

Commonwealth of Massachusetts

The Trial Court

Probate and Family Court Department

FINANCIAL STATEMENT

(Short Form)

Division Berkshire

Docket No. 02W10...

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.

Jane Doe

Plaintiff/Petitioner

v.

John Doe

Defendant/Petitioner

1. PERSONAL INFORMATION

Your Name Jane Doe Social Security No. 012-34-5678

Address 100 Main Street Anywhere MA 01011
(Street address) (City/Town) (State) (Zip)

Tel. No. +1 (860) 555-5555 Date of Birth 11/02/1979 No. of children living with you 2

Occupation Teachers Aid Employer Public School

Employer's Address 5 Book Lane, Booktown Booktown MA 01011
(Street address) (City/Town) (State) (Zip)

Tel. No. +1 (860) 123-4567 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 \$ 269.00

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 (welfare, A.F.D.C. payments) \$ _____

m) Child Support Alimony (actually received) \$ 30.00

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) \$ 299.00

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3. ITEMIZED DEDUCTIONS FROM GROSS INCOME

a) Federal income tax deductions (claiming <u>2</u> exemptions)	\$ <u>30.00</u>
b) State income tax deductions (claiming <u>2</u> exemptions)	\$ <u>11.00</u>
c) F.I.C.A. and Medicare	\$ <u>40.00</u>
d) Medical Insurance	\$ _____
e) Union Dues	\$ _____
f) Total Deductions (a through e)	\$ <u>81.00</u>

4. ADJUSTED NET WEEKLY INCOME 2(r) minus 3(f) \$ 218.00

5. OTHER DEDUCTIONS FROM SALARY/WAGES

a) Credit Union <input type="checkbox"/> Loan repayment <input type="checkbox"/> 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) \$ 218.00

7. GROSS YEARLY INCOME FROM PRIOR YEAR \$ 15,548.00
 (attach copy of all W-2 and 1099 forms for prior year)

Number of Years you have paid into Social Security ten

8. WEEKLY EXPENSES

a) Rent or Mortgage (PIT) \$ <u>151.00</u>	l) Life Insurance \$ _____
b) Homeowners/Tenant Insurance \$ _____	m) Medical Insurance \$ _____
c) Maintenance and Repair \$ _____	n) Uninsured Medicals \$ _____
d) Heat \$ _____	o) Incidentals and Toiletries \$ <u>2.00</u>
e) Electricity and/or Gas \$ <u>12.00</u>	p) Motor Vehicle Expenses \$ <u>20.00</u>
f) Telephone \$ <u>9.00</u>	q) Motor Vehicle Payment \$ _____
g) Water/Sewer \$ _____	r) Child Care \$ <u>40.00</u>
h) Food \$ <u>30.00</u>	s) Other (explain) _____ \$ _____
i) House Supplies \$ <u>2.00</u>	
j) Laundry and Cleaning \$ <u>2.00</u>	
k) Clothing \$ _____	
t) Total Weekly Expenses (a through s)	\$ <u>268.00</u>

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 \$ 4,000.00 - Motor Vehicle Loan \$ _____ = Equity \$ 4,000.00

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

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

Financial Institution or Plan Name and Account Number

Checking Bank of Boston, #34267 \$ 20.00

_____ \$ _____

_____ \$ _____

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)

\$ 4,020.00

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

	Creditor	Nature of Debt	Date Incurred	Amount Due	Weekly Payment
a)	Visa	Credit Card	5/2002	\$ 1,500.00	\$ 15.00
b)				\$	\$
c)				\$	\$
d)				\$	\$

e) Total Liabilities

\$ 1,500.00

\$ 15.00

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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 6/22/09 Signature Jane Doe

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. #