

Commonwealth of Massachusetts  
The Trial Court  
Probate and Family Court Department

Division \_\_\_\_\_

Docket No. \_\_\_\_\_

FINANCIAL STATEMENT  
(SHORT FORM)

v.

Plaintiff / Petitioner

Defendant / Petitioner

**INSTRUCTIONS:** If your income equals or exceeds \$75,000.00, you must complete the LONG FORM financial statement, unless otherwise ordered by the Court. All questions on both sides of this form must be answered in full or word "none" inserted. If additional space is needed for any answer, an attached sheet may be filed in addition to, but not in lieu of, the answer. Information contained herein is confidential and only available to the parties and persons authorized under Probate and Family Court Department Supplemental Rule 401.

1. Your Name \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Address \_\_\_\_\_  
(street and no.) (city or town) (state) (zip)  
Age \_\_\_\_\_ Telephone No. \_\_\_\_\_ No. children living with you \_\_\_\_\_  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
Employer's Address \_\_\_\_\_  
(street and no.) (city or town) (state) (zip)  
Employer's Telephone Number \_\_\_\_\_ Health Insurance Coverage \_\_\_\_\_  
Health Insurance Provider \_\_\_\_\_ Certificate Number \_\_\_\_\_

2. **Gross Weekly Income from All Sources**

a). Base pay from salary, wages \_\_\_\_\_ \$ \_\_\_\_\_  
b). Self Employment Income (**attach a completed Schedule A**) \_\_\_\_\_ \$ \_\_\_\_\_  
c). Income from overtime-commissions-tips-bonuses-part-time job \_\_\_\_\_ \$ \_\_\_\_\_  
d). Dividends - interest \_\_\_\_\_ \$ \_\_\_\_\_  
e). Income from trust or annuities \_\_\_\_\_ \$ \_\_\_\_\_  
f). Pensions and retirement funds \_\_\_\_\_ \$ \_\_\_\_\_  
g). Social Security \_\_\_\_\_ \$ \_\_\_\_\_  
h). Disability, unemployment insurance or worker's compensation \_\_\_\_\_ \$ \_\_\_\_\_  
i). Public Assistance (welfare, A.F.D.C. payments) \_\_\_\_\_ \$ \_\_\_\_\_  
j). Rental from Income Property (**attach a completed Schedule B**) \_\_\_\_\_ \$ \_\_\_\_\_  
k). All other sources (include child support, alimony) \_\_\_\_\_ \$ \_\_\_\_\_  
l). **Total Gross Weekly Income** (a through k) \_\_\_\_\_ \$ \_\_\_\_\_

3. **Itemize Deductions from Gross Income**

a). Federal income tax deductions (Claiming \_\_\_\_\_ exemptions) \_\_\_\_\_ \$ \_\_\_\_\_  
b). State income tax deductions (Claiming \_\_\_\_\_ exemptions) \_\_\_\_\_ \$ \_\_\_\_\_  
c). F.I.C.A./Medicare \_\_\_\_\_ \$ \_\_\_\_\_  
d). Medical Insurance \_\_\_\_\_ \$ \_\_\_\_\_  
e). Union Dues \_\_\_\_\_ \$ \_\_\_\_\_  
f). **Total Deductions** (a through e) \_\_\_\_\_ \$ \_\_\_\_\_

4. **Adjusted Net Weekly Income**

2. l) minus 3. f) \_\_\_\_\_ \$ \_\_\_\_\_

5. **Other Deductions from Salary**

a). Credit Union (Loan Repayment or Savings) \_\_\_\_\_ \$ \_\_\_\_\_  
b). Savings \_\_\_\_\_ \$ \_\_\_\_\_  
c). Retirement \_\_\_\_\_ \$ \_\_\_\_\_  
d). Other-Specify \_\_\_\_\_ \$ \_\_\_\_\_  
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)

8. **Weekly Expenses** (Do Not Duplicate Weekly Expenses - Strike Inapplicable Words)

