

Commonwealth of Massachusetts
The Trial Court
Probate and Family Court Department

Division _____

Docket No. _____

FINANCIAL STATEMENT
(LONG FORM)

v.

Plaintiff / Petitioner

Defendant / Petitioner

INSTRUCTIONS: This financial statement should be completed if your 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. PERSONAL INFORMATION

Your name _____ Social Security Number _____
Address _____
(street address) (city or town) (state) (zip code)
Telephone Number _____ Date of Birth _____ Age _____
Occupation _____
Employer _____ Employer's Telephone No. _____
Employer's Address _____
(street address) (city or town) (state) (zip code)

Do you have health insurance coverage? Yes No If **yes**, name of insurance provider _____
Do you have any natural, adopted, stepchild(ren), foster child(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 / RECEIPTS 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) Commissions - 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 / RECEIPTS (Add items a-q)	\$ _____

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) 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 \$ _____

NET WEEKLY INCOME (Subtract IV.(b) from IV.(a)) \$ _____

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 expense 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 expense, divide the monthly expense 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 assessment	\$ _____
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 medical - 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 Day Care Expense	\$ _____
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) _____	\$ _____
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 filled.

A. REAL ESTATE

Real Estate -- Primary Residence

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

Title held _____

Outstanding 1st mortgage \$ _____
Outstanding 2nd 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 town) (state) (zip)

Title held _____

Outstanding 1st mortgage \$ _____
Outstanding 2nd 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, ATVs, 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 \$ _____

VIII. ASSETS CONTINUED

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 particulars as indicated, e.g., institution/plan name(s) and account number(s), named beneficiaries and current balances, if applicable.)

	Institution	Account Number	Listed Beneficiary	Current Balance
Checking Account(s)				
Savings Accounts(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 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 (value)				
Art and Antiques				
Other (specify)				
Other (specify)				

TOTAL ASSETS

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XI. **LIABILITIES** (List loans, credit card debt, consumer debt, installment debt, etc., 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 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 _____

On this _____ of _____, 2006, before me, the undersigned notary public, personally appeared _____ and proved to me through satisfactory evidence of identification, which was _____, to be the person who signed on the preceding document in my presence, and who swore or affirmed to me that the contents of the document are truthful and accurate to the best of his/her knowledge and belief.

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

Name of Attorney _____
Please Print

Address _____

Tel. No. _____

BBO # _____

FINANCIAL STATEMENT SCHEDULE A

Name: _____ 0 _____

Docket No. _____ 0 _____

MONTHLY SELF-EMPLOYMENT OR BUSINESS INCOME

GROSS MONTHLY RECEIPTS

[Empty box for Gross Monthly Receipts]

Monthly Business Expenses

Cost of goods sold \$ _____

Advertising \$ _____

Bad debts \$ _____

Auto:

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 phone \$ _____

Wages \$ _____

Other expenses (specify)

_____ \$ _____
\$ _____

TOTAL MONTHLY EXPENSES

[Empty box for 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(b). CJ-D 301-S.

[Empty box for Weekly Business Income]

FINANCIAL STATEMENT SCHEDULE B

Name: _____

Docket No. _____

RENT FROM INCOME PRODUCING PROPERTY

ANNUAL RENT RECEIVED

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ANNUAL RENTAL EXPENSES

Advertising \$ _____

Auto and travel \$ _____

Insurance \$ _____

Cleaning and maintenance \$ _____

Commissions \$ _____

Interest on mortgage to bank \$ _____

Other interest (specify) \$ _____

_____ \$ _____

_____ \$ _____

Legal and professional services \$ _____

Repairs \$ _____

Supplies \$ _____

Taxes \$ _____

Utilities \$ _____

Wages \$ _____

Other expenses (specify) \$ _____

_____ \$ _____

_____ \$ _____

TOTAL ANNUAL EXPENSES

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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(j) of CJ-D 301-S.

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EXPLANATORY NOTES
TO FINANCIAL STATEMENT OF

Explanation of Notation

1 Enter explanatory note here and TAB to next data entry field.