IN THE CIRCUIT COURT FOR FREDERICK COUNTY, MARYLAND

LINE FILING FINANCIAL STATEMENT OF BRADLEY ALLEN ECKSTROM

TO THE CLERK OF THE COURT:

Please file and docket the attached Financial Statement of Defendant, BRADLEY ALLEN ECKSTROM.

Dated: March 1, 2016

Respectfully submitted,

OFFIT KURMAN, P.A.

Keith N. Schiszik, Esq. Sara N. Cimino, Esq.

50 Carroll Creek Way, Suite 340

Frederick, MD 21701

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kschiszik@offitkurman.com scimino@offitkurman.com Attorneys for Defendant

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on this $\int_{S} \frac{1}{L} \, day$ of March, 2016, a copy of the foregoing LINE FILING FINANCIAL STATEMENT OF Bradley Allen Eckstrom and the attached Financial Statement was delivered by U.S. Mail to: Thomas M. DeGonia, II, Esq., Kathleen L. Wright, Esq., Ethridge Quinn Mcauliffe Rowan, 100 North Court Street, Frederick, MD 21740, attorneys for Plaintiff.

Sara N. Cimino

4833-1670-8142, v. 1

Circuit Court for Fred	erick County		<u>10-C-15-002305</u>	
Whitney Blair Pettre	City or County	Bradley Allen Eckstrom		
Street Address	Apt. #	Street Address	Apt. #	
City State Zip Co	ode Area Telephone	City S	state Zip Code Area Telephone	
Plaintiff	Code		Code Defendant	
<i>32</i>	FINANCIAL (St	STATEMENT nort) R 30)	·	
I, Bradley Allan Eckstrom			, state that:	
My na I am the ☐ mother/ Check One of the minor child(ren)	father or State Relat	tionship (for example, aunt, gra	ndfather, guardian, etc.)	
Emily Ruth Pettrey Name of Child	5/22/15 Date of Birth	Name of Ch	ild Date of Birth	
Name of Child	Date of Birth	Name of Ch	ild Date of Birth	
Name of Child	Date of Birth	Name of Ch	ild Date of Birth	
See definitions on be Total monthly incom Child support I am pa Alimony I am paying	nck before filling out. e (before taxes) aying for my other ch g each month to	ild(ren) each month Name of Person(s)	\$2500.00	
Alimony I am receiving each month from Name of Person(s) For the child or children listed above: Monthly health insurance premium Work-related monthly child care expenses			\$0.00 \$0.00	
Extraordinary monthly medical expenses School and transportation expenses			\$0.00 \$0.00	
			and yearly expenses should be divided re what your average monthly expense	
I solemnly affirm under the pe best of my knowledge, inform 2 / 23 / (6		t the contents of the for	regoing paper are true to the	
Date		75	ignature	

Total Monthly Income: Include income from all sources including self-employment, rent, royalties, business income, salaries, wages, commissions, bonuses, dividends, pensions, interest, trusts, annuities, social security benefits, workers compensation, unemployment benefits, disability benefits, alimony or maintains received, tips, income from side jobs, severance pay, capital gains, gifts, prizes, lottery winnings, etc. Do not report benefits from means-tested public assistance programs such as food stamps or AFDC.

Extraordinary Medical Expenses: Uninsured expenses over \$100 for single illness or condition including orthodontia, dental treatment, asthma treatment, physical therapy, treatment for any chronic health problems, and professional counseling or psychiatric therapy for diagnosed mental disorders.

Child Care Expenses: Actual child care expenses incurred on behalf of a child due to employment or job search of either parent with amount to be determined by actual experience or the level required to provide quality care from a licensed source.

School and Transportation Expenses: Any expenses for attending a special or private elementary or secondary school to meet the particular needs of the child or expenses for transportation of the child between the homes of the parents.