Commonwealth of Massachusetts
The Trial Court
Probate and Family Court Department

Docket No.

Division

FINANCIAL STATEMENT (SHORT FORM)

٧.

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.

d). Medical Insurance \$ e). Union Dues \$ f). Total Deductions (a through e) \$ 4. Adjusted Net Weekly Income \$	1. Your Name			Social Security	Number	
Age Telephone No. No. children living with you Occupation Employer Employer's Address (city or town) 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) \$ s). State income tax deductions (Claiming exemptions) \$ b). State income tax deductions (Claiming exemptions) \$ c). Hedical Insurance \$ \$	Address			· · · · · · · · · · · · · · · · · · ·		
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e). Union Dues f). Total Deductions (a through e) f. Adjusted Net Weekly Income f					¢	
f). Total Deductions (a through e) \$,				\$	
				otal Deductions (a through e) \$	
	4. Adjusted Net Weekly	Income				
φ	2. l) minus 3. f)				\$	
5. Other Deductions from Salary	5. Other Deductions fro	m Salary				
a). Credit Union (Loan Repayment or Savings) \$	a). Credit Union (Loar	Repayment or Savir	igs)		\$	
b). Savings \$			<u> </u>		\$	
c). Retirement \$					\$	
d). Other-Specify \$					\$	
e). Total Deductions (a through d) \$,,		e). To	otal Deductions (a through d		
	6. Net <u>Weekly</u> Income		-,		· · ·	
7. Gross <u>Yearly</u> Income from Prior Year \$		from Prior Year				
(attach copy of all W-2 and 1099 forms for prior year)			prior vear)		Ψ	

8. <u>Weekly</u> Expenses (Do Not Duplicate Weekly Expenses - Strike I	
a). Rent - Mortgage (PIT)	I). 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 or	ther assets, if necessary)
a). Real Estate	
Location	
Title	
Fair Market Value \$ - Mortgage(s	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 Numl	bers
Total ADDITIONAL IRA, pension plans, etc., from schedule	, if any
c). Tax Deferred Annuity Plan(s)	
Total ADDITIONAL tax deferred annuities from schedule , i	fanv
d). Life Insurance: Present Cash Value	
e). Savings & Checking Accounts, Money Market Accounts, & CI	
another person for your benefit, or held by you for the benefit	t of your minor child(ren). List Financial Institution
Names and Account Numbers	
Total ADDITIONAL financial accounts from schedule, if an	у
f). Motor Vehicles	
Fair Market Value \$ - Motor Vehicle Loa	on ¢ – Equity ¢
Fair Market Value \$ Motor Vehicle Loa	an \$ = Equity \$
Total ADDITIONAL motor vehicles from schedule , if any	\$
 g). Other (such as - stocks, bonds, collections) 	
Total ADDITIONAL other assets from schedule . if any	
Total ADDITIONAL other assets from schedule , if any	
	h). Total Assets (a through g) \$
Total ADDITIONAL other assets from schedule , if any 11. Liabilities (DO NOT list weekly expenses but DO list <u>all</u> liabiliti	ies)
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11. Liabilities (DO NOT list weekly expenses but DO list all liabilities (Creditor Nature of Deb a).	ies) Date of Origin Amount Due Weekly Payment

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

ame:	Docket No.
 <u>Weekly</u> Expenses (continued) 	
ITEM / DESCRIPTION	AMOUNT
	\$
	\$
·	\$
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I	\$
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ADDITIONAL ASSETS - SHORT FORM (Part 10., continued)

