

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.

Plaintiff/Petitioner _____

VS. _____

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)

\$ _____

Commonwealth of Massachusetts

The Trial Court

Probate and Family Court Department

Division _____

Docket No. _____

**FINANCIAL STATEMENT
(Long Form)**

III. WEEKLY DEDUCTIONS FROM 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) 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 _____

Commonwealth of Massachusetts
The Trial Court
Probate and Family Court Department
FINANCIAL STATEMENT
(Long Form)

Division _____

Docket No. _____

VI. WEEKLY EXPENSES NOT DEDUCTED FROM PAY

| | |
|---|----------|
| Rent | \$ _____ |
| Mortgage (Principal, Interest - Taxes and Insurance, if escrowed) | \$ _____ |
| Property taxes and assessments | \$ _____ |
| Homeowner/Tenant Insurance | \$ _____ |
| <input type="checkbox"/> Maintenance Fees <input type="checkbox"/> Condominium Fees | \$ _____ |
| Heat | \$ _____ |
| Electricity | \$ _____ |
| <input type="checkbox"/> Propane <input type="checkbox"/> Natural Gas | \$ _____ |
| Telephone | \$ _____ |
| <input type="checkbox"/> Water <input type="checkbox"/> 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) | \$ _____ |

Commonwealth of Massachusetts

The Trial Court

Probate and Family Court Department

Division _____

Docket No. _____

**FINANCIAL STATEMENT
(Long Form)**

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 = \$ _____

Commonwealth of Massachusetts

The Trial Court

Probate and Family Court Department

Division

Docket No.

**FINANCIAL STATEMENT
(Long Form)**

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 | | | | \$ _____ |

Commonwealth of Massachusetts

The Trial Court

Probate and Family Court Department

Division _____

Docket No. _____

**FINANCIAL STATEMENT
(Long Form)**

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) | | | | \$ |

Commonwealth of Massachusetts

The Trial Court

Probate and Family Court Department

Division _____

Docket No. _____

**FINANCIAL STATEMENT
(Long Form)**

| | 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

\$

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

Division

Docket No.

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

TOTAL LIABILITIES

\$ _____

Commonwealth of Massachusetts

The Trial Court

Probate and Family Court Department

Division

Docket No.

**FINANCIAL STATEMENT
(Long Form)**

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. # _____