

Division _____

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

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)

Employer's Telephone 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) <u>TOTAL LIAB'TIES (P. 3)</u> | \$ _____ |
| | | <u>TOTAL ADD'L EXP.</u> | \$ _____ |
| | | t) Total Weekly Expenses (a through t) | \$ _____ |

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 \$ _____ - Vehicle Loan \$ _____ = Equity \$ _____
 Fair Market Value \$ _____ - 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 + Additional Assets, if any)** \$ _____

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)				\$	\$
<u>ADDITIONAL LIABILITIES FROM SCHEDULE</u>				\$	\$

e) **Total Liabilities**

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CERTIFICATION

I certify under the pains and 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 _____
(Signature of attorney)

(Print name)

(Street address)

(City/Town)

(State)

(Zip)

Telephone: _____

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

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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 \$ _____ 0.00

Real Estate

Location _____

Title held in name of _____

Fair Market Value \$ _____ - Mortgage(s) \$ _____ = Equity \$ _____ 0.00

Real Estate

Location _____

Title held in name of _____

Fair Market Value \$ _____ - Mortgage(s) \$ _____ = Equity \$ _____ 0.00

Real Estate

Location _____

Title held in name of _____

Fair Market Value \$ _____ - Mortgage(s) \$ _____ = Equity \$ _____ 0.00

b) Motor Vehicles (continued)

Fair Market Value \$ _____ - Motor Vehicle Loan \$ _____ = Equity \$ _____ 0.00

Fair Market Value \$ _____ - Motor Vehicle Loan \$ _____ = Equity \$ _____ 0.00

Fair Market Value \$ _____ - Motor Vehicle Loan \$ _____ = Equity \$ _____ 0.00

c) IRA, Keough, Pension, Profit Sharing, Other Retirement Plans (continued):

Financial Institution or Plan Names and Account Numbers

_____ \$ _____ 0.00

_____ \$ _____ 0.00

_____ \$ _____ 0.00

d) Tax Deferred Annuity Plan(s) (continued)

_____ \$ _____ 0.00

_____ \$ _____ 0.00

_____ \$ _____ 0.00

e) Life Insurance: Present Cash value (continued)

_____ \$ _____ 0.00

_____ \$ _____ 0.00

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

_____ \$ _____ 0.00

_____ \$ _____ 0.00

_____ \$ _____ 0.00

_____ \$ _____ 0.00

g). Other (such as - stocks, bonds, collections) (continued)

_____ \$ _____ 0.00

_____ \$ _____ 0.00

_____ \$ _____ 0.00

_____ \$ _____ 0.00

TOTAL ADDITIONAL ASSETS

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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

--

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

FINANCIAL STATEMENT SCHEDULE A

Name: _____ Docket No. _____

MONTHLY SELF-EMPLOYMENT OR BUSINESS INCOME

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

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

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

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

**EXPLANATORY NOTES
TO FINANCIAL STATEMENT OF**

Explanation of Notation

1

2

2