me:		-	Docket No.		
Assets (continued) a). Real Estate Location Title Fair Market Value \$		- Mortgage(s)		- - - = Equity	\$
Real Estate		- Mongage(s)		= Equity	Φ
Title Fair Market Value \$		- Mortgage(s)		= Equity	\$
Real Estate Location Title				-	
Fair Market Value \$		- Mortgage(s)	\$	_ = Equity	\$
		- Mortgage(s)		- - = Equity	\$
		- Mongage(s)	φ		φ
List Financial Institutio	on or Plan Name	s and Account Num		-	\$ \$ \$
List Financial Institutio	on or Plan Name			- - - -	\$ \$ \$ \$
List Financial Institutio	on or Plan Name	arket Accounts, & CE		- - - -	\$\$ \$\$ \$\$
 List Financial Institutio c). Tax Deferred Annuity Pl e). Savings & Checking Acc 	on or Plan Name	arket Accounts, & CE		- - - -	\$\$ \$\$ \$\$ \$\$
List Financial Institutio	on or Plan Name	arket Accounts, & CE		- - - - -	\$\$ \$\$ \$\$ \$\$ \$\$
List Financial Institutio	on or Plan Name	arket Accounts, & CE		-	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
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List Financial Institutio	on or Plan Name	arket Accounts, & CE		-	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
List Financial Institutio	on or Plan Name	arket Accounts, & CE ccount Numbers	n \$	= = = = = = = = = = = = = = = = = = =	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
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List Financial Institutio	on or Plan Name	arket Accounts, & CE ccount Numbers - Motor Vehicle Loa - Motor Vehicle Loa - Motor Vehicle Loa	n \$ n \$	= Equity = Equity	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
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c). Tax Deferred Annuity Pl e). Savings & Checking Acc List Financial Institution f). Motor Vehicles (continue Fair Market Value \$ Fair Market Value \$ Fair Market Value \$	ed)	- Motor Vehicle Loa - Motor Vehicle Loa - Motor Vehicle Loa - Motor Vehicle Loa - Motor Vehicle Loa	n \$ n \$	= Equity = Equity	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$
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ADDITIONAL ASSETS - SHORT FORM (Part 10., continued)

ne:		Docket No.		
Assets (continued) a). Real Estate Location Title Fair Market Value \$	- Mortgage(s)		= Equity	\$
Real Estate			– Equity	Ψ
	- Mortgage(s)	\$	= Equity	\$
Real Estate Location Title				
Pool Estata	- Mortgage(s)	\$	= Equity	\$
Fair Market Value \$	- Mortgage(s)	\$	= Equity	\$
List Financial Institution	or Plan Names and Account Nun			\$ \$ \$ \$
List Financial Institution	or Plan Names and Account Nun			\$\$ \$\$ \$\$
List Financial Institution c). Tax Deferred Annuity Plan e). Savings & Checking Accou	or Plan Names and Account Nun (s) (continued) Ints, Money Market Accounts, & CE			\$ \$ \$ \$ \$ \$ \$ \$ \$
List Financial Institution c). Tax Deferred Annuity Plan e). Savings & Checking Accou	or Plan Names and Account Nun			\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
List Financial Institution c). Tax Deferred Annuity Plan e). Savings & Checking Accou	or Plan Names and Account Nun (s) (continued) Ints, Money Market Accounts, & CE			\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
List Financial Institution c). Tax Deferred Annuity Plan e). Savings & Checking Accou	or Plan Names and Account Nun (s) (continued) Ints, Money Market Accounts, & CE			\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
List Financial Institution c). Tax Deferred Annuity Plan e). Savings & Checking Accou	or Plan Names and Account Nun (s) (continued) Ints, Money Market Accounts, & CE			\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
List Financial Institution List Financial Institution C). Tax Deferred Annuity Plan E). Savings & Checking Accou List Financial Institution F). Motor Vehicles (continued)	or Plan Names and Account Nun (s) (continued) Ints, Money Market Accounts, & CE Names and Account Numbers	Ds, etc. (continued)		\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
List Financial Institution List Financial Institution C). Tax Deferred Annuity Plan C). Savings & Checking Accou List Financial Institution C) f). Motor Vehicles (continued) Fair Market Value \$	or Plan Names and Account Nun (s) (continued) Ints, Money Market Accounts, & CE Names and Account Numbers	Ds, etc. (continued)	= Equity	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
List Financial Institution List Financial Institution C). Tax Deferred Annuity Plan C). Savings & Checking Accou List Financial Institution C) f). Motor Vehicles (continued) Fair Market Value \$ Fair Market Value \$ C)	or Plan Names and Account Nun (s) (continued) (s) Money Market Accounts, & CE Names and Account Numbers (c)	n \$	= Equity	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$
List Financial Institution List Financial Institution C). Tax Deferred Annuity Plan C). Savings & Checking Accou List Financial Institution C) f). Motor Vehicles (continued) Fair Market Value \$	or Plan Names and Account Nun (s) (continued) Ints, Money Market Accounts, & CE Names and Account Numbers	n \$ n \$ n \$		\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
List Financial Institution List Financial Institution C). Tax Deferred Annuity Plan C). Tax Deferred Annuity Plan C). Savings & Checking Accountist Financial Institution C) Financial Institution C	or Plan Names and Account Nun (s) (continued)	n \$ n \$ n \$	= Equity = Equity	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$
c). Tax Deferred Annuity Plan e). Savings & Checking Accou List Financial Institution f). Motor Vehicles (continued) Fair Market Value \$ Fair Ma	or Plan Names and Account Nun (s) (continued)	n \$ n \$ n \$	= Equity = Equity	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$
List Financial Institution List Financial Institution C). Tax Deferred Annuity Plan C). Tax Deferred Annuity Plan C). Savings & Checking Accound C) C). Tax Deferred Annuity Plan C) C). Tax Deferred Annuity Plan C)	or Plan Names and Account Nun (s) (continued)	n \$ n \$ n \$	= Equity = Equity	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$
List Financial Institution List Financial Institution C). Tax Deferred Annuity Plan C). Tax Deferred Annuity Plan C). Savings & Checking Accound C) C). Tax Deferred Annuity Plan C) C). Tax Deferred Annuity Plan C)	or Plan Names and Account Nun (s) (continued)	n \$ n \$ n \$	= Equity = Equity	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$

