

Division _____

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

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 Salary Wages \$ _____ 0.00
- b) Overtime \$ _____ 0.00
- c) Part-time job \$ _____ 0.00
- d) Self-employment (attach a completed schedule A) \$ _____ 0.00
- e) Tips \$ _____ 0.00
- f) Commissions Bonuses \$ _____ 0.00
- g) Dividends Interest \$ _____ 0.00
- h) Trusts Annuities \$ _____ 0.00
- i) Pensions Retirement Funds \$ _____ 0.00
- j) Social Security \$ _____ 0.00
- k) Disability Unemployment insurance Worker's compensation \$ _____ 0.00
- l) Public Assistance (welfare, A.F.D.C. payments) \$ _____ 0.00
- m) Child Support Alimony (actually received) \$ _____ 0.00
- n) Rental from income producing property (attach a completed Schedule B) \$ _____ 0.00
- o) Royalties and other rights \$ _____ 0.00
- p) Contributions from household member(s) \$ _____ 0.00
- q) Other (specify) _____ \$ _____ 0.00
- _____ \$ _____ 0.00
- _____ \$ _____ 0.00
- _____ \$ _____ 0.00
- r) Total Gross Weekly Income/Receipts (add items a-q) \$ _____ 0.00

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3. ITEMIZED DEDUCTIONS FROM GROSS INCOME

| | | |
|--|----------|------|
| a) Federal income tax deductions (claiming _____ exemptions) | \$ _____ | 0.00 |
| b) State income tax deductions (claiming _____ exemptions) | \$ _____ | 0.00 |
| c) F.I.C.A. and Medicare | \$ _____ | 0.00 |
| d) Medical Insurance | \$ _____ | 0.00 |
| e) Union Dues | \$ _____ | 0.00 |
| f) Total Deductions (a through e) | \$ _____ | 0.00 |

4. ADJUSTED NET WEEKLY INCOME 2(r) minus 3(f) \$ _____ 0.00

5. OTHER DEDUCTIONS FROM SALARY/WAGES

| | | |
|--|----------|------|
| a) Credit Union <input type="checkbox"/> Loan repayment <input type="checkbox"/> Savings | \$ _____ | 0.00 |
| b) Savings | \$ _____ | 0.00 |
| c) Retirement | \$ _____ | 0.00 |
| d) Other - Specify (i.e., Child Support, Deferred Compensation or 401K) _____ | \$ _____ | 0.00 |
| e) Total Deductions (a through d) | \$ _____ | 0.00 |

6. NET WEEKLY INCOME 4 minus 5(e) \$ _____ 0.00

7. GROSS YEARLY INCOME FROM PRIOR YEAR \$ _____ 0.00
(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) | \$ _____ | 0.00 | l) Life Insurance | \$ _____ | 0.00 |
| b) Homeowners/Tenant Insurance | \$ _____ | 0.00 | m) Medical Insurance | \$ _____ | 0.00 |
| c) Maintenance and Repair | \$ _____ | 0.00 | n) Uninsured Medicals | \$ _____ | 0.00 |
| d) Heat | \$ _____ | 0.00 | o) Incidentals and Toiletries | \$ _____ | 0.00 |
| e) Electricity and/or Gas | \$ _____ | 0.00 | p) Motor Vehicle Expenses | \$ _____ | 0.00 |
| f) Telephone | \$ _____ | 0.00 | q) Motor Vehicle Payment | \$ _____ | 0.00 |
| g) Water/Sewer | \$ _____ | 0.00 | r) Child Care | \$ _____ | 0.00 |
| h) Food | \$ _____ | 0.00 | s) Other (explain) | | |
| i) House Supplies | \$ _____ | 0.00 | | \$ _____ | 0.00 |
| j) Laundry and Cleaning | \$ _____ | 0.00 | TOTAL LIAB'TIES (P. 3) | \$ _____ | 0.00 |
| k) Clothing | \$ _____ | 0.00 | t) TOTAL ADD'L EXP. | \$ _____ | 0.00 |

t) Total Weekly Expenses (a through t) \$ _____ 0.00

9. COUNSEL FEES

| | | |
|---|---------------------------|------|
| a) Retainer amount(s) paid to your attorney(s) | \$ _____ | 0.00 |
| b) Legal fees incurred, to date, against retainer(s) | \$ _____ | 0.00 |
| c) Anticipated range of total legal expense to litigate this action | \$ _____ 0.00 to \$ _____ | 0.00 |

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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 \$ 0.00

b) Motor Vehicles

Fair Market Value \$ _____ - Vehicle Loan \$ _____ = Equity \$ 0.00

Fair Market Value \$ _____ - Vehicle Loan \$ _____ = Equity \$ 0.00

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

Financial Institution or Plan Name and Account Number

_____ \$ 0.00

_____ \$ 0.00

_____ \$ 0.00

d) Tax Deferred Annuity Plan(s)

