

Commonwealth of Massachusetts

The Trial Court

Probate and Family Court Department

Division \_\_\_\_\_

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

FINANCIAL STATEMENT (Long Form)

INSTRUCTIONS: If your income is less than \$75,000.00 annually, you must complete the SHORT FORM financial statement, unless otherwise ordered by the court.

Plaintiff/Petitioner vs. Defendant/Petitioner

I. 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 Phone No. Do you have health insurance coverage? Yes No If yes, name of health insurance provider

II. 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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**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) Dental Insurance \$ \_\_\_\_\_

g) Vision Insurance \$ \_\_\_\_\_

h) Union Dues \$ \_\_\_\_\_

i) Child Support \$ \_\_\_\_\_

j) Spousal Support \$ \_\_\_\_\_

k) Retirement \$ \_\_\_\_\_

l) Savings \$ \_\_\_\_\_

m) Deferred Compensation \$ \_\_\_\_\_

n) Credit Union (Loan) \$ \_\_\_\_\_

o) Credit Union (Savings) \$ \_\_\_\_\_

p) Charitable Contributions \$ \_\_\_\_\_

q) Life Insurance \$ \_\_\_\_\_

r) Other (specify) \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**s) Total Weekly Deductions from Pay (Add items a-r) \$ \_\_\_\_\_**

**IV. NET WEEKLY INCOME**

a) Enter total gross weekly income/receipts from II(r) \$ \_\_\_\_\_

b) Enter total weekly deductions from pay from III(s) - \$ \_\_\_\_\_

**c) Net Weekly Income = \$ \_\_\_\_\_**

**V. GROSS 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 \_\_\_\_\_

\$ \_\_\_\_\_

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**VI. WEEKLY EXPENSES NOT DEDUCTED FROM PAY**

Rent	\$	_____
Mortgage (Principal, Interest - Taxes and Insurance, if escrowed)	\$	_____
Property taxes and assessments	\$	_____
Homeowner/Tenant Insurance	\$	_____
<input type="checkbox"/> Maintenance Fees <input type="checkbox"/> Condominium Fees	\$	_____
Heat	\$	_____
Electricity	\$	_____
<input type="checkbox"/> Propane <input type="checkbox"/> Natural Gas	\$	_____
Telephone	\$	_____
<input type="checkbox"/> Water <input type="checkbox"/> Sewer	\$	_____
Food	\$	_____
House Supplies	\$	_____
Laundry	\$	_____
Dry Cleaning	\$	_____
Clothing	\$	_____
Life insurance	\$	_____
Medical insurance	\$	_____
Dental insurance	\$	_____
Vision insurance	\$	_____
Uninsured Medical	\$	_____
Uninsured Dental	\$	_____
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)	\$	_____

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Employment related expenses (which are not reimbursed)

Uniforms \$ \_\_\_\_\_

Travel \$ \_\_\_\_\_

Required continuing education \$ \_\_\_\_\_

Other (specify) \_\_\_\_\_ \$ \_\_\_\_\_

Lottery tickets \$ \_\_\_\_\_

Charitable Contributions \$ \_\_\_\_\_

Child(ren)'s allowance \$ \_\_\_\_\_

Extraordinary travel expenses for visitation with child(ren) \$ \_\_\_\_\_

Other (specify) \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

TOTAL WEEKLY EXPENSES NOT DEDUCTED FROM PAY \$ \_\_\_\_\_

VII. 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 litigate this action \$ \_\_\_\_\_ to \$ \_\_\_\_\_

VIII. ASSETS

INSTRUCTIONS: If additional space is needed for any answer or to disclose additional assets not listed below please attach additional pages.

A. REAL ESTATE

Real Estate-Primary Residence

Address \_\_\_\_\_ (Street address) \_\_\_\_\_ (City/Town) \_\_\_\_\_ (State)

Title held in the name of \_\_\_\_\_

Purchase Price of the Property \$ \_\_\_\_\_

Year of Purchase \_\_\_\_\_

Current Assessed Value of the Property \$ \_\_\_\_\_

Date of Last Assessment \_\_\_\_\_

Fair Market Value of the Property \$ \_\_\_\_\_

Outstanding 1st mortgage - \$ \_\_\_\_\_

Outstanding 2nd mortgage or home equity loan - \$ \_\_\_\_\_

Equity = \$ \_\_\_\_\_

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Real Estate-Vacation or Second Home (including interest in time share)

Address \_\_\_\_\_ (Street address) \_\_\_\_\_ (City/Town) \_\_\_\_\_ (State)

Title held in the name of \_\_\_\_\_

Purchase Price of the Property \$ \_\_\_\_\_

Year of Purchase \_\_\_\_\_

Current Assessed Value of the Property \$ \_\_\_\_\_

Date of Last Assessment \_\_\_\_\_

Fair Market Value of the Property \$ \_\_\_\_\_

Outstanding 1st mortgage - \$ \_\_\_\_\_

Outstanding 2nd mortgage or home equity loan - \$ \_\_\_\_\_

Equity = \$ \_\_\_\_\_

B. MOTOR VEHICLES including cars, trucks, ATV's, snowmobiles, tractors, motorcycles, boats, recreational vehicles, aircraft, farm machinery etc.

Type \_\_\_\_\_

Make \_\_\_\_\_

Model \_\_\_\_\_

Purchase Price of vehicle \$ \_\_\_\_\_

Year of Purchase \_\_\_\_\_

Fair Market Value \$ \_\_\_\_\_

Outstanding Loan - \$ \_\_\_\_\_

Equity = \$ \_\_\_\_\_

Type \_\_\_\_\_

Make \_\_\_\_\_

Model \_\_\_\_\_

Purchase Price of vehicle \$ \_\_\_\_\_

Year of Purchase \_\_\_\_\_

Fair Market Value \$ \_\_\_\_\_

Outstanding Loan - \$ \_\_\_\_\_

Equity = \$ \_\_\_\_\_

C. PENSIONS

Table with 4 columns: Institution, Account Number, Listed Beneficiary, Current Balance/Value. Rows include Defined Benefit Plan and Defined Contribution Plan.

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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).

	Institution	Account Number	Listed Beneficiary	Current Balance/Value
Checking Account(s)				\$
				\$
Savings Account(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)				\$
				\$

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	Institution	Account Number	Listed Beneficiary	Current Balance/Value
U.S. Savings Bond(s)				\$
				\$
IRAs				\$
				\$
Keough				\$
				\$
Profit Sharing				\$
				\$
Deferred Compensation				\$
				\$
Other Retirement Plans				\$
				\$
Annuity (please specify whether a tax deferred annuity or a 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				\$
Arts and Antiques				\$
Other (please specify): _____				\$
Other (please specify): _____				\$

**TOTAL ASSETS**

\$
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**IX. LIABILITIES** : List loans, credit card debt, consumer debt, installment debt, etc. which are NOT listed elsewhere.

CREDITOR	NATURE OF DEBT	DATE INCURRED	AMOUNT DUE	WEEKLY PAYMENT
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$

<b>TOTAL LIABILITIES</b>	\$	\$
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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 of attorney)

\_\_\_\_\_ (Print name)

\_\_\_\_\_ (Street address)

\_\_\_\_\_ (City/Town) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip)

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

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