _____ \$ _____ |
| (i) Public Assistance (Welfare, TFA payments) \$ _____ | |

(q) Total Gross Weekly Income/Monies and Benefits From All Sources (Add items a through p) \$ 0

Hours worked per week X

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:

X I am currently out of a job as of November 2023. only considered

2) Mandatory Deductions (If consistent deductions don't occur every pay check provide average amounts.)

	Job 1	Job 2	Job 3	Totals
(1) Federal income tax deductions (claiming _____ exemptions)	\$ _____	\$ _____	\$ _____	\$ _____
(2) Social Security or Mandatory Retirement	\$ _____	\$ _____	\$ _____	\$ _____
(3) State income tax deductions (claiming _____ exemptions)	\$ _____	\$ _____	\$ _____	\$ _____
(4) Medicare	\$ _____	\$ _____	\$ _____	\$ _____
(5) Health insurance	\$ _____	\$ _____	\$ _____	\$ _____
(6) Union dues	\$ _____	\$ _____	\$ _____	\$ _____
(7) Prior court order — child support or alimony	\$ _____	\$ _____	\$ _____	\$ _____
(8) Total Mandatory Deductions (add items 1 through 7)	\$ _____	\$ _____	\$ _____	\$ _____

3) Net Weekly Income.....
 Subtract the Total Mandatory Deductions [see item l., 2), (8)] from the Total Gross Weekly Income/Monies and Benefits From All Sources [see item l., 1), q)]

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, or if someone else is paying the expense.

Home:

Rent or Mortgage (Principal, Interest — \$ 1050 Property taxes and assessments \$ 0
 Real Estate Taxes and Insurance, if escrowed) 262.5

Utilities:

Oil \$ 0 Telephone/Cell/Internet..... \$ 32
 Electricity \$ 340 Trash Collection \$ 0
 Gas \$ 0 T.V./Internet..... \$ 25
 Water and Sewer..... \$ 0

Groceries (after food stamps): Including household supplies, formula, diapers \$ 50

Transportation:

Gas/Oil \$ 0 Auto Loan or Lease \$ 0
 Repairs/Maintenance..... \$ 0 Public Transportation..... \$ 20
 Automobile Insurance/Tax/Registration ... \$ 0

Insurance Premiums:

Medical/Dental (Out-of-pocket expense after Health Savings Account/Plan)..... \$ 0 Life..... \$ _____

Uninsured Medical/Dental not paid by insurance \$ 0

Clothing \$ 20

Child(ren):

Child Support of this case \$ 0 Child Care Expense (after deductions, credits and subsidies)..... \$ 0

Child Support of other children other than this case (attach a copy of the order) ... \$ 0 Child(ren)'s activities (e.g., lessons, sports, etc.) \$ X

Alimony: Payable to this spouse \$ 0 Alimony: Payable to another spouse \$ 0

Extraordinary travel expenses for visitation with child(ren) \$ 0

Other (Specify): _____

Total Weekly Expenses Not Deducted From Pay \$ 432.5

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, Consumer, Tax, Health Care, 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	\$		\$
(A). Total Liabilities (Total Balance Due on Debts)			\$	0	\$
(B). Total Weekly Liabilities Expense					\$ 0

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 minus (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:								\$ 0

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"/>	\$	\$	\$	\$
Total Net Value of Motor Vehicles:								\$ 0	

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"/>	\$	\$
Savings		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
Other		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
Total Net Value of Bank Accounts:						\$ 0

D. Stocks, Bonds, Mutual Funds

Company	Account Number (last 4 numbers only)	Listed Beneficiary	Current Balance/ Value
			\$
			\$
Total Net Value of Stocks, Bonds, Mutual Funds:			\$ 0

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:						\$ 0

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
				Yes	No	
				<input type="checkbox"/>	<input type="checkbox"/>	\$
				<input type="checkbox"/>	<input type="checkbox"/>	\$
Total Net Value of Retirement Plans:						\$ 0

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:		\$ 0

H. Other Assets

Name of Asset	Current Balance/ Value	Name of Asset	Current Balance/ Value
	\$		\$
	\$		\$
	\$		\$
	\$		\$
Total Net Value of Other Assets:			\$ 0

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

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 (last 4 numbers only)	Listed Beneficiary	Person Who Controls the Account (Fiduciary)	Current Balance/ Value
				\$
				\$
Total Net Value of Child(ren)'s Assets:				\$ 0

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 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 (See Section I. 3)..... \$ _____
Total Weekly Expenses and Liabilities (Total From Section II. + III.(B))..... \$ _____
Total Cash Value of Assets (See Section IV. I.)..... \$ _____
Total Liabilities (Total Balance Due on Debts) (See Section III. (A))..... \$ _____

Certification

I certify under the penalties of perjury 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, Alexis Cole the Plaintiff Defendant herein, residing at 64 LITAC ST, telephone number 475-321-0431, being duly sworn, depose and say that the following 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) <u>Alexis Cole</u>	Print name and title of person signing at left <u>Alexis Cole</u>	Date signed <u>2/2/2024</u>
Signed (Notary, Commissioner of Superior Court, Assistant Clerk, Other Proper Officer under Section 1-24 of the Connecticut General Statutes) <u>AD</u>	Print name and title of person signing at left <u>AD</u>	Date signed <u>2/2/24</u>

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Docket number
 NNH -FA- 23 - 5056176 -S

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, form JD-FM-6-SHORT.

