Commonwealth of Massachusetts
The Trial Court
Probate and Family Court Department

Division _____ Docket No. _____

FINANCIAL STATEMENT
(Short Form)

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)

Tel. 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	$ _____
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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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 <u>WEEKLY</u> INCOME

2(r) minus 3(f) **$** _____

5. OTHER DEDUCTIONS FROM SALARY/WAGES

a) Credit Union ☐ Loan repayment ☐ 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 Mortage (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	$ _____	_____	$ _____
k) Clothing	$ _____		

t) Total Weekly Expenses (a through s) $ _____

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 $ _____ - Motor Vehicle Loan $ _____ = Equity $ _____

Fair Market Value $ _____ - Motor 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) **$** _____

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)				$	$

e) Total Liabilities $ $

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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 _____ 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 of attorney)

_____
(Print name)

_____
(Street address)

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

Tel. No. _____

B.B.O. # _____