

**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 <input type="checkbox"/> Salary <input type="checkbox"/> Wages	\$	0.00
b) Overtime	\$	0.00
c) Part-time job	\$	0.00
d) Self-employment ( <b>attach a completed schedule A</b> )	\$	0.00
e) Tips	\$	0.00
f) <input type="checkbox"/> Commissions <input type="checkbox"/> Bonuses	\$	0.00
g) <input type="checkbox"/> Dividends <input type="checkbox"/> Interest	\$	0.00
h) <input type="checkbox"/> Trusts <input type="checkbox"/> Annuities	\$	0.00
i) <input type="checkbox"/> Pensions <input type="checkbox"/> Retirement Funds	\$	0.00
j) Social Security	\$	0.00
k) <input type="checkbox"/> Disability <input type="checkbox"/> Unemployment insurance <input type="checkbox"/> Worker's compensation	\$	0.00
l) Public Assistance (welfare, A.F.D.C. payments)	\$	0.00
m) <input type="checkbox"/> Child Support <input type="checkbox"/> Alimony (actually received)	\$	0.00
n) Rental from income producing property ( <b>attach a completed Schedule B</b> )	\$	0.00
o) Royalties and other rights	\$	0.00
p) Contributions from household member(s)	\$	0.00
q) Other (specify)	\$	0.00
_____	\$	0.00
_____	\$	0.00
_____	\$	0.00
<b>r) Total Gross Weekly Income/Receipts (add items a-q)</b>	<b>\$</b>	<b>0.00</b>

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**3. ITEMIZED DEDUCTIONS FROM GROSS INCOME**

a) Federal income tax deductions (claiming _____ exemptions)	\$ <u>0.00</u>
b) State income tax deductions (claiming _____ exemptions)	\$ <u>0.00</u>
c) F.I.C.A. and Medicare	\$ <u>0.00</u>
d) Medical Insurance	\$ <u>0.00</u>
e) Union Dues	\$ <u>0.00</u>
<b>f) Total Deductions (a through e)</b>	<b>\$ <u>0.00</u></b>

**4. ADJUSTED NET WEEKLY INCOME** 2(r) minus 3(f) \$ 0.00

**5. OTHER DEDUCTIONS FROM SALARY/WAGES**

a) Credit Union <input type="checkbox"/> Loan repayment <input type="checkbox"/> Savings	\$ <u>0.00</u>
b) Savings	\$ <u>0.00</u>
c) Retirement	\$ <u>0.00</u>
d) Other - Specify (i.e., Child Support, Deferred Compensation or 401K) _____	\$ <u>0.00</u>
<b>e) Total Deductions (a through d)</b>	<b>\$ <u>0.00</u></b>

**6. NET WEEKLY INCOME** 4 minus 5(e) \$ 0.00

**7. GROSS YEARLY INCOME FROM PRIOR YEAR** \$ 0.00  
(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)	\$ <u>0.00</u>	l) Life Insurance	\$ <u>0.00</u>
b) Homeowners/Tenant Insurance	\$ <u>0.00</u>	m) Medical Insurance	\$ <u>0.00</u>
c) Maintenance and Repair	\$ <u>0.00</u>	n) Uninsured Medicals	\$ <u>0.00</u>
d) Heat	\$ <u>0.00</u>	o) Incidentals and Toiletries	\$ <u>0.00</u>
e) Electricity and/or Gas	\$ <u>0.00</u>	p) Motor Vehicle Expenses	\$ <u>0.00</u>
f) Telephone	\$ <u>0.00</u>	q) Motor Vehicle Payment	\$ <u>0.00</u>
g) Water/Sewer	\$ <u>0.00</u>	r) Child Care	\$ <u>0.00</u>
h) Food	\$ <u>0.00</u>	s) Other (explain)	\$ <u>0.00</u>
i) House Supplies	\$ <u>0.00</u>		\$ <u>0.00</u>
j) Laundry and Cleaning	\$ <u>0.00</u>	<u>TOTAL LIAB'TIES (P. 3)</u>	\$ <u>0.00</u>
k) Clothing	\$ <u>0.00</u>	<u>TOTAL ADD'L EXP.</u>	\$ <u>0.00</u>
<b>t) Total Weekly Expenses (a through t)</b>	<b>\$ <u>0.00</u></b>		

**9. COUNSEL FEES**

a) Retainer amount(s) paid to your attorney(s)	\$ <u>0.00</u>
b) Legal fees incurred, to date, against retainer(s)	\$ <u>0.00</u>
c) Anticipated range of total legal expense to litigate this action	\$ <u>0.00</u> to \$ <u>0.00</u>

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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 \$ 0.00

b) Motor Vehicles

Fair Market Value \$ \_\_\_\_\_ - Vehicle Loan \$ \_\_\_\_\_ = Equity \$ 0.00  
Fair Market Value \$ \_\_\_\_\_ - Vehicle Loan \$ \_\_\_\_\_ = Equity \$ 0.00

c) IRA, Keogh, Pension, Profit Sharing, Other Retirement Plans:  
Financial Institution or Plan Name and Account Number

\_\_\_\_\_ \$ 0.00  
\_\_\_\_\_ \$ 0.00  
\_\_\_\_\_ \$ 0.00

d) Tax Deferred Annuity Plan(s)

\$ 0.00

e) Life Insurance: Present Cash Value

\$ 0.00

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

\_\_\_\_\_ \$ 0.00  
\_\_\_\_\_ \$ 0.00  
\_\_\_\_\_ \$ 0.00

g) Other (e.g., stocks, bonds, collections)

