

Commonwealth of Massachusetts
The Trial Court
Probate and Family Court Department
FINANCIAL STATEMENT
(Short Form)

Division _____

Docket No. _____

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)
 Employer's Telephone 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 <input type="checkbox"/> Salary <input type="checkbox"/> Wages	\$ _____
b) Overtime	\$ _____
c) Part-time job	\$ _____
d) Self-employment (attach a completed schedule A)	\$ _____
e) Tips	\$ _____
f) <input type="checkbox"/> Commissions <input type="checkbox"/> Bonuses	\$ _____
g) <input type="checkbox"/> Dividends <input type="checkbox"/> Interest	\$ _____
h) <input type="checkbox"/> Trusts <input type="checkbox"/> Annuities	\$ _____
i) <input type="checkbox"/> Pensions <input type="checkbox"/> Retirement Funds	\$ _____
j) Social Security	\$ _____
k) <input type="checkbox"/> Disability <input type="checkbox"/> Unemployment insurance <input type="checkbox"/> Worker's compensation	\$ _____
l) Public Assistance (welfare, A.F.D.C. payments)	\$ _____
m) <input type="checkbox"/> Child Support <input type="checkbox"/> 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)	\$ _____

Commonwealth of Massachusetts
The Trial Court
Probate and Family Court Department
FINANCIAL STATEMENT
(Short Form)

Division _____

Docket No. _____

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 <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) \$ _____

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 \$ _____ | | <u>TOTAL LIAB'TIES (P. 3)</u> \$ _____ |
| k) Clothing \$ _____ | | <u>TOTAL ADD'L EXP.</u> \$ _____ |
| t) Total Weekly Expenses (a through t) | | \$ _____ |

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 \$ | _____ |

Commonwealth of Massachusetts
The Trial Court
Probate and Family Court Department
FINANCIAL STATEMENT
(Short Form)

Division _____

Docket No. _____

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 \$ _____ - Vehicle Loan \$ _____ = Equity \$ _____
 Fair Market Value \$ _____ - 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 + Additional Assets, if any) \$ _____

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)				\$	\$
<i>ADDITIONAL LIABILITES FROM SCHEDULE</i>				\$	\$
e) Total Liabilities				[]	[]

Division _____

Commonwealth of Massachusetts
The Trial Court
Probate and Family Court Department
FINANCIAL STATEMENT
(Short Form)

Docket No. _____

CERTIFICATION

I certify under the pains and 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 _____
(Signature of attorney)

(Print name)

(Street address)

(City/Town) _____
(State) _____
(Zip)

Telephone: _____

B.B.O. #: _____