Commonwealth of Massachusetts

The Trial Court

Probate and Family Court Department

Division _____ Docket No. _____

FINANCIAL STATEMENT
(Long Form)

INSTRUCTIONS: If your income is less than $75,000.00 annually, you must complete the SHORT FORM financial statement, unless otherwise ordered by the court.

_____ vs. _____
Plaintiff/Petitioner Defendant/Petitioner

I. 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 Phone No. _____ Do you have health insurance coverage? ☐ Yes ☐ No

If yes, name of health insurance provider _____

II. GROSS WEEKLY INCOME/RECEIPTS FROM ALL SOURCES

a) Base pay from ☐ Salary ☐ Wages	$ _____
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 (e.g. welfare, TAFDC, SNAP) **(not included in gross income for child support)**	$ _____
m) ☐ Child Support ☐ 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)	**$** _____

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III. WEEKLY DEDUCTIONS FROM GROSS INCOME

TAX WITHOLDING

a) Federal tax witholding/estimated payments $ _____

Number of withholding allowances claimed _____

b) State tax witholding/estimated payments $ _____

Number of withholding allowances claimed _____

OTHER DEDUCTIONS

c) F.I.C.A. $ _____

d) Medicare $ _____

e) Medical Insurance $ _____

f) Dental Insurance $ _____

g) Vision Insurance $ _____

h) Union Dues $ _____

i) Child Support $ _____

j) Spousal Support $ _____

k) Retirement $ _____

l) Savings $ _____

m) Deferred Compensation $ _____

n) Credit Union (Loan) $ _____

o) Credit Union (Savings) $ _____

p) Charitable Contributions $ _____

q) Life Insurance $ _____

r) Other (specify) _____ $ _____

_____ $ _____

_____ $ _____

s) Total Weekly Deductions from Pay (Add items a-r) **$** _____

IV. NET WEEKLY INCOME

a) Enter total gross weekly income/receipts from II(r) $ _____

b) Enter total weekly deductions from pay from III(s) - $ _____

c) Net Weekly Income = **$** _____

V. GROSS 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 _____

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VI. WEEKLY EXPENSES NOT DEDUCTED FROM PAY

Rent	$
Mortgage (Principal, Interest - Taxes and Insurance, if escrowed)	$
Property taxes and assessments	$
Homeowner/Tenant Insurance	$
☐ Maintenance Fees ☐ Condominium Fees	$
Heat	$
Electricity	$
☐ Propane ☐ Natural Gas	$
Telephone	$
☐ Water ☐ Sewer	$
Food	$
House Supplies	$
Laundry	$
Dry Cleaning	$
Clothing	$
Life insurance	$
Medical insurance	$
Dental insurance	$
Vision insurance	$
Uninsured Medical	$
Uninsured Dental	$
Motor Vehicle Expenses	$
Fuel	$
Insurance	$
Maintenance	$
Loan payment(s)	$
Entertainment	$
Vacation	$
Cable TV	$
Child Support (attach a copy of the order, if issued by a different court)	$
Child(ren)'s Day Care Expense	$
Child(ren)'s Education	$
Education (self)	$

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Employment related expenses (which are not reimbursed)

Uniforms	$ _____
Travel	$ _____
Required continuing education	$ _____
Other (specify) _____	$ _____
Lottery tickets	$ _____
Charitable Contributions	$ _____
Child(ren)'s allowance	$ _____
Extraordinary travel expenses for visitation with child(ren)	$ _____
Other (specify) _____	$ _____
_____	$ _____
_____	$ _____
TOTAL WEEKLY EXPENSES NOT DEDUCTED FROM PAY	**$** _____

VII. COUNSEL FEES

Retainer amount(s) paid to your attorney(s)	$ _____
Legal fees incurred, to date, against the retainer(s)	$ _____
Anticipated range of total legal expense to litigate this action	$ _____ to $ _____

VIII. ASSETS

INSTRUCTIONS: If additional space is needed for any answer or to disclose additional assets not listed below please attach additional pages.

