

**Commonwealth of Massachusetts****The Trial Court****Probate and Family Court Department**

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  | <input type="checkbox"/> Salary                      | <input type="checkbox"/> Wages                 | \$ _____ |
| b) Overtime   | \$ _____   |  |          |
| c) Part-time job  | \$ _____   |  |          |
| d) Self-employment (attach a completed schedule A)  | \$ _____   |  |          |
| e) Tips   | \$ _____   |  |          |
| f) <input type="checkbox"/> Commissions   | <input type="checkbox"/> Bonuses                     | \$ _____                                       |          |
| g) <input type="checkbox"/> Dividends   | <input type="checkbox"/> Interest                    | \$ _____                                       |          |
| h) <input type="checkbox"/> Trusts  | <input type="checkbox"/> Annuities                   | \$ _____                                       |          |
| i) <input type="checkbox"/> Pensions  | <input type="checkbox"/> Retirement funds            | \$ _____                                       |          |
| j) Social Security  | \$ _____   |  |          |
| k) <input type="checkbox"/> Disability  | <input type="checkbox"/> Unemployment insurance      | <input type="checkbox"/> Worker's compensation | \$ _____ |
| l) Public Assistance (e.g. welfare, TAFDC, SNAP) (not included in gross income for child support) | \$ _____   |  |          |
| m) <input type="checkbox"/> Child Support   | <input type="checkbox"/> 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)  | \$ _____   |  |          |
| <hr/> <hr/>   |  |  | \$ _____ |
| <b>r) Total Gross Weekly Income/Receipts (add items a-q)</b>                                      |  |  | \$ _____ |

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**FINANCIAL STATEMENT  
(Short Form)****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	\$ _____
<b>f) Total Deductions (a through e)</b>	\$ _____

**4. ADJUSTED NET WEEKLY INCOME**      2(r) minus 3(f)

\$ \_\_\_\_\_

**5. OTHER DEDUCTIONS FROM SALARY/WAGES**

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

**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) \$ _____	i) 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 \$ _____	
<b>t) Total Weekly Expenses (a through s)</b> \$ _____	

**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. # \_\_\_\_\_