

Commonwealth of Massachusetts
The Trial Court
Probate and Family Court Department

_____ Division

Docket No.: _____

INSTRUCTIONS: This financial statement should be completed if your home income equals or exceeds \$75,000.00 or if ordered by the court. All items on both sides of this form must be addressed either with the appropriate amount or the word "none" inserted for items that are not applicable to your personal situation. Additional sheets may be attached to supplement any item. You must complete and attach Schedule A if you are self-employed or have other business income, and/or Schedule B if you own rental property.

I. PERSONEL INFORMATION

Your Name _____ Social Security Number _____

Address _____
(street address) (city or town) (state) (zip)

Telephone Number _____ Date of Birth _____ Age _____

Occupation _____

Employer _____ Employer's Telephone Number _____

Do you have health insurance coverage () Yes () No If yes, Name of health insurance provider _____

Do you have any natural, adopted, stepchild (ren) or children of partners who are living in your household half time or more? | () Yes () No If so, how many child (ren)? _____

II. GROSS WEEKLY INCOME/RECIEPTS FROM ALL SOURCES (Strike inapplicable words)

- a) Base pay, salary, wages \$ _____
- b) Overtime \$ _____
- c) Part-time job \$ _____
- d) Self-employment (attach a completed Schedule A) \$ _____
- e) Tips \$ _____
- f) Commission-Bonuses \$ _____
- g) Dividends – interest \$ _____
- h) Income from trusts and annuities \$ _____
- i) Pension and retirement funds \$ _____
- j) Social Security \$ _____
- k) Disability, unemployment, or worker's compensation \$ _____
- l) Public Assistance \$ _____
- m) Child Support – Alimony (actually received) \$ _____
- n) Rental income (attach completed Schedule B) \$ _____
- o) Royalties and Other rights \$ _____
- p) Contributions from household member(s) \$ _____
- q) Other (specify) \$ _____

TOTAL GROSS WEEKLY INCOME /RECIEPTS (add items a-q) \$ _____

III. WEEKLY DEDUCTIONS FOM GROSS INCOME

TAX WITHHOLDING

- a) Federal tax withholding / estimated payments: \$ _____
 Number of withholding allowances claimed _____
- b) State tax withholding / estimated payments: \$ _____
 Number of withholding allowances claimed _____

OTHER DEDUCTIONS

- c) F.I.C.A \$ _____
- d) Medicare \$ _____
- e) Medical Insurance \$ _____
- f) Union Dues \$ _____
- g) Child Support \$ _____
- h) Spousal Support \$ _____
- i) Retirement \$ _____
- J) Savings \$ _____
- k) Deferred Compensation \$ _____
- l) Credit Union (Loan) \$ _____
- m) Credit Union (Savings) \$ _____
- n) Charitable Contributions \$ _____
- o) Life Insurance \$ _____
- p) Other (specify) _____ \$ _____
- q) Other (specify) _____ \$ _____
- r) Other (specify) _____ \$ _____

TOTAL WEEKLY DEDUCTIONS FROM PAY (Add items a-r) \$ _____

IV. NET WEEKLY INCOME

- a) Enter total gross weekly income/receipts \$ _____
- b) Enter total weekly deductions from pay \$ _____

TOTAL WEEKLY DEDUCTIONS FROM PAY (Add items a-r) \$ _____

V. GROSS INCOME FROM PRIOR YEAR \$ _____

(attach copy of all W-2 and 1099 forms for prior year and Schedule A, if self-employed)

Number of years you have paid into Social Security _____

VI. COUNSEL FEES

Retainer amount(s) paid to your attorney(s) \$ _____

Legal fees incurred, to date, against the retainer(s) \$ _____

Anticipated range of total legal expenses to prosecute this action \$ _____ to \$ _____

VII. WEEKLY EXPENSES NOT DEDUCTED FROM PAY

INSTRUCTIONS: All expense figures must be listed by their WEEKLY total. DO NOT list expenses by their MONTHLY total. In order to compute the weekly expenses, divide the monthly expenses by 4.3. For example, if your rent is \$500.00 per month, divide 500 by 4.3. This will give you a weekly expense of \$116.28. Do not duplicate weekly expenses. Strike inapplicable words.