\_\_\_\_\_ \$ 0.00  
\_\_\_\_\_ \$ 0.00

**h) Total Assets** (a through g + Additional Assets, if any) \$ 0.00

**11. LIABILITIES** (Do not list expenses shown in item 8 above)

	Creditor	Nature of Debt	Date Incurred	Amount Due	Weekly Payment
a)				\$ 0.00	\$ 0.00
b)				\$ 0.00	\$ 0.00
c)				\$ 0.00	\$ 0.00
d)				\$ 0.00	\$ 0.00
<u>ADDITIONAL LIABILITES FROM SCHEDULE</u>				\$ 0.00	\$ 0.00

**e) Total Liabilities**

**\$0.00**

**\$0.00**

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

ADDITIONAL WEEKLY EXPENSES - SHORT FORM (Section 8., continued)

Name: \_\_\_\_\_ 0 \_\_\_\_\_

Docket No. \_\_\_\_\_ 0 \_\_\_\_\_

8. WEEKLY EXPENSES (continued)

ITEM / DESCRIPTION	AMOUNT
a) _____	\$ _____
b) _____	\$ _____
c) _____	\$ _____
d) _____	\$ _____
e) _____	\$ _____
f) _____	\$ _____
g) _____	\$ _____
h) _____	\$ _____
i) _____	\$ _____
j) _____	\$ _____
k) _____	\$ _____
l) _____	\$ _____
m) _____	\$ _____
n) _____	\$ _____
o) _____	\$ _____
p) _____	\$ _____
q) _____	\$ _____
r) _____	\$ _____
s) _____	\$ _____
t) _____	\$ _____
u) _____	\$ _____
v) _____	\$ _____
w) _____	\$ _____
x) _____	\$ _____
y) _____	\$ _____
z) _____	\$ _____

TOTAL ADDITIONAL WEEKLY EXPENSES

\$0.00

**ADDITIONAL ASSETS - SHORT FORM Section 10., continued)**

Name: \_\_\_\_\_ 0 \_\_\_\_\_

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**10. ASSETS (continued)**

a) Real Estate

Location \_\_\_\_\_  
 Title held in name of \_\_\_\_\_  
 Fair Market Value \$ \_\_\_\_\_ - Mortgage(s) \$ \_\_\_\_\_ = Equity \$ \_\_\_\_\_ 0.00

Real Estate  
 Location \_\_\_\_\_  
 Title held in name of \_\_\_\_\_  
 Fair Market Value \$ \_\_\_\_\_ - Mortgage(s) \$ \_\_\_\_\_ = Equity \$ \_\_\_\_\_ 0.00

Real Estate  
 Location \_\_\_\_\_  
 Title held in name of \_\_\_\_\_  
 Fair Market Value \$ \_\_\_\_\_ - Mortgage(s) \$ \_\_\_\_\_ = Equity \$ \_\_\_\_\_ 0.00

Real Estate  
 Location \_\_\_\_\_  
 Title held in name of \_\_\_\_\_  
 Fair Market Value \$ \_\_\_\_\_ - Mortgage(s) \$ \_\_\_\_\_ = Equity \$ \_\_\_\_\_ 0.00

b) Motor Vehicles (continued)

Fair Market Value \$ \_\_\_\_\_ - Motor Vehicle Loan \$ \_\_\_\_\_ = Equity \$ \_\_\_\_\_ 0.00  
 Fair Market Value \$ \_\_\_\_\_ - Motor Vehicle Loan \$ \_\_\_\_\_ = Equity \$ \_\_\_\_\_ 0.00  
 Fair Market Value \$ \_\_\_\_\_ - Motor Vehicle Loan \$ \_\_\_\_\_ = Equity \$ \_\_\_\_\_ 0.00

c) IRA, Keough, Pension, Profit Sharing, Other Retirement Plans (continued):

Financial Institution or Plan Names and Account Numbers  
 \_\_\_\_\_ \$ \_\_\_\_\_ 0.00  
 \_\_\_\_\_ \$ \_\_\_\_\_ 0.00  
 \_\_\_\_\_ \$ \_\_\_\_\_ 0.00

d) Tax Deferred Annuity Plan(s) (continued)

\_\_\_\_\_ \$ \_\_\_\_\_ 0.00  
 \_\_\_\_\_ \$ \_\_\_\_\_ 0.00  
 \_\_\_\_\_ \$ \_\_\_\_\_ 0.00

e) Life Insurance: Present Cash value (continued)

\_\_\_\_\_ \$ \_\_\_\_\_ 0.00  
 \_\_\_\_\_ \$ \_\_\_\_\_ 0.00

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  
 \_\_\_\_\_ \$ \_\_\_\_\_ 0.00  
 \_\_\_\_\_ \$ \_\_\_\_\_ 0.00  
 \_\_\_\_\_ \$ \_\_\_\_\_ 0.00  
 \_\_\_\_\_ \$ \_\_\_\_\_ 0.00

g) Other (such as - stocks, bonds, collections) (continued)

\_\_\_\_\_ \$ \_\_\_\_\_ 0.00  
 \_\_\_\_\_ \$ \_\_\_\_\_ 0.00  
 \_\_\_\_\_ \$ \_\_\_\_\_ 0.00  
 \_\_\_\_\_ \$ \_\_\_\_\_ 0.00

**TOTAL ADDITIONAL ASSETS**

<b>\$0.00</b>
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