COMMONWEALTH OF MASSACHUSETTS
THE TRIAL COURT
PROBATE AND FAMILY COURT

_____, ss Docket No._____
(County)

_____,)
Plaintiff)
)
v.)
)
_____,)
Defendant

REQUEST FOR A FINANCIAL STATEMENT

I, _____ (print your name), hereby request that, _____(printed name of other party), furnish a Financial Statement to the Probate and Family Court and a copy to the requesting party, within 10 days, pursuant to Supplemental Rules of the Probate Court 401.

_____
signed

_____
dated

CERTIFICATE OF SERVICE

I certify that on the date listed below I mailed, postage prepaid, a copy of this REQUEST FOR A FINANCIAL STATEMENT, and a FINANCIAL STATEMENT Form to:

_____
Name of other party/other party's attorney

_____
Address of other party/other party's attorney

_____

_____
date