Rent	\$ _____
Mortgage (P & I, Taxes/Insurance, if escrowed)	\$ _____
Property taxes and assessments	\$ _____
Homeowner's Insurance	\$ _____
Tenant's Insurance	\$ _____
Maintenance Fees – Condominium Fees	\$ _____
Maintenance / Repairs	\$ _____
Heat (type: _____)	\$ _____
Electricity	\$ _____
Propane / Natural Gas	\$ _____
Telephone	\$ _____
Water/ Sewer	\$ _____
Food	\$ _____
House supplies	\$ _____
Laundry	\$ _____
Dry Cleaning	\$ _____
Clothing	\$ _____
Life Insurance	\$ _____
Medical Insurance	\$ _____
Uninsured Medicals – dental expenses	\$ _____
Incidentals / toiletries	\$ _____
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 daycare care expenses	\$ _____
Child (ren)'s Education	\$ _____
Education (self)	\$ _____
Employment related expenses (which are not reimbursed)	\$ _____
Uniforms	\$ _____
Travel	\$ _____
Required continuing education	\$ _____
Other (specify) _____	\$ _____
Lottery tickets	\$ _____
Charitable contributions/ Church giving	\$ _____
Child (ren)'s allowance	\$ _____
Extraordinary travel expenses for visitation with child (ren)	\$ _____
Other (specify) _____	\$ _____
Other (specify) _____	\$ _____
TOTAL WEEKLY EXPENSES NOT DEDUCTED FROM PAY	\$ _____

VIII. ASSETS

INSTRUCTIONS: List all assets including, but not limited to the following. If additional space is needed for any answer or to disclose additional assets an attached sheet may be listed.

A. REAL ESTATE - Real Estate – Primary Residence

Address	_____	_____	_____
	(street address)	(city or state)	(zip)
Title Held	_____		
Outstanding mortgage		\$	_____
Outstanding second mortgage or home equity loan		\$	_____
Equity		\$	_____
Purchase price of the property		\$	_____
Year of purchase		\$	_____
Current assessed value of the property		\$	_____
Date of last assessment		\$	_____
Fair market value of the property		\$	_____

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

Address	_____	_____	_____
	(street address)	(city or state)	(zip)
Title Held	_____		
Outstanding mortgage		\$	_____
Outstanding second mortgage or home equity loan		\$	_____
Equity		\$	_____
Purchase price of the property		\$	_____
Year of purchase		\$	_____
Current assessed value of the property		\$	_____
Date of last assessment		\$	_____
Fair market value of the property		\$	_____

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

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		\$	_____

VIII. ASSETS CONTINUE

C. PENSIONS

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

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). (List particular's indicated, e.g., institution / plan name (s) and account numbers (s), named beneficiaries and current balances, if applicable)

	Institution	Account Number	Listed Beneficiary	Current Balance
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)				

	Institution	Account Number	Listed Beneficiary	Current Balance
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).				
Judge / Liens				
Pending Legacies and/or inheritances				
Jewelry				
Contents of Safe or Safe Deposit Box				
Firearms				
Collections				
Tools/Equipment				
Crops/Livestock				
Home Furnishings (value)				
Art and Antiques				
Other (specify_____)				
Other (Specify_____)				

TOTAL ASSETS

--

XI. LIABILITIES (List loans, credit card debt, consumer debt, installment debt, ect. Which are not listed elsewhere).

INSTRUCTIONS: All payment figures must be listed by their WEEKLY amount. DO NOT list payments by their MONTHLY amount. In order to compute the weekly payment, divide the monthly payment by 4.3. For example, if your credit card liability is \$500.00 per month, divide 500 by 4.3. This will give you a weekly payment of \$116.28.

CREDITOR	KIND OF DEBT	DATE INCURRED	AMOUNT DUE	WEEKLY PAYMENT
TOTALS				

CERTIFICATION BY AFFIANT

I certify under the penalties and 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.

(NAME)

(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 _____ 2002.

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 purpose 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

Name of Attorney _____
Please Print

Address _____

Tel. No.: _____

BBO # _____