

**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 (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 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 \$ _____	
<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. # \_\_\_\_\_