A. REAL ESTATE

Real Estate-Primary Residence

Address _____ (Street address) _____ (City/Town) _____ (State)

Title held in the name of _____

Purchase Price of the Property	$ _____
Year of Purchase	_____
Current Assessed Value of the Property	$ _____
Date of Last Assessment	_____
Fair Market Value of the Property	$ _____
Outstanding 1st mortgage	- $ _____
Outstanding 2nd mortgage or home equity loan	- $ _____
Equity	= $ _____

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Real Estate-Vacation or Second Home (including interest in time share)

Address _____ (Street address) _____ (City/Town) _____ (State)

Title held in the name of _____

Purchase Price of the Property $ _____

Year of Purchase _____

Current Assessed Value of the Property $ _____

Date of Last Assessment _____

Fair Market Value of the Property $ _____

Outstanding 1st mortgage - $ _____

Outstanding 2nd mortgage or home equity loan - $ _____

Equity = $ _____

B. MOTOR VEHICLES including cars, trucks, ATV's, snowmobiles, tractors, motorcycles, boats, recreational vehicles, aircraft, farm machinery etc.

Type _____

Make _____

Model _____

Purchase Price of vehicle $ _____

Year of Purchase _____

Fair Market Value $ _____

Outstanding Loan - $ _____

Equity = $ _____

Type _____

Make _____

Model _____

Purchase Price of vehicle $ _____

Year of Purchase _____

Fair Market Value $ _____

Outstanding Loan - $ _____

Equity = $ _____

C. PENSIONS

	Institution	Account Number	Listed Beneficiary	Current Balance/Value
Defined Benefit Plan				$
Defined Contribution Plan				$

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D. OTHER ASSETS. List assets 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).

	Institution	Account Number	Listed Beneficiary	Current Balance/Value
Checking Account(s)				$
				$
Savings Account(s)				$
				$
Cash on Hand				$
Certificate(s) of Deposit				$
				$
Credit Union Account(s)				$
				$
Funds Held in Escrow				$
				$
Stocks				$
				$
Bonds				$ $
Bond Fund(s)				$
				$
Notes Held				$
				$
Cash in Brokerage Account(s)				$
				$
Money Market Account(s)				$
				$

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	Institution	Account Number	Listed Beneficiary	Current Balance/Value
U.S. Savings Bond(s)				$
				$
IRAs				$
				$
Keough				$
				$
Profit Sharing				$
				$
Deferred Compensation				$
				$
Other Retirement Plans				$
				$
Annuity (please specify whether a tax deferred annuity or a tax sheltered annuity)				$
				$
Life Insurance Cash Value (please specify whether a term or a whole universal life insurance policy)				$
				$
Judgments/Liens				$
				$
Pending Legacies and/or Inheritances				$
Jewelry				$
Contents of Safe or Safe Deposit Box				$
Firearms				$
Collections				$
Tools/Equipment				$
Crops/Livestock				$
Home Furnishings				$
Arts and Antiques				$
Other (please specify): _____				$
Other (please specify): _____				$

TOTAL ASSETS **$**

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IX. LIABILITIES : List loans, credit card debt, consumer debt, installment debt, etc. which are NOT listed elsewhere.

CREDITOR	NATURE OF DEBT	DATE INCURRED	AMOUNT DUE	WEEKLY PAYMENT
			$	$
			$	$
			$	$
			$	$
			$	$
			$	$
			$	$
			$	$
			$	$
			$	$
			$	$
			$	$

TOTAL LIABILITIES	**$**	**$**

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CERTIFICATION BY AFFIANT

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. **I UNDERSTAND THAT WILLFUL MISREPRESENTATION OF ANY OF THE INFORMATION PROVIDED WILL SUBJECT ME TO SANCTIONS AND MAY RESULT IN CRIMINAL CHARGES BEING FILED AGAINST ME.**

_____ _____

Date Signature

COMMONWEALTH OF MASSACHUSETTS

County of _____

Then personally appeared the above _____ and declared the

foregoing to be true and correct, before me this _____ day of _____

_____

Notary Public

My Commission Expires: _____

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. # _____