\$ 0.00

e) Life Insurance: Present Cash Value

\$ 0.00

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

_____ \$ 0.00

_____ \$ 0.00

_____ \$ 0.00

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

_____ \$ 0.00

_____ \$ 0.00

h) Total Assets (a through g + Additional Assets, if any) \$ 0.00

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

| | Creditor | Nature of Debt | Date Incurred | Amount Due | Weekly Payment |
|---|----------|----------------|---------------|------------|----------------|
| a) | | | | \$ 0.00 | \$ 0.00 |
| b) | | | | \$ 0.00 | \$ 0.00 |
| c) | | | | \$ 0.00 | \$ 0.00 |
| d) | | | | \$ 0.00 | \$ 0.00 |
| <u>ADDITIONAL LIABILITIES FROM SCHEDULE</u> | | | | \$ 0.00 | \$ 0.00 |

e) Total Liabilities

\$0.00

\$0.00

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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. #: _____

ADDITIONAL WEEKLY EXPENSES - SHORT FORM (Section 8., continued)

Name: 0

Docket No. 0

8. WEEKLY EXPENSES (continued)

| ITEM / DESCRIPTION | AMOUNT |
|--------------------|----------|
| a) _____ | \$ _____ |
| b) _____ | \$ _____ |
| c) _____ | \$ _____ |
| d) _____ | \$ _____ |
| e) _____ | \$ _____ |
| f) _____ | \$ _____ |
| g) _____ | \$ _____ |
| h) _____ | \$ _____ |
| i) _____ | \$ _____ |
| j) _____ | \$ _____ |
| k) _____ | \$ _____ |
| l) _____ | \$ _____ |
| m) _____ | \$ _____ |
| n) _____ | \$ _____ |
| o) _____ | \$ _____ |
| p) _____ | \$ _____ |
| q) _____ | \$ _____ |
| r) _____ | \$ _____ |
| s) _____ | \$ _____ |
| t) _____ | \$ _____ |
| u) _____ | \$ _____ |
| v) _____ | \$ _____ |
| w) _____ | \$ _____ |
| x) _____ | \$ _____ |
| y) _____ | \$ _____ |
| z) _____ | \$ _____ |

TOTAL ADDITIONAL WEEKLY EXPENSES

\$0.00

ADDITIONAL ASSETS - SHORT FORM Section 10., continued)

Name: _____ 0 _____

Docket No. _____ 0 _____

10. ASSETS (continued)

a) Real Estate

Location _____

Title held in name of _____

Fair Market Value \$ _____ - Mortgage(s) \$ _____ = Equity \$ _____ 0.00

Real Estate

Location _____

Title held in name of _____

Fair Market Value \$ _____ - Mortgage(s) \$ _____ = Equity \$ _____ 0.00

Real Estate

Location _____

Title held in name of _____

Fair Market Value \$ _____ - Mortgage(s) \$ _____ = Equity \$ _____ 0.00

Real Estate

Location _____

Title held in name of _____

Fair Market Value \$ _____ - Mortgage(s) \$ _____ = Equity \$ _____ 0.00

b) Motor Vehicles (continued)

Fair Market Value \$ _____ - Motor Vehicle Loan \$ _____ = Equity \$ _____ 0.00

Fair Market Value \$ _____ - Motor Vehicle Loan \$ _____ = Equity \$ _____ 0.00

Fair Market Value \$ _____ - Motor Vehicle Loan \$ _____ = Equity \$ _____ 0.00

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

Financial Institution or Plan Names and Account Numbers

_____ \$ _____ 0.00

_____ \$ _____ 0.00

_____ \$ _____ 0.00

d) Tax Deferred Annuity Plan(s) (continued)

_____ \$ _____ 0.00

_____ \$ _____ 0.00

_____ \$ _____ 0.00

e) Life Insurance: Present Cash value (continued)

_____ \$ _____ 0.00

_____ \$ _____ 0.00

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

_____ \$ _____ 0.00

_____ \$ _____ 0.00

_____ \$ _____ 0.00

_____ \$ _____ 0.00

g) Other (such as - stocks, bonds, collections) (continued)

_____ \$ _____ 0.00

_____ \$ _____ 0.00

_____ \$ _____ 0.00

_____ \$ _____ 0.00

TOTAL ADDITIONAL ASSETS

| |
|---------------|
| \$0.00 |
|---------------|

ADDITIONAL LIABILITIES - SHORT FORM Section 11., continued)

Name: _____ 0 _____

Docket No. _____ 0 _____

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

| | Creditor | Nature of Debt | Date Incurred | Amount Due | Weekly Pmt. |
|----|----------|----------------|---------------|------------|-------------|
| a) | | | | 0.00 | 0.00 |
| b) | | | | 0.00 | 0.00 |
| c) | | | | 0.00 | 0.00 |
| d) | | | | 0.00 | 0.00 |
| e) | | | | 0.00 | 0.00 |
| f) | | | | 0.00 | 0.00 |
| g) | | | | 0.00 | 0.00 |
| h) | | | | 0.00 | 0.00 |
| i) | | | | 0.00 | 0.00 |
| j) | | | | 0.00 | 0.00 |
| k) | | | | 0.00 | 0.00 |
| l) | | | | 0.00 | 0.00 |
| m) | | | | 0.00 | 0.00 |
| n) | | | | 0.00 | 0.00 |
| o) | | | | 0.00 | 0.00 |
| p) | | | | 0.00 | 0.00 |
| q) | | | | 0.00 | 0.00 |
| r) | | | | 0.00 | 0.00 |
| s) | | | | 0.00 | 0.00 |
| t) | | | | 0.00 | 0.00 |

TOTAL ADDITIONAL AMOUNT DUE

\$0.00

TOTAL ADDITIONAL WEEKLY PAYMENT

\$0.00