

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)

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 (welfare, A.F.D.C. payments) \$ _____

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 WEEKLY 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 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 \$ _____ | _____ \$ _____ |
| 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. # _____

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

Name: _____

Docket No. _____

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

ADDITIONAL ASSETS - SHORT FORM Section 10., continued)

Name: _____

Docket No. _____

10. ASSETS (continued)

a) Real Estate
 Location _____
 Title held in name of _____
 Fair Market Value \$ _____ - Mortgage(s) \$ _____ = Equity \$ _____

Real Estate
 Location _____
 Title held in name of _____
 Fair Market Value \$ _____ - Mortgage(s) \$ _____ = Equity \$ _____

Real Estate
 Location _____
 Title held in name of _____
 Fair Market Value \$ _____ - Mortgage(s) \$ _____ = Equity \$ _____

Real Estate
 Location _____
 Title held in name of _____
 Fair Market Value \$ _____ - Mortgage(s) \$ _____ = Equity \$ _____

b) Motor Vehicles (continued)
 Fair Market Value \$ _____ - Motor Vehicle Loan \$ _____ = Equity \$ _____
 Fair Market Value \$ _____ - Motor Vehicle Loan \$ _____ = Equity \$ _____
 Fair Market Value \$ _____ - Motor Vehicle Loan \$ _____ = Equity \$ _____

c) IRA, Keough, Pension, Profit Sharing, Other Retirement Plans (continued):
 Financial Institution or Plan Names and Account Numbers
 _____ \$
 _____ \$
 _____ \$

d) Tax Deferred Annuity Plan(s) (continued)
 _____ \$
 _____ \$
 _____ \$

e) Life Insurance: Present Cash value (continued)
 _____ \$
 _____ \$

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 (such as - stocks, bonds, collections) (continued)
 _____ \$
 _____ \$
 _____ \$
 _____ \$

TOTAL ADDITIONAL ASSETS

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ADDITIONAL LIABILITIES - SHORT FORM Section 11., continued)

Name: _____

Docket No. _____

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

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

TOTAL ADDITIONAL AMOUNT DUE

TOTAL ADDITIONAL WEEKLY PAYMENT

c.g.f.

**EXPLANATORY NOTES
TO FINANCIAL STATEMENT OF**

Explanation of Notation

1

FINANCIAL STATEMENT SCHEDULE A

Name: _____ Docket No. _____

MONTHLY SELF-EMPLOYMENT OR BUSINESS INCOME

GROSS MONTHLY RECEIPTS

[Empty box for Gross Monthly Receipts]

Monthly Business Expenses

Cost of goods sold	\$	_____
Advertising	\$	_____
Bad Debts	\$	_____
Motor Vehicles	\$	_____
Gas	\$	_____
Insurance	\$	_____
Maintenance	\$	_____
Registration	\$	_____
Commissions	\$	_____
Depletion	\$	_____
Dues and Publications	\$	_____
Employee Benefit Programs	\$	_____
Freight	\$	_____
Insurance (other than health), please specify type of insurance:		
_____	\$	_____
_____	\$	_____
Interest on mortgage to banks	\$	_____
Interest on loans	\$	_____
Legal and Professional services	\$	_____
Office expenses	\$	_____
Laundry and cleaning	\$	_____
Pension and profit sharing	\$	_____
Rent on leased equipment	\$	_____
Machinery/Equipment	\$	_____
Other business property	\$	_____
Repairs	\$	_____
Supplies	\$	_____
Taxes	\$	_____
Travel	\$	_____
Meals and entertainment	\$	_____
Utilities and phones	\$	_____
Wages	\$	_____
Other expenses (specify):		
_____	\$	_____
_____	\$	_____

FINANCIAL STATEMENT SCHEDULE A

TOTAL MONTHLY EXPENSES

WEEKLY BUSINESS INCOME (Gross monthly receipts less total monthly expenses divided by 4.3) Enter this amount in Section II, line (d) of CJ-D 301-L or Section 2(d) of CJ-D 301-S.

NATURE OF SELF-EMPLOYMENT OR BUSINESS

1. Is this business seasonal in nature? Yes No

2. If seasonal business, please specify percentage of income received and expenses incurred for each month of the year.

MONTH	PERCENTAGE OF INCOME RECEIVED	EXPENSES INCURRED
January		
February		
March		
April		
May		
June		
July		
August		
September		
October		
November		
December		

3. State whether your business accounts on a calendar year basis or fiscal year basis: CALENDAR FISCAL

4. If your business accounts on a fiscal year basis, give the starting and ending dates of your chosen fiscal year:

_____ starting

_____ ending

5. State your gross receipts, year to date:

6. State your gross expenses, year to date:

FINANCIAL STATEMENT SCHEDULE B

Name: _____ Docket No. _____

RENT FROM INCOME PRODUCING PROPERTY

ANNUAL RENT RECEIVED

ANNUAL RENTAL EXPENSES

- Advertising \$ _____
- Motor Vehicle and Travel \$ _____
- Insurance \$ _____
- Cleaning and maintenance \$ _____
- Commissions \$ _____
- Interest on mortgage to banks \$ _____
- Other interest (specify):
_____ \$ _____
_____ \$ _____
- Legal and professional services \$ _____
- Repairs \$ _____
- Supplies \$ _____
- Taxes \$ _____
- Utilities \$ _____
- Wages \$ _____
- Other expenses: (specify):
_____ \$ _____
_____ \$ _____

TOTAL ANNUAL EXPENSES

TOTAL WEEKLY RENTAL INCOME (Gross rent received less expenses, divided by 52). Enter this amount in Section II, line (n) of CJ-D 301-L or Section 2(n) of CJ-D 301-S