For the Judicial District of New Haven At (Address of court) 235 Church St., New Haven, CT 06510

Name of case
Alexis Cole v. Brendon Stewartson

Name of affiant (Person submitting this form)
Brendon Stewartson 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) 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) Military Address(es) _____ Base Pay: Salary Wage \$ 831

Total of base pay from salary and wages of all jobs \$ 831

- (b) Overtime \$ _____
- (c) Self-employment \$ _____
- (d) Tips \$ _____
- (e) Commissions \$ _____
- (f) Bonuses \$ _____
- (g) Dividends \$ _____
- (h) Interest \$ _____
- (i) Trusts \$ _____
- (j) Annuities \$ _____
- (k) Pensions \$ _____
- (l) Retirement/Tax Deferred Funds \$ _____
- (m) Social Security \$ _____
- (n) Disability \$ _____
- (o) Unemployment \$ _____
- (p) Worker's compensation \$ _____
- (q) Public Assistance (Welfare, TFA payments) \$ _____

(r) Child Support (Actually received)	.....	\$	_____
(s) Alimony (Actually received)	.....	\$	_____
(t) Rental and income producing property	.....	\$	_____
(u) Royalties and other rights	.....	\$	_____
(v) Contributions from household member(s)	.....	\$	_____
(w) Cash income	.....	\$	_____
(x) Veterans Benefits	.....	\$	_____
(y) Other:	.....	\$	<u>192</u>
BAS	.....		<u>106</u>
COLA	.....		<u>86</u>
(z) Total Gross Weekly Income/Monies and Benefits From All Sources (Add items a through y)	.....	\$	<u>1,023</u>
Hours worked per week	<u>0</u>		
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 don't occur every pay check provide average amounts.)

	Job number 1	Totals
(1) Federal income tax deductions	\$ _____	\$ _____
<i>(claiming _____ exemptions)</i>		
(2) Social Security or Mandatory Retirement	\$ <u>52</u>	\$ <u>52</u>
(3) State income tax deductions	\$ <u>9</u>	\$ <u>9</u>
<i>(claiming _____ exemptions)</i>		
(4) Medicare	\$ <u>12</u>	\$ <u>12</u>
(5) Health insurance	\$ <u>7</u>	\$ <u>7</u>
(6) Union dues	\$ _____	\$ _____
(7) Prior court order - child support or alimony	\$ _____	\$ _____
(8) Total Mandatory Deductions (add items 1 through 7)	\$ <u>80</u>	\$ <u>80</u>

3) Net Weekly Income \$ 943
 Subtract the Total Mandatory Deductions [see item 1., 2), (8)] from the Total Gross Weekly Income/Monies and Benefits From All Sources [see item 1., 1),(z)]

4) Other Deductions

(1) Credit Union Loan	.....	\$	_____
(2) Savings	.....	\$	_____
(3) Retirement	.....	\$	_____
(4) Subsequent Other Order of Court (i.e., child support, alimony)	.....	\$	_____
(5) Health Savings Account(s) or Plan(s)	.....	\$	_____
(6) Deferred Compensation or 401K	.....	\$	_____
(7) Other Pre-Tax Deductions	.....	\$	<u>26</u>
(8) Other Wage Executions	.....	\$	<u>69</u>
(9) Total Other Deductions (add items 1 through 8)	.....	\$	<u>95</u>

Net Weekly Income after Other Deductions \$ 848

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, or if someone else is paying the expense.

Summary of Expenses for all Residences:

Home:

Rent or Mortgage (<i>Principal, Interest - Real Estate Taxes and Insurance if escrowed</i>)	<input type="checkbox"/>	\$	_____
2nd Mortgage/Home Equity Line of Credit or Other Lien	<input type="checkbox"/>	\$	_____
Property taxes and assessments	<input type="checkbox"/>	\$	21
Household Improvements (<i>Specify</i>)	<input type="checkbox"/>	\$	_____
Condominium Fees	<input type="checkbox"/>	\$	_____

Utilities:

Oil	<input type="checkbox"/>	\$	_____
Electricity	<input type="checkbox"/>	\$	_____
Gas	<input type="checkbox"/>	\$	_____
Water and Sewer	<input type="checkbox"/>	\$	_____
Telephone/Cell	<input type="checkbox"/>	\$	231
Trash Collection	<input type="checkbox"/>	\$	_____
TV/Internet	<input type="checkbox"/>	\$	56

Groceries (*after food stamps*): Including household supplies, formula, diapers (*Not including take out meals*) \$ 254

Groceries 254

Restaurants (*Including take out meals*) \$ 150

Restaurants 150

Transportation:

