The Trial Court

I.

II.

Division	Probate and Fa	mily Court Department Docket	No.
	(Lor	L STATEMENT ng Form)	
INSTRUCTIONS : If your income is statement, unless otherwise ordere		annually, you must complete the SHOR	RT FORM financial
Plaintiff/Petitioner	r	VSDefendant/Pe	etitioner
PERSONAL INFORMATION			
Your Name		Social Security No.	
Address	address)	(City/Town)	(State) (Zip)
Tel. No.	•	, , ,	en living with you
		Employer	
Employer's Address			
	(Sireel address)	(City/Town)	(State) (Zip)
Employer's Phone No		_ Do you have health insurance covera	age? Yes No
If yes, name of health insurance	provider		
GROSS WEEKLY INCOME/REC	FIDTS FROM ALL S	OURCES	
a) Base pay from Salary	□ Wages	NOTICE OF THE PROPERTY OF THE	\$
b) Overtime			\$
c) Part-time job			\$
d) Self-employment (attach a compl	leted schedule A)		\$
e) Tips	,		\$
f) Commissions Bonuses	S		\$
g) Dividends Interest			\$
h) Trusts Annuitie			\$
	ent funds		\$
j) Social Security			\$
· _	ment insurance	Worker's compensation	\$
, ,	<u> </u>	ded in gross income for child support)	\$
	ny (actually received)	,	\$
n) Rental from income producing pro		ted Schedule B)	\$
o) Royalties and other rights		•	\$ \$
p) Contributions from household mer	mber(s)		\$
q) Other (specify)	• •		

r) Total Gross Weekly Income/Receipts (add items a-q)

The Trial Court

Probate and Family Court Department

Docket No).
\$	
\$	
\$	
\$	
\$	
\$	
\$	
\$	

FINANCIAL STATEMENT

Division

III.

IV.

(Long Form) **WEEKLY DEDUCTIONS FROM GROSS INCOME TAX WITHOLDING** a) Federal tax witholding/estimated payments Number of withholding allowances claimed b) State tax witholding/estimated payments Number of withholding allowances claimed OTHER DEDUCTIONS c) F.I.C.A. d) Medicare e) Medical Insurance f) Dental Insurance g) Vision Insurance h) Union Dues i) Child Support j) Spousal Support k) Retirement I) Savings m) Deferred Compensation n) Credit Union (Loan) o) Credit Union (Savings) p) Charitable Contributions q) Life Insurance r) Other (specify) s) Total Weekly Deductions from Pay (Add items a-r) **NET WEEKLY INCOME** a) Enter total gross weekly income/receipts from II(r) b) Enter total weekly deductions from pay from III(s) c) Net Weekly Income **GROSS INCOME FROM PRIOR YEAR** (attach copy of all W-2 and 1099 forms for prior year)

٧.

Number of years you have paid into Social Security

The Trial Court

Probate and Family Court Department

FINANCIAL STATEMENT (Long Form)

