

Commonwealth of Massachusetts

The Trial Court

Probate and Family Court Department

Division _____

Docket No. _____

FINANCIAL STATEMENT

(Short Form)

INSTRUCTIONS: if your income equals or exceeds \$75,000.00 annually, you must complete the LONG FORM financial statement, unless otherwise ordered by the court.

Plaintiff/Petitioner

v.

Defendant/Petitioner

1. PERSONAL INFORMATION

Your Name _____ Social Security No. _____

Address _____ (Street address) _____ (City/Town) _____ (State) _____ (Zip)

Tel. No. _____ Date of Birth _____ No. of children living with you _____

Occupation _____ Employer _____

Employer's Address _____ (Street address) _____ (City/Town) _____ (State) _____ (Zip)

Tel. No. _____ Do you have health insurance coverage? Yes No

if yes, name of health insurance provider _____

2. GROSS WEEKLY INCOME/RECEIPTS FROM ALL SOURCES

a) Base pay from Salary Wages \$ _____

b) Overtime \$ _____

c) Part-time job \$ _____

d) Self-employment (attach a completed schedule A) \$ _____

e) Tips \$ _____

f) Commissions Bonuses \$ _____

g) Dividends Interest \$ _____

h) Trusts Annuities \$ _____

i) Pensions Retirement funds \$ _____

j) Social Security \$ _____

k) Disability Unemployment insurance Worker's compensation \$ _____

l) Public Assistance (e.g. welfare, TAFDC, SNAP) (not included in gross income for child support) \$ _____

m) Child Support Alimony (actually received) \$ _____

n) Rental from income producing property (attach a completed Schedule B) \$ _____

o) Royalties and other rights \$ _____

p) Contributions from household member(s) \$ _____

q) Other (specify) _____ \$ _____

_____ \$ _____

_____ \$ _____

r) Total Gross Weekly Income/Receipts (add items a-q) \$ _____

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3. ITEMIZED DEDUCTIONS FROM GROSS INCOME

- a) Federal income tax deductions (claiming _____ exemptions) \$ _____
- b) State income tax deductions (claiming _____ exemptions) \$ _____
- c) F.I.C.A. and Medicare \$ _____
- d) Medical Insurance \$ _____
- e) Union Dues \$ _____
- f) Total Deductions (a through e)** \$ _____

4. ADJUSTED NET WEEKLY INCOME 2(r) minus 3(f) \$ _____

5. OTHER DEDUCTIONS FROM SALARY/WAGES

- a) Credit Union Loan repayment Savings \$ _____
- b) Savings \$ _____
- c) Retirement \$ _____
- d) Other-Specify (i.e. Child Support, Deferred Compensation or 401K) _____ \$ _____
- e) Total Deductions (a through d)** \$ _____

6. NET WEEKLY INCOME 4 minus 5(e) \$ _____

7. GROSS YEARLY INCOME FROM PRIOR YEAR \$ _____
 (attach copy of all W-2 and 1099 forms for prior year)

Number of Years you have paid into Social Security _____

8. WEEKLY EXPENSES

- | | |
|--------------------------------------------------------|----------------------------------------|
| a) Rent or Mortgage (PIT) \$ _____ | l) Life Insurance \$ _____ |
| b) Homeowners/Tenant Insurance \$ _____ | m) Medical Insurance \$ _____ |
| c) Maintenance and Repair \$ _____ | n) Uninsured Medicals \$ _____ |
| d) Heat \$ _____ | o) Incidentals and Toiletries \$ _____ |
| e) Electricity and/or Gas \$ _____ | p) Motor Vehicle Expenses \$ _____ |
| f) Telephone \$ _____ | q) Motor Vehicle Payment \$ _____ |
| g) Water/Sewer \$ _____ | r) Child Care \$ _____ |
| h) Food \$ _____ | s) Other (explain) _____ \$ _____ |
| i) House Supplies \$ _____ | _____ \$ _____ |
| j) Laundry and Cleaning \$ _____ | _____ \$ _____ |
| k) Clothing \$ _____ | |
| t) Total Weekly Expenses (a through s) \$ _____ | |

9. COUNSEL FEES

- a) Retainer amount(s) paid to your attorney(s) \$ _____
- b) Legal fees incurred, to date, against retainer(s) \$ _____
- c) Anticipated range of total legal expense to litigate this action \$ _____ to \$ _____

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10. ASSETS (attach additional sheet if necessary)

a) Real Estate

Location _____

Title held in the name of _____

Fair Market Value \$ _____ - Mortgage \$ _____ = Equity \$ _____

b) Motor Vehicles

Fair Market Value \$ _____ - Motor Vehicle Loan \$ _____ = Equity \$ _____

Fair Market Value \$ _____ - Motor Vehicle Loan \$ _____ = Equity \$ _____

c) IRA, Keogh, Pension, Profit Sharing, Other Retirement Plans:

Financial Institution or Plan Name and Account Number

_____ \$ _____
 _____ \$ _____
 _____ \$ _____

d) Tax Deferred Annuity Plan(s)

\$ _____

e) Life Insurance: Present Cash Value

\$ _____

f) Savings & Checking Accounts, Money Market Accounts, Certificates of Deposit-which are held individually, jointly, in the name of another person for your benefit, or held by you for the benefit of your minor child(ren):

Financial Institution or Plan Name and Account Number

_____ \$ _____
 _____ \$ _____
 _____ \$ _____

g) Other (e.g. stocks, bonds, collections)

_____ \$ _____
 _____ \$ _____

h) Total Assets (a through g)

\$ _____

11. LIABILITIES (Do not list expenses shown in item 8 above.)

	Creditor	Nature of Debt	Date Incurred	Amount Due	Weekly Payment
a)				\$	\$
b)				\$	\$
c)				\$	\$
d)				\$	\$

e) Total Liabilities

\$ _____

\$ _____

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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.

Date _____ Signature _____

INSTRUCTIONS: In any case where an attorney is appearing for a party, said attorney MUST complete the Statement by Attorney.

STATEMENT BY ATTORNEY

I the undersigned attorney, am admitted to practice law in the Commonwealth of Massachusetts--am admitted pro hoc vice for the purposes of this case--and am an officer of the court. As the attorney for the party on whose behalf this Financial Statement is submitted, I hereby state to the court that I have no knowledge that any of the information contained herein is false.

Date _____

(Signature of attorney)

(Print name)

(Street address)

(City/Town) (State) (Zip)

Tel. No. _____

B.B.O. # _____