Gas/Oil	<input type="checkbox"/>	\$	140
Gas/Oil			<u>140</u>
Repairs/Maintenance	<input type="checkbox"/>	\$	20
Repairs / Maintenance			<u>20</u>
Automobile Insurance/Tax/Registration	<input type="checkbox"/>	\$	43
Automobile Insurance			<u>40</u>
License / Registration / Tax			<u>3</u>
Auto Loan or Lease	<input type="checkbox"/>	\$	200
Auto Loan or Lease			<u>200</u>
Public Transportation	<input type="checkbox"/>	\$	_____

Insurance Premiums:

Medical/Dental (<i>Out-of-pocket expense after Health Savings Account/Plan</i>)	<input type="checkbox"/>	\$	_____
Life	<input type="checkbox"/>	\$	_____

Uninsured Medical/Dental not paid by insurance \$ 28

Doctor for Adults 23

Medication for Adults 5

Personal Care (*e.g., haircuts, etc.*) \$ 45

Hair 45

Clothing \$ 13

Clothing for adults 13

Dry Cleaning \$ 42

Dry Cleaning 42

Entertainment \$ 23

Entertainment 23

Alcohol, Smoking Products \$ 12

Cigarettes 12

Vacation \$ _____

Child(ren):

Child Support of this case \$ _____

Child Care Expense (after deductions, credits and subsidies) \$ _____

Child Support of children other than this case (attach a copy of the order) \$ _____

Check here if any part is court ordered

Child(ren)'s Education (elementary, secondary, college, occupational) \$ _____

Child(ren)'s activities (e.g., lessons, sports, etc.) \$ _____ 55

Child(ren)'s Entertainment 55

Child(ren)'s camp \$ _____

Child(ren)'s clothing and footwear \$ _____ 50

Child(ren)'s Clothing 50

Education (self) \$ _____

Alimony: Payable to this spouse \$ _____

Alimony: Payable to another spouse \$ _____

Employment related expenses (which are not reimbursed):

Uniforms \$ _____ 21

Employment Uniforms 21

Travel \$ _____

Required continuing education \$ _____

Other (Specify) \$ _____

Charitable Contributions \$ _____

Child(ren)'s allowance \$ _____

Extraordinary travel expenses for visitation with child(ren) \$ _____

Other (Specify) \$ _____ 6

Club dues and membership 6

Total Weekly Expenses Not Deducted From Pay \$ **1,410**

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				
Navy Federal	<input type="checkbox"/> Sole <input checked="" type="checkbox"/> Joint	9,884		23
Navy Federal	<input type="checkbox"/> Sole <input checked="" type="checkbox"/> Joint	2,232		18
Capitol One	<input type="checkbox"/> Sole <input checked="" type="checkbox"/> Joint	1,881		23
Other Consumer Debt				
	<input type="checkbox"/> Sole <input type="checkbox"/> Joint			
Tax Debt				
	<input type="checkbox"/> Sole <input type="checkbox"/> Joint			
Health Care Debt				
	<input type="checkbox"/> Sole <input type="checkbox"/> Joint			
Other Debt				
Navy Federal	<input type="checkbox"/> Sole <input checked="" type="checkbox"/> Joint	3,493		12
Money Lion	<input type="checkbox"/> Sole <input checked="" type="checkbox"/> Joint	238		5
(A). Total Liabilities (Total Balance Due on Debts)		\$ 17,728		
(B). Total Weekly Liabilities Expense				\$ 81

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"/>					
Total Net Value of Real Estate:								\$ 0

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				
2018	Chevrolet	Traverse	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	40,000	38,925	1,075	1,075
2018	Chevrolet	Cruze	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	7,117	(7,117)	(7,117)
2006	Dodge	Magnum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7,000		7,000	7,000
Total Net Value of Motor Vehicles:									\$ 958

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						
Navy Federal		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	
Savings						
Navy Federal		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	
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:						\$ 0

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:			\$ 0

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:						\$ 0

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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Current Balance/Value
	TSP				Unknown
Total Net Value of Retirement Plans:					\$ 0

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:		\$ 0

H. Institutional Held Assets

Institution / Individual	Account Number (last 4 numbers only)	Listed Beneficiary	Current Balance / Value
Annuity			
Cash in Brokerage Account(s)			
Funds Held in Escrow Including Money held by Attorney			
Profit Sharing			
Total Net Value of Institutional Held Assets:			\$ 0

I. Other Assets

Name of Asset	Current Balance / Value
Arts and Antiques	
Cash On Hand	
Collections	
Contents of Safe or Safe Deposit Box	
Crops/Livestock	
Firearms	
Home Furnishings	

Jewelry	
Money Owed to You	
Tools / Equipment	

Name of Asset	Name of Beneficiary	Current Balance / Value
Inheritances		
Other (specify)		
Total Net Value of Other Assets:		\$ 0

J. Total Net Value All Assets (add items A through I) **\$ 958**

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 Account <i>(Fiduciary)</i>	Current Balance / Value
Total Net Value of Child(ren)'s Assets:				\$ 0

VI. Health Insurance (Medical and/or Dental Insurance)

Company	Name of Insured Person(s) Covered by the Policy
Tricare	Brendon/wife/3 children

Do you or any member of your family have HUSKY Health Insurance Coverage? Yes No I Don't Know
If Yes, who?

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: