

Commonwealth of Massachusetts
The Trial Court
Probate and Family Court Department

_____ Division

Docket No. _____

FINANCIAL STATEMENT
(SHORT FORM)

Plaintiff / Petitioner

v.

Defendant / Petitioner

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 _____

 Age _____ (street and no.) Telephone No. _____ (city or town) (state) (zip)
 Occupation _____ Employer _____ No. children living with you _____
 Employer's Address _____

 Employer's Telephone Number _____ (street and no.) (city or town) (state) (zip)
 Health Insurance Provider _____ Health Insurance Coverage _____
 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)
CJ-D 301S (11/97)

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

- | | |
|--|--|
| <ul style="list-style-type: none"> a). Rent - Mortgage (PIT) _____ b). Homeowner's / Tenant Insurance _____ c). Maintenance and Repair _____ d). Heat (Type) _____ e). Electricity and/or Gas _____ f). Telephone _____ g). Water / Sewer _____ h). Food _____ i). House Supplies _____ j). Laundry and Cleaning _____ k). Clothing _____ | <ul style="list-style-type: none"> l). Life Insurance _____ m). Medical Insurance _____ n). Uninsured Medicals _____ o). Incidentals and Toiletries _____ p). Motor Vehicle Expenses _____ q). Motor Vehicle Loan Payment _____ r). Child Care _____ s). Other (attach additional schedule if necessary) _____ |
| 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 _____ AVRATIN, OKSTEIN & QUELER - 865 Providence Highway, Dedham, MA 02026 Tel. No. (781) 251-0500
 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, Keogh, 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 _____