

Commonwealth of Massachusetts

Division _____

The Trial Court

Docket No. _____

Probate and Family Court Department

FINANCIAL STATEMENT

(Long Form)

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.

Plaintiff / Petitioner v. _____
Defendant / Petitioner

I. 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 _____

II. 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) \$ _____
- _____ \$ _____
TOTAL WEEKLY INCOME FROM ATTACHED ADDITIONAL SCHEDULE, IF ANY
- r) Total Gross Weekly Income/Receipts (add items a-q) \$ _____

Commonwealth of Massachusetts

Division _____

The Trial Court

Docket No. _____

Probate and Family Court Department

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 Gross 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 _____

Division _____

The Trial Court

Docket No. _____

Probate and Family Court Department

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 Fees	\$	_____
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)	\$	_____

Commonwealth of Massachusetts

Division _____

The Trial Court

Docket No. _____

Probate and Family Court Department

FINANCIAL STATEMENT

(Long Form)

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 PAYMENT FOR LIABILITIES FROM PAGE 8 \$ _____

TOTAL WEEKLY EXPENSES FROM ATTACHED ADDITIONAL SCHEDULE, IF ANY \$ _____

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 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 = \$ _____

Commonwealth of Massachusetts

Division _____

The Trial Court

Docket No. _____

Probate and Family Court Department

FINANCIAL STATEMENT

(Long Form)

Real Estate - Vacation or Second Home (including interest in time share)

Address _____
(Street address) (City / Town) (State)

Title held in 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, 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(s) - \$ _____
 Equity = \$ _____

Type _____
 Make _____
 Model _____
 Purchase Price of Vehicle \$ _____
 Year of Purchase _____
 Fair Market Value \$ _____
 Outstanding Loan(s) - \$ _____
 Equity = \$ _____

C. PENSIONS

	Institution	Account Number	Listed Beneficiary	Current Balance / Value
Defined Benefit Plan				\$
Defined Contribution Plan				\$

Division _____

The Trial Court

Docket No. _____

Probate and Family Court Department

FINANCIAL STATEMENT

(Long Form)

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)				\$
				\$

Commonwealth of Massachusetts

Division _____

The Trial Court

Docket No. _____

Probate and Family Court Department

FINANCIAL STATEMENT

(Long Form)

	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 (INCLUDING FROM ATTACHED ADDITIONAL SCHEDULES, IF ANY)

\$

Commonwealth of Massachusetts

Division _____

The Trial Court

Docket No. _____

Probate and Family Court Department

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(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)

Telephone: _____

B.B.O. #: _____

FINANCIAL STATEMENT SCHEDULE A

Name: _____ Docket No. _____

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	\$	_____
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