

**Commonwealth of Massachusetts  
The Trial Court  
Juvenile Court Department**

\_\_\_\_\_ Division

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

**Financial Statement  
(Long Form)**

V

\_\_\_\_\_  
Plaintiff/Petitioner

\_\_\_\_\_  
Defendant/Petitioner

**INSTRUCTIONS: This financial statement should be completed if your income equals or exceeds \$75,000.00 or if ordered by the court. All items on both sides of this form must be addressed either with the appropriate amount or the word "none" inserted for items that are not applicable to your personal situation. Additional sheets may be attached to supplement any item. You must complete and attach Schedule A if you are self-employed or have other business income, and/or Schedule B if you own rental property.**

**I. PERSONAL INFORMATION**

Your Name \_\_\_\_\_ Social Security No. \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number (\_\_\_\_\_) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_ Employer's Telephone No. (\_\_\_\_\_) \_\_\_\_\_

Employer's Address \_\_\_\_\_

Do you have health insurance coverage?     Yes    No    If yes, name of health insurance provider \_\_\_\_\_

Do you have any natural, adopted, stepchildren, foster children or children of partners who are living in your household half time or more?     Yes    No    If yes, how many children? \_\_\_\_\_

**II. GROSS WEEKLY INCOME/RECEIPTS FROM ALL SOURCES (strike inapplicable words)**

a)	Base pay salary wages	\$
b)	Overtime	
c)	Part time job	
d)	Self employment (attach a completed Schedule A)	
e)	Tips	
f)	Commissions/Bonuses	
g)	Dividends/Interests	
h)	Income from trusts and annuities	
i)	Pension and retirement funds	
j)	Social Security	
k)	Disability unemployment or workers compensation	
l)	Public Assistance	
<b>SUBTOTAL</b>		<b>\$</b>

<b>SUBTOTAL from Page 1</b>		<b>\$</b>
m)	Child Support/Alimony (actually received)	
n)	Rental Income (attach completed Schedule 5)	
o)	Royalties and other rights	
p)	Contributions from household member(s)	
q)	Other (specify)	
<b>TOTAL GROSS WEEKLY INCOME/RECEIPTS</b>		<b>\$</b>

**III. WEEKLY DEDUCTIONS FROM GROSS INCOME**

**Tax Withholding**

a)	Federal tax withholding/estimated payments Number of withholding allowances claimed _____	<b>\$</b>
b)	State tax withholding/estimated payments Number of withholding allowances claimed _____	

**Other Deductions**

c)	FICA	<b>\$</b>
d)	Medicare	
e)	Medical Insurance	
f)	Union Dues	
g)	Child Support	
h)	Spousal Support	
i)	Retirement	
j)	Savings	
k)	Deferred Compensation	
l)	Credit Union (Loan)	
m)	Credit Union (Savings)	
n)	Charitable Contributions	
o)	Life Insurance	
p)	Other (specify)	
q)	Other (specify)	
r)	Other (specify)	
<b>TOTAL WEEKLY DEDUCTIONS FROM PAY (add a-r)</b>		<b>\$</b>

**IV. NET WEEKLY INCOME**

a)	Enter total gross weekly income/receipts (See I)	\$
b)	Enter total weekly deductions from pay	
<b>NET WEEKLY INCOME (Subtract IV(b) from IV(a))</b>		<b>\$</b>

**V. GROSS INCOME FROM PRIOR YEAR**

(attach copy of W-2 and 1099 forms for prior year and Schedule A, if self-employed.)

Number of years you have paid into Social Security \_\_\_\_\_

**VI. COUNSEL FEES**

Anticipated range of total legal exposure to prosecute this action \_\_\_\_\_ to \_\_\_\_\_

Retainer amount(s) paid to your attorney(s)	\$
Legal fees incurred against the retainer(s)	

**VII. WEEKLY EXPENSES NOT DEDUCTED FROM NET INCOME**

**INSTRUCTIONS.** All expense figures must be listed by their WEEKLY total. DO NOT list expenses by their MONTHLY total. In order to compute the weekly expense, divide the monthly expense by 4.3. For example, if your rent is \$500 per moth, divide 500 by 4.3. This will give you a weekly expense of \$116.28. Do not duplicate weekly expenses Strike inapplicable terms.

