

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? _____ If yes, name of insurance provider _____
Do you have any natural, adopted, stepchild(ren), foster child(ren) or child(ren) of partners who are living in your household half time or more? Yes _____ 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 ADDITIONAL weekly income/receipts from schedule , if any _____ \$ _____
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 ADDITIONAL weekly deductions, from schedule , if any** _____ \$ _____

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 \$ _____ 0.00 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) _____	_____	\$ _____
Total weekly payments on liabilities (from page 7)	_____	\$ _____
Total ADDITIONAL weekly expenses from schedule , if any	_____	\$ _____
TOTAL WEEKLY EXPENSES NOT DEDUCTED FROM PAY	_____	\$ _____

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 ADDITIONAL pensions and other assets from schedule , if any				

TOTAL ASSETS

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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

Name of Attorney _____
Please Print

Address _____

Tel. No. _____

BBO # _____