

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. # _____

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

Name: _____

Docket No. _____

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.	_____	\$ _____

TOTAL ADDITIONAL WEEKLY EXPENSES \$ _____

ADDITIONAL ASSETS - SHORT FORM (Part 10., continued)

Name: _____

Docket No. _____

10. Assets (continued)

a). Real Estate
 Location _____
 Title _____
 Fair Market Value \$ _____ - Mortgage(s) \$ _____ = Equity \$ _____

Real Estate
 Location _____
 Title _____
 Fair Market Value \$ _____ - Mortgage(s) \$ _____ = Equity \$ _____

Real Estate
 Location _____
 Title _____
 Fair Market Value \$ _____ - Mortgage(s) \$ _____ = Equity \$ _____

Real Estate
 Location _____
 Title _____
 Fair Market Value \$ _____ - Mortgage(s) \$ _____ = Equity \$ _____

b). IRA, Keough, Pension, Profit Sharing, Other Retirement Plans (continued)

List Financial Institution or Plan Names and Account Numbers

_____ \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____

c). Tax Deferred Annuity Plan(s) (continued)

_____ \$ _____
 _____ \$ _____

e). Savings & Checking Accounts, Money Market Accounts, & CDs, etc. (continued)

List Financial Institution Names and Account Numbers

_____ \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____

f). Motor Vehicles (continued)

Fair Market Value \$ _____ - Motor Vehicle Loan \$ _____ = Equity \$ _____
 Fair Market Value \$ _____ - Motor Vehicle Loan \$ _____ = Equity \$ _____
 Fair Market Value \$ _____ - Motor Vehicle Loan \$ _____ = Equity \$ _____
 Fair Market Value \$ _____ - Motor Vehicle Loan \$ _____ = Equity \$ _____

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

_____ \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____

TOTAL ADDITIONAL ASSETS \$ _____

ADDITIONAL ASSETS - SHORT FORM (Part 10., continued)

Name: _____

Docket No. _____

10. Assets (continued)

a). Real Estate
 Location _____
 Title _____
 Fair Market Value \$ _____ - Mortgage(s) \$ _____ = Equity \$ _____

Real Estate
 Location _____
 Title _____
 Fair Market Value \$ _____ - Mortgage(s) \$ _____ = Equity \$ _____

Real Estate
 Location _____
 Title _____
 Fair Market Value \$ _____ - Mortgage(s) \$ _____ = Equity \$ _____

Real Estate
 Location _____
 Title _____
 Fair Market Value \$ _____ - Mortgage(s) \$ _____ = Equity \$ _____

b). IRA, Keough, Pension, Profit Sharing, Other Retirement Plans (continued)

List Financial Institution or Plan Names and Account Numbers

_____ \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____

c). Tax Deferred Annuity Plan(s) (continued)

_____ \$ _____
 _____ \$ _____

e). Savings & Checking Accounts, Money Market Accounts, & CDs, etc. (continued)

List Financial Institution Names and Account Numbers

_____ \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____

f). Motor Vehicles (continued)

Fair Market Value \$ _____ - Motor Vehicle Loan \$ _____ = Equity \$ _____
 Fair Market Value \$ _____ - Motor Vehicle Loan \$ _____ = Equity \$ _____
 Fair Market Value \$ _____ - Motor Vehicle Loan \$ _____ = Equity \$ _____
 Fair Market Value \$ _____ - Motor Vehicle Loan \$ _____ = Equity \$ _____

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

_____ \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____

TOTAL ADDITIONAL ASSETS \$ _____

ADDITIONAL LIABILITIES - SHORT FORM (Part 11., continued)

Name: _____

Docket No. _____

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

Creditor	Nature of Debt	Date of Origin	Amount Due	Weekly Pmt.
a).				
b).				
c).				
d).				
e).				
f).				
g).				
h).				
i).				
j).				
k).				
l).				
m).				
n).				
o).				
p).				
q).				
r).				
s).				
t).				

TOTAL ADDITIONAL AMOUNT DUE _____

TOTAL ADDITIONAL WEEKLY PAYMENT _____

FINANCIAL STATEMENT SCHEDULE A

Name: _____

Docket No. _____

MONTHLY SELF-EMPLOYMENT OR BUSINESS INCOME

GROSS MONTHLY RECEIPTS _____

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Monthly Business Expenses

Cost of goods sold		\$	
Advertising		\$	
Bad debts		\$	
Auto:			
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 phone		\$	
Wages		\$	
Other expenses (specify)		\$	
		\$	
		\$	

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(b). of CJ-D 301-S.

\$0.00

FINANCIAL STATEMENT SCHEDULE A - Continued

NATURE OF SELF-EMPLOYMENT OR BUSINESS

1. Is this business seasonal in nature? Yes No

2. If a 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 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 _____

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ANNUAL RENTAL EXPENSES

Advertising _____ \$ _____

Auto and travel _____ \$ _____

Insurance _____ \$ _____

Cleaning and maintenance _____ \$ _____

Commissions _____ \$ _____

Interest on mortgage to bank _____ \$ _____

Other interest (specify) _____ \$ _____

_____ \$ _____

_____ \$ _____

Legal and professional services _____ \$ _____

Repairs _____ \$ _____

Supplies _____ \$ _____

Taxes _____ \$ _____

Utilities _____ \$ _____

Wages _____ \$ _____

Other expenses (specify) _____ \$ _____

_____ \$ _____

_____ \$ _____

TOTAL ANNUAL EXPENSES _____

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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(j) of CJ-D 301-S.

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**EXPLANATORY NOTES
TO FINANCIAL STATEMENT OF**

Explanation of Notation

1