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)				
I)				
m)				
n)				
0)				
p)				
q)				
r)				
s)				
t)				

TOTAL ADDITIONAL AMOUNT DUE

TOTAL ADDITIONAL WEEKLY PAYMENT

Ν	la	m	٦e	ç	

Docket No.

MONTHLY SELF-EMPLOYMENT OR BUSINESS INCOME

GROSS MONTH	LY RECEIPTS		
Monthly Busine	ss Expenses		,
Cost of goods so	-	\$	
Advertising		¥	
Bad debts		Υ ψ	·
Auto:		Ψ	
Auto.	Gas	¢	
	Insurance	Ψ Φ	·
	Maintenance	ቀ)
	Registration	ቀ ¢)
Commissions		Ψ Φ	
Depletion		ቀ 	,
•	tiona	፡፡ ፡፡ ሮ)
Dues and publica		፡)
Employee Benefi		ቅ)
Freight		Φ)
insurance (other	than health), please specify type of insurance:	•	
		\$	
		\$)
Interest on mortg	age to banks	\$	
Interest on loans		\$;
Legal and profes	sional services		
Office expenses		\$	
Laundry and clea	ining	\$	
Pension and prof		\$	
Rent on leased e			
Machinery/Equip			
Other business p			
Repairs		\$	
Supplies		\$	
Taxes		\$	
Travel		\$	
Meals and entert	ainment	\$	
Utilities and phon		\$	
Wages		\$	
Other expenses ((specify)		
		\$	
		¥	′
		φ	
			l
TOTAL MONTH	YEXPENSES		
			[]
			·
	IESS INCOME (Gross monthly receipts less total i		¢0.00
4.3) Enter this amo	ount in Section II, line (d) of CJ-D 301-L or Section 2	D). OF CJ-D 301-S.	\$0.00

CJ-D 301 Schedule A (11/97)

FINANCIAL STATEMENT SCHEDULE A - Continued

NATURE OF SELF-EMPLOYMENT OR BUSINESS

- 1. Is this business seasonal in nature?
- 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		
Мау		
June		
July		
August		
September		
October		
November		
December		

- 3. State whether your business accounts on calendar year basis or fiscal year basis.
- 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 F	PRODUCING PROPERTY
ANNUAL RENT RECEIVED	
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	
TOTAL WEEKLY RENTAL INCOME (Gross rent received le Enter this amount in Section II, line (n) of CJ-D 301-L or Sect	

CJ-D 301 Schedule B (11/97)

EXPLANATORY NOTES

TO FINANCIAL STATEMENT OF

Explanation of Notation

1