

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.

1. Your Name _____ Social Security Number _____
 Address _____
 _____ (city or town) (state) (zip)
 Date of birth _____ Telephone No. _____ No. children living with you _____
 Occupation _____ Employer _____
 Employer's Address _____
 _____ (street and no.) (city or town) (state) (zip)
 Telephone Number _____ Do you have Health Insurance Coverage _____
 If yes, name of health insurance provider _____

2. Gross Weekly Income 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 (attach a completed Schedule A)	\$ _____ 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 (attach and complete a Schedule B)	\$ _____ 0.00
o). Royalties and other rights	\$ _____ 0.00
p). Contributions from household member(s)	\$ _____
q). Other (specify)	\$ _____
_____	\$ _____ 0.00
_____	\$ _____ 0.00
r) Total Gross Weekly Income/Receipts (add items a-q)	\$ _____ 0.00

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3. ITEMIZED DEDUCTIONS FROM GROSS INCOME

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

4. ADJUSTED NET WEEKLY INCOME 2@ minus 3(f) \$ _____ 0.00

5. OTHER DEDUCTIONS FROM SALARY/WAGES

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

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) \$ _____ 0.00	l). Life Insurance \$ _____ 0.00
b). Homeowner's / Tenant Insu \$ _____ 0.00	m). Medical Insurance \$ _____ 0.00
c). Maintenance and Repair \$ _____ 0.00	n). Uninsured Medicals \$ _____ 0.00
d). Heat \$ _____ 0.00	o). Incidentals and Toiletries \$ _____ 0.00
e). Electricity and/or Gas \$ _____ 0.00	p). Motor Vehicle Expenses \$ _____ 0.00
f). Telephone \$ _____ 0.00	q). Motor Vehicle Loan Payment \$ _____
g). Water / Sewer \$ _____ 0.00	r). Child Care \$ _____
h). Food \$ _____ 0.00	s). Other (explain) \$ _____
i). House Supplies \$ _____ 0.00	_____ \$ _____ 0.00
j). Laundry and Cleaning \$ _____ 0.00	_____ \$ _____ 0.00
k). Clothing \$ _____ 0.00	
	Total Weekly Expenses (a through s) \$ _____ 0.00

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 \$ _____

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10. ASSETS (Attach additional sheet if necessary)

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

b). Motor Vehicles
 Fair Market Value \$ 0.00 - Motor Vehicle Loan \$ 0.00 = Equity \$ 0.00
 Fair Market Value \$ _____ - Motor Vehicle Loan \$ _____ = Equity \$ 0.00
Total ADDITIONAL motor vehicles from schedule, if any \$ 0.00

c). IRA, Keough, Pension, Profit Sharing, Other Retirement Plans
Financial Institution or Plan Names and Account Numbers
 _____ 0.00
 _____ 0.00
 _____ 0.00
Total ADDITIONAL IRA, pension plans, etc., from schedule, if any 0.00

d). Tax Deferred Annuity Plan(s) _____ 0.00
Total ADDITIONAL tax deferred annuities from schedule, if any 0.00

e). Life Insurance: Present Cash Value _____ 0.00

f). 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). **Financial**
Institution Names and Account Numbers
 _____ 0.00
 _____ 0.00
Total ADDITIONAL financial accounts from schedule, if any 0.00

g). Other (such as - stocks, bonds, collections) _____ 0.00
 _____ 0.00
Total ADDITIONAL other assets from schedule, if any 0.00

h). **Total Assets** (a through g) \$ _____

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

	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
	Total ADDITIONAL other liabilities from schedule, if any			0.00	0.00
e).	Total Liabilities			\$0.00	\$0.00

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CERTIFICATION

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.

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.

Attorney's Signature

Date _____

Address

_____ Law Office of Jamie Mauritz James, 1 Elm Sq. U-L9, Andover, MA 01810 _____

Tel. No. _____ (978) 470-3600 _____

B.B.O. #

_____ 564022 _____

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 <u>ADDITIONAL</u> WEEKLY EXPENSES		\$ <u>0.00</u>

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

Name: _____

Docket No. _____

10. Assets (continued)

a). Real Estate

Location _____

Title _____

Fair Market Value \$ _____ - Mortgage(s) \$ 0.00 = Equity \$ 0.00

Real Estate _____

Location _____

Title _____

Fair Market Value \$ _____ - Mortgage(s) \$ _____ = Equity \$ _____

Real Estate _____

Location _____

Title _____

Fair Market Value \$ _____ - Mortgage(s) \$ _____ = Equity \$ 0.00

Real Estate _____

Location _____

Title _____

Fair Market Value \$ _____ - Mortgage(s) \$ _____ = Equity \$ 0.00

b). 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 \$ _____

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

List Financial Institution or Plan Names and Account Numbers

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

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

_____ \$ _____
 _____ \$ _____

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

List Financial Institution Names and Account Numbers

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

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

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

TOTAL ADDITIONAL ASSETS \$ 0.00

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 _____ \$0.00

TOTAL ADDITIONAL WEEKLY PAYMENT _____ \$0.00

FINANCIAL STATEMENT SCHEDULE A

Name: _____

Docket No. _____

MONTHLY SELF-EMPLOYMENT OR BUSINESS INCOME

GROSS MONTHLY RECEIPTS _____

--

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 _____

\$0.00

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		\$0.00

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

--

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

\$0.00

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.

\$0.00

EXPLANATORY NOTES
TO FINANCIAL STATEMENT OF
0

Explanation of Notation