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	$ _____		*TOTAL LIAB'TIES (P. 3)*	$	_____
k)	Clothing	$ _____	t)	*TOTAL ADD'L EXP.*	$	_____
				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)				$	$
	ADDITIONAL LIABILITES FROM SCHEDULE			$	$

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. #: _____