Rent	\$
Mortgage (P&I Taxes Insurance if escrowed)	
Property Taxes and assessments	
Homeowners Insurance	
Tenants Insurance	
Maintenance Fees/Condominium Fees	
Maintenance/Repairs	
Heat (type _____)	
Electricity	
Propane/Natural Gas	
Telephone	
Water/Sewer	
Food	
House Supplies	
Laundry	
Dry Cleaning	
<b>SUBTOTAL</b>	<b>\$</b>

<b>SUBTOTAL FROM PAGE 3</b>	<b>\$</b>
Clothing	
Life Insurance	
Medical Insurance	
Uninsured medical dental expenses	
Incidentals/toiletries	
Motor vehicle expenses	
Fuel	
Insurance	
Maintenance	
Loan payment(s)	
Entertainment	
Vacation	
Cable Television	
Child Support (attach a copy of the court order)	
Child(ren)'s Day Care Expense	
Child(ren)'s Education	
Education (self)	
Employment related expenses (non-reimbursable)	
Uniforms	
Travel	
Required continuing education	
Other (specify) _____	
Charitable Contributions/Church Giving	
Child(ren)'s allowance	
Extraordinary travel expenses for visitation with child(ren)	
Other (specify) _____	
Other (specify) _____	
Other (specify) _____	
<b>TOTAL WEEKLY EXPENSES NOT DEDUCTED FROM PAY</b>	<b>\$</b>

**VIII. ASSETS**

**INSTRUCTIONS.** List all assets including, but not limited to the following. If additional space is needed for any answer or to disclose additional assets, an attached sheet may be filed.

<b>A. Real Estate: Primary Residence</b> Year of Purchase _____	
Address _____	
Title held by _____	
Outstanding 1 <sup>st</sup> Mortgage	\$
Outstanding 2 <sup>nd</sup> Mortgage or home equity loan	
Equity	
Purchase Price of Property	
Current Assessed Value of Property (Date of last assessment: _____)	
Fair Market Value of Property	

<b>B. Real Estate: Vacation or Second Home</b> Year of Purchase _____	
Address _____	
Title held by _____	
Outstanding 1 <sup>st</sup> Mortgage	\$
Outstanding 2 <sup>nd</sup> Mortgage or home equity loan	
Equity	
Purchase Price of Property	
Current Assessed Value of Property (Date of last assessment: _____)	
Fair Market Value of Property	

<b>C. Motor Vehicles: cars, trucks, motorcycles, boats, recreational vehicles, aircraft, farm machinery, etc.</b>	
Type _____ Make _____ Model _____	
Purchase Price	\$
Fair Market Value	
Outstanding Loan	
Equity	

Type _____ Make _____ Model _____	
Purchase Price	\$
Fair Market Value	
Outstanding Loan	
Equity	

**D. Pensions**

	Institution	Account Number	Listed Beneficiary	Current Balance/Value
Defined Benefit Plan				\$
Defined Contribution Plan				

**E. 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). (List particulars as indicated, e.g. institution/plan name(s), account number(s), named beneficiaries and current balances, if applicable.)**

	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)				
U.S. Savings Bonds				
IRAs				
Keough				
Profit Sharing				

	Institution	Account Number	Listed Beneficiary	Current Balance
Deferred Compensation				\$
Other Retirement Plans				
Annuity (specify whether tax deferred or tax shelter)				
Life Insurance Cash Value (specify term or whole)				
Judgments/Liens				
Pending Legacies and/or inheritances				
Jewelry				
Contents of Safe or Safe Deposit Boxes				
Firearms				
Collections				
Tools/Equipment				
Crops/Livestock				
Home Furnishings				
Art and Antiques				
Other (specify)				
Other (specify)				
Other (specify)				

IX. Liabilities (List loans, credit card, consumer, installment debt, etc. which are not listed elsewhere.)

**INSTRUCTIONS.** All payment figures must be listed by their WEEKLY amount. DO NOT list payments by their MONTHLY amount. In order to compute the weekly expense, divide the monthly expense by 4.3. For example, if your rent is \$500 per moth, divide 500 by 4.3. This will give you a weekly expense of \$116.28.

CREDITOR	KIND OF DEBT	DATE INCURRED	AMOUNT DUE	WEEKLY PAYMENT
			\$	\$
<b>TOTALS</b>			\$	\$



**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 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 \_\_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

**INSTRUCTIONS: In any case where an attorney is appearing as 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

Name of Attorney (print) \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No. (\_\_\_\_\_) \_\_\_\_\_

BBO # \_\_\_\_\_