

Commonwealth of Massachusetts
The Trial Court
Probate and Family Court Department
Financial Statement
(SHORT FORM)

Docket No. _____

_____ Division

_____ v. _____
Plaintiff/Petitioner Defendant/ Petitioner

INSTRUCTIONS: If your income equals or exceeds \$75,000.00 you must complete the LONG FORM financial statement, unless otherwise ordered by the Court. All questions on both sides of this form must be answered in full or the word "none" inserted. If additional space is needed for any answer, an attached sheet may be filed in addition to, but not in lieu of, the answer. Information contained herein is confidential and only available to the parties and persons authorized under Probate and Family Court Department Supplemental Rule 401.

1. Your Name _____ Soc. Sec. No. _____
Address _____
(street and no.) (city or town) (state) (zip)
Age _____ Tel. No. (_____) _____ No. of Children living with you _____
Occupation _____ Employer _____
Employers Address _____
(street and no.) (city or town) (state) (zip)
Employers Tel. No. (_____) _____ Health Ins. Coverage YES NO
Health Insurance Provider _____ Cert. No. _____

2. **Gross Weekly Income from All Sources (strike inapplicable words)**

a). Base pay from salary, wages _____ \$ _____
b). Self Employment Income (**attach a completed Schedule A**) _____ \$ _____
c). Income from overtime-commissions-tips-bonuses-part-time job _____ \$ _____
d). Dividends - interest _____ \$ _____
e). Income from trusts or annuities _____ \$ _____
f). Pensions and retirement funds _____ \$ _____
g). Social Security _____ \$ _____
h). Disability, unemployment insurance or worker's compensation _____ \$ _____
i). Public Assistance (welfare, A.F.D.C. payments) _____ \$ _____
j). Rental from Income Producing Property (**attach a completed Schedule B**) _____ \$ _____
k). All other sources (including child support, alimony) _____ \$ _____
1). **Total Gross Weekly Income** (a through k) _____ \$ _____

3. **Itemize Deductions from Gross Income**

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

4. **Adjusted Net Weekly Income**

2 (1) minus 3 (f) _____ \$ _____

5. **Other Deductions from Salary**

a). Credit Union (Loan Repayment or Savings) _____ \$ _____
b). Savings _____ \$ _____
c). Retirement _____ \$ _____
d). Other - Specify (such as Deferred Compensation or 401 K) _____ \$ _____
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)

8. **Weekly Expenses** (Do Not Duplicate Weekly Expenses - Strike Inapplicable Words)

- a) Rent -Mortgage (PIT) \$ _____
- b) Homeowner's/Tenant Insurance \$ _____
- c) Maintenance and Repair \$ _____
- d) Heat (Type _____) \$ _____
- e) Electricity and/or Gas \$ _____
- f) Telephone \$ _____
- g) Water/Sewer \$ _____
- h) Food \$ _____
- i) House Supplies \$ _____
- j) Laundry and Cleaning \$ _____
- k) Clothing \$ _____
- l) Life Insurance \$ _____
- m) Medical Insurance \$ _____
- n) Uninsured Medicals \$ _____
- o) Incidentals and Toiletries \$ _____
- p) Motor Vehicle Expenses \$ _____
- q) Motor Vehicle Loan Payment \$ _____
- r) Child Care \$ _____
- s) Other (attach additional schedule, if necessary) \$ _____

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 prosecute this action \$ _____ to \$ _____

10. **Assets** (Attach additional schedule for additional real estate and other assets, if necessary)

- a) Real Estate _____
 Location _____
 Title _____
 Fair Market Value \$ _____ - Mortgage(s) \$ _____ = Equity \$ _____
- b) IRA, Keough, Pension, Profit Sharing, Other Retirement Plans
List Financial Institution or Plan Names and Account Numbers
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____
- c) Tax Deferred Annuity Plan(s) _____ \$ _____
- d) Life Insurance: Present Cash Value _____ \$ _____
- e) Savings & Checking Accounts, Money Market Accounts, and CDs - 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). **List Financial Institution Names and Account Numbers**
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____
- f) Motor Vehicles
 Fair Market Value \$ _____ - Motor Vehicle Loan \$ _____ = Equity \$ _____
 Fair Market Value \$ _____ - Motor Vehicle Loan \$ _____ = Equity \$ _____
- g) Other (such as - stocks, bonds, collections)
 _____ \$ _____
 _____ \$ _____
- h) **Total Assets** (a through g) \$ _____

11. **Liabilities** (DO NOT list weekly expenses but DO list all liabilities)

	Creditor	Nature of Debt	Date of Origin	Amount Due	Weekly Payment
a)					
b)					
c)					
d)					

e) Total Amount Due and Total **Weekly Payment** \$ _____ \$ _____

12. **Number of Years you have paid to Social Security** _____ years

I certify under the penalties of perjury that my income and expenses, assets, and liabilities as stated herein are true to that of my knowledge and belief. I have carefully read this financial statement and I certify the information is true and complete.

Date _____ Signature _____

STATEMENT BY ATTORNEY

I, the undersigned attorney, am admitted to practice law in the Commonwealth of Massachusetts -- am admitted pro hoc v 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.

Attorney's Signature _____ Date _____
 Address _____ Tel. No. _____
 B.B.O. # _____