

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

Division \_\_\_\_\_

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.

\_\_\_\_\_ v. \_\_\_\_\_  
 Plaintiff / Petitioner 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 \$ _____        | <u>TOTAL LIAB'TIES (P. 3)</u> \$ _____ |
| k) Clothing \$ _____                    | t) <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)				\$	\$
<i>ADDITIONAL LIABILITES FROM SCHEDULE</i>				\$	\$

**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. #: \_\_\_\_\_

# 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