- |                                    |       |   |       |
|------------------------------------|-------|---|-------|
| a). Rent - Mortgage (PIT)          | _____ | l). Life Insurance                                  | _____ |
| b). Homeowner's / Tenant Insurance | _____ | m). Medical Insurance                               | _____ |
| c). Maintenance and Repair         | _____ | n). Uninsured Medicals                              | _____ |
| d). Heat (Type)                    | _____ | o). Incidentals and Toiletries                      | _____ |
| e). Electricity and/or Gas         | _____ | p). Motor Vehicle Expenses                          | _____ |
| f). Telephone                      | _____ | q). Motor Vehicle Loan Payment                      | _____ |
| g). Water / Sewer                  | _____ | r). Child Care                                      | _____ |
| h). Food                           | _____ | s). Other (attach additional schedule if necessary) | _____ |
| i). House Supplies                 | _____ |   | _____ |
| j). Laundry and Cleaning           | _____ |   | _____ |
| k). Clothing                       | _____ |   | _____ |

**Total ADDITIONAL Weekly Expenses**  
**Total Weekly Expenses (a through s)** \$ \_\_\_\_\_

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 prosecute action \$ \_\_\_\_\_ to \$ \_\_\_\_\_

10. **Assets** (Attach additional schedule for additional real estate and other assets, if necessary)

- a). Real Estate
- Location \_\_\_\_\_
- Title \_\_\_\_\_
- Fair Market Value \$ \_\_\_\_\_ - Mortgage(s) \$ \_\_\_\_\_ = Equity \$ \_\_\_\_\_
- Total ADDITIONAL real estate assets from schedule, if any** \_\_\_\_\_ \$ \_\_\_\_\_

- b). IRA, Keough, Pension, Profit Sharing, Other Retirement Plans
- List Financial Institution or Plan Names and Account Numbers**
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- Total ADDITIONAL IRA, pension plans, etc., from schedule, if any** \_\_\_\_\_

- c). Tax Deferred Annuity Plan(s)
- Total ADDITIONAL tax deferred annuities from schedule, if any** \_\_\_\_\_

- d). Life Insurance: Present Cash Value \_\_\_\_\_
- e). Savings & Checking Accounts, Money Market Accounts, & CDs 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 Financial Institution Names and Account Numbers**
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- Total ADDITIONAL financial accounts from schedule, if any** \_\_\_\_\_

- f). Motor Vehicles
- Fair Market Value \$ \_\_\_\_\_ - Motor Vehicle Loan \$ \_\_\_\_\_ = Equity \$ \_\_\_\_\_
- Fair Market Value \$ \_\_\_\_\_ - Motor Vehicle Loan \$ \_\_\_\_\_ = Equity \$ \_\_\_\_\_
- Total ADDITIONAL motor vehicles from schedule, if any** \_\_\_\_\_ \$ \_\_\_\_\_

- g). Other (such as - stocks, bonds, collections)
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- Total ADDITIONAL other assets from schedule, if any** \_\_\_\_\_
- h). **Total Assets** (a through g) \$ \_\_\_\_\_

11. **Liabilities (DO NOT list weekly expenses but DO list all liabilities)**

Creditor	Nature of Debt	Date of Origin	Amount Due	Weekly Payment
a). _____	_____	_____	_____	_____
b). _____	_____	_____	_____	_____
c). _____	_____	_____	_____	_____
d). _____	_____	_____	_____	_____

**Total ADDITIONAL other liabilities from schedule, if any** \_\_\_\_\_

e). **Total Amount Due and Total Weekly Payment** \_\_\_\_\_

12. **Number of Years you have paid into Social Security**

\_\_\_\_\_ years

I certify under the penalties of perjury that my income and expenses, assets, and liabilities as stated herein are true to the best of my knowledge and belief. I have carefully read this financial statement and I certify the information is true and complete.

Date \_\_\_\_\_ Signature \_\_\_\_\_

**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.

Attorney's Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Tel. No. \_\_\_\_\_

B.B.O. # \_\_\_\_\_