

Division _____

Docket No. _____

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.

Defendant/Petitioner

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

a) Base pay from ☐ Salary ☐ Wages \$

b) Overtime	\$
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c) Part-time job	\$
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d) Self-employment (attach a completed schedule A) \$

e) Tips	\$
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f) ☐ Commissions ☐ Bonuses \$

g) ☐ Dividends ☐ Interest \$

h) ☐ Trusts ☐ Annuities \$

i)	<input type="checkbox"/> Pensions	<input type="checkbox"/> Retirement funds	\$
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j) Social Security	\$
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k) ☐ Disability ☐ Unemployment insurance ☐ Worker's compensation \$

I) Public Assistance (welfare, A.F.D.C. payments)	\$
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m) ☐ Child Support ☐ Alimony (actually received) \$

n) Rental from income producing property (**attach a completed Schedule B**) \$

o) Royalties and other rights	\$
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p) Contributions from household member(s) \$

q) Other (specify)

r) Total Gross Weekly Income/Receipts (add items a-q) \$

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**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 _____

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**FINANCIAL STATEMENT
(Long Form)**

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)	\$	_____

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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 = \$ _____

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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				\$

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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)				\$
				\$

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	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

\$

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

CREDITOR	NATURE OF DEBT	DATE INCURRED	AMOUNT DUE	WEEKLY PAYMENT
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$

TOTAL LIABILITIES

\$	\$
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**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. #