

**STATEMENT OF  
FINANCES AND INCOME****MASSACHUSETTS TRIAL COURT****CONFIDENTIAL DOCUMENT**

DOCKET NO.

COURT DIVISION

PLAINTIFF(S) NAME

DEFENDANT NAME (if address has changed, please insert new address here)

DEFENDANT'S TELEPHONE NO.

DEFENDANT'S DATE OF BIRTH

NO. AND AGE(S) OF CHILDREN IN DEFENDANT'S HOUSEHOLD

The defendant must complete both pages of this form. If you have any questions about this form, please inform the Court.

**SECTION 1 - WAGES**1. I am currently employed. ☐ Yes ☐ No

Employer's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Weekly Gross Wages: \$ \_\_\_\_\_ Weekly Gross Wages Subject to Attachment: \$ \_\_\_\_\_  
If your weekly gross wages are \$750.00 or less your wages are exempt and you should write zero.\***SECTION 2 - EXEMPT INCOME**

Some income and assets are exempt by law from court payment orders. The court cannot order the defendant to pay using exempt income or assets. A list of the most common sources of exempt income is provided below.

2. Check the appropriate box(es) if you receive income from the following sources:

- ☐ Unemployment Benefits (G.L. c. 151A, § 36)
- ☐ Workers Compensation Benefits (G.L. c. 152, § 47)
- ☐ Social Security Benefits (42 U.S.C. § 401)
- ☐ Federal Old-Age, Survivors & Disability Insurance Benefits (OASDI) (42 U.S.C. § 407)
- ☐ Supplementary Security Income (SSI) for Aged, Blind and Disabled (42 U.S.C. § 1383[d][1])
- ☐ Other Disability Insurance Benefits up to \$400 weekly (G.L. c. 175, § 110A)
- ☐ Emergency Aid for Elderly and Disabled (G.L. c. 117A)
- ☐ Veterans Benefits
  - Federal Veterans Benefits (38 U.S.C. § 5301[a])
  - Medal of Honor Veterans Benefits (38 U.S.C. § 1562)
  - Special Benefits for Certain WW II Veterans (42 U.S.C. § 1001)
  - State Veterans Benefits (G.L. c. 115, § 5)
- ☐ Transitional Aid to Families with Dependent Children (TAFDC) Benefits (G.L. c. 118, § 10)
- ☐ Maternal Child Health Services Block Grant Benefits (42 U.S.C. § 701)
- ☐ Other Public Assistance Benefits (G.L. c. 235, § 34, cl. fifteenth)
- ☐ Payouts from any pension plan (G.L. c. 32, § 28)
- ☐ Other \_\_\_\_\_

**SECTION 3 - OTHER INCOME**

3. I receive the following income that is not included in my answers to the questions in Section 1 and or 2 above:

**Wages Subject to Attachment**

\*The amount of weekly gross wages subject to attachment, execution or payment order is the lesser of 85% of the debtor's gross wages or 50 times the greater of the federal or the Massachusetts hourly minimum wage. G.L. c. 246, § 28. Therefore, if your weekly gross wages are more than the amount listed above, 15% of your excess wages are subject to attachment, execution or payment order. If you are unsure of how to calculate this amount please notify the clerk the day of the hearing.

**SECTION 4 - EXPENSES**

Rent/Mortgage (per month):	\$ _____	Other Itemized Expenses (if applicable):
Utilities (per month):	\$ _____	_____
Food (per month):	\$ _____	_____
Child Care (per month):	\$ _____	_____
Transportation (per month):	\$ _____	_____
Insurance (per month):	\$ _____	_____
Entertainment (TV/internet/phone) (per month):	\$ _____	_____
Other - list in box on the right - (per month):	\$ _____	_____
<b>TOTAL MONTHLY EXPENSES:</b>	<b>\$ _____</b>	_____

**SECTION 5 - ASSETS****Real estate you own or own with someone else:**

Address:	_____	_____
Other Owner(s):	_____	_____
Mortgage Balance:	\$ _____	\$ _____
Fair Market Value:	\$ _____	\$ _____
Rental Income:	\$ _____	\$ _____

**Vehicle(s)/Boat(s) you own or own with someone else:**

Year/Make/Model:	_____	_____
Purchase Year:	_____	_____
Purchase Price:	\$ _____	\$ _____
Amount Owed:	\$ _____	\$ _____

**Bank Accounts:**

Bank/Credit Union:	_____	_____
Balance:	\$ _____	\$ _____

**Expected Tax Refund:** \$ \_\_\_\_\_

**How much money do you have in cash?** \$ \_\_\_\_\_

*(Attach a separate list of anything of value not listed above that you own or co-own, or that is held for you by someone else)*

**SECTION 6 - DEBTS**

Creditor	Nature of Debt	Date of Origin	Total Due	WEEKLY Payment
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Alimony/Child Support (per month): \$ \_\_\_\_\_

**CERTIFICATION OF DEFENDANT**

I certify that:

☐ I understand each section of this form; and ☐ I have completed this form accurately and truthfully

**Before Signing: If you have questions about this form, you should speak directly with the clerk or judge for more explanation.**

SIGNATURE OF DEFENDANT - SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY	DATE
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