VI. WEEKLY EXPENSES NOT DEDUCTED FROM PAY

Division

Mortgage (Principal, Interest - Taxes and Insurance, if escrowed) \$ Property taxes and assessments \$ Homeowner/Tenant Insurance \$ Maintenance Fees Condominium Fees Heat \$ Electricity \$ Propane Natural Gas Telephone \$ Water Sewer Food \$ House Supplies \$ Laundry \$ Ory Cleaning \$ Clothing \$ Life insurance \$ Medical insurance \$ Vision insurance \$ Vision insurance \$ Vision insurance \$ Uninsured Medical \$ Uninsured Dental \$ Motor Vehicle Expenses \$ Fuel \$ Insurance \$ Maintenance \$ Loan payment(s) \$ Entertainment \$ Vacation \$ Cable TV<	Rent		\$
Maintenance Fees	Mortgage (Principal, Intere	st - Taxes and Insurance, if escrowed)	\$
Maintenance Fees Condominium Fees \$ Heat \$ Electricity \$ Propane Natural Gas \$ Water Sewer \$ House Supplies \$ Laundry \$ Dry Cleaning \$ Clothing \$ Life insurance \$ Medical Insurance \$ Medical Insurance \$ Uninsured Medical \$ Uninsured Dental \$ Motor Vehicle Expenses \$ Mater and payment(s) \$ Entertainment \$ Cable TV \$ Child Support (attach a copy of the order, if issued by a different court) \$ Child (ren)'s Day Care Expensee \$ Child (ren)'s Day Care Expensee \$ Child (ren)'s Education \$ Constant \$ Cable TV \$ Child (ren)'s Education \$ Constant \$ Cable TV \$ Child (ren)'s Education \$ Constant \$ Cable TV \$ Child (ren)'s Education \$ Constant \$ Cable TV \$ Child (ren)'s Education \$ Child (ren)'s Education \$ Cable TV \$ Child (ren)'s Education \$ Child (ren)'s Edu	Property taxes and assess	ments	\$
Heat	Homeowner/Tenant Insura	ince	\$
Electricity	Maintenance Fees	Condominium Fees	\$
Propane	Heat		\$
Telephone	Electricity		\$
Water	Propane	Natural Gas	\$
Food	Telephone		\$
House Supplies S	Water	Sewer	\$
Laundry \$ Dry Cleaning \$ Clothing \$ Life insurance \$ Medical insurance \$ Dental insurance \$ Vision insurance \$ Vision insurance \$ Uninsured Medical \$ Uninsured Dental \$ Motor Vehicle Expenses \$ Fuel \$ Insurance \$ Maintenance \$ Loan payment(s) \$ Entertainment \$ Vacation \$ Cable TV \$ Child Support (attach a copy of the order, if issued by a different court) \$ Child(ren)'s Day Care Expense \$ Child(ren)'s Education \$	Food		\$
Dry Cleaning \$ Clothing \$ Life insurance \$ Medical insurance \$ Dental insurance \$ Vision insurance \$ Vision insurance \$ Uninsured Medical \$ Uninsured Dental \$ Motor Vehicle Expenses \$ Fuel \$ Insurance \$ Maintenance \$ Loan payment(s) \$ Entertainment \$ Vacation \$ Cable TV \$ Child Support (attach a copy of the order, if issued by a different court) \$ Child(ren)'s Day Care Expense \$ Child(ren)'s Education \$	House Supplies		\$
Clothing \$ Life insurance \$ Medical insurance \$ Dental insurance \$ Vision insurance \$ Uninsured Medical \$ Uninsured Dental \$ Motor Vehicle Expenses \$ Fuel \$ Insurance \$ Maintenance \$ Loan payment(s) \$ Entertainment \$ Vacation \$ Cable TV \$ Child Support (attach a copy of the order, if issued by a different court) \$ Child(ren)'s Day Care Expense \$ Child(ren)'s Education \$	Laundry		\$
Life insurance \$ Medical insurance \$ Dental insurance \$ Vision insurance \$ Uninsured Medical \$ Uninsured Dental \$ Motor Vehicle Expenses \$ Fuel \$ Insurance \$ Maintenance \$ Loan payment(s) \$ Entertainment \$ Vacation \$ Cable TV \$ Child Support (attach a copy of the order, if issued by a different court) \$ Child(ren)'s Day Care Expense \$ Child(ren)'s Education \$	Dry Cleaning		\$
Medical insurance \$ Dental insurance \$ Vision insurance \$ Uninsured Medical \$ Uninsured Dental \$ Motor Vehicle Expenses \$ Fuel \$ Insurance \$ Maintenance \$ Loan payment(s) \$ Entertainment \$ Vacation \$ Cable TV \$ Child Support (attach a copy of the order, if issued by a different court) \$ Child(ren)'s Day Care Expense \$ Child(ren)'s Education \$	Clothing		\$
Dental insurance \$ Vision insurance \$ Uninsured Medical \$ Uninsured Dental \$ Motor Vehicle Expenses \$ Fuel \$ Insurance \$ Maintenance \$ Loan payment(s) \$ Entertainment \$ Vacation \$ Cable TV \$ Child Support (attach a copy of the order, if issued by a different court) \$ Child(ren)'s Day Care Expense \$ Child(ren)'s Education \$	Life insurance		\$
Vision insurance \$	Medical insurance		\$
Uninsured Medical Uninsured Dental Motor Vehicle Expenses Fuel Insurance Maintenance Loan payment(s) Entertainment Vacation Cable TV Child Support (attach a copy of the order, if issued by a different court) Child(ren)'s Day Care Expense Child(ren)'s Education S S S S S S S S S S S S S S S S S S S	Dental insurance		\$
Uninsured Dental \$	Vision insurance		\$
Fuel \$	Uninsured Medical		\$
Fuel \$ Insurance \$ Maintenance \$ Loan payment(s) \$ Entertainment \$ Vacation \$ Cable TV \$ Child Support (attach a copy of the order, if issued by a different court) \$ Child(ren)'s Day Care Expense \$ Child(ren)'s Education \$	Uninsured Dental		\$
Insurance \$ Maintenance \$ Loan payment(s) \$ Entertainment \$ Vacation \$ Cable TV \$ Child Support (attach a copy of the order, if issued by a different court) \$ Child(ren)'s Day Care Expense \$ Child(ren)'s Education \$ Child	Motor Vehicle Expenses		\$
Maintenance Loan payment(s) Entertainment Vacation Cable TV Child Support (attach a copy of the order, if issued by a different court) Child(ren)'s Day Care Expense Child(ren)'s Education \$	Fuel		\$
Loan payment(s) \$ Entertainment \$ Vacation \$ Cable TV \$ Child Support (attach a copy of the order, if issued by a different court) \$ Child(ren)'s Day Care Expense \$ Child(ren)'s Education \$ SEducation	Insurance		\$
Entertainment \$ \\ Vacation \$ \\ Cable TV \$ \\ Child Support (attach a copy of the order, if issued by a different court) \$ \\ Child(ren)'s Day Care Expense \$ \\ Child(ren)'s Education \$ \\ \end{array}	Maintenance		\$
Vacation Cable TV Child Support (attach a copy of the order, if issued by a different court) Child(ren)'s Day Care Expense Child(ren)'s Education \$ Child(ren)'s Education	Loan payment(s)		\$
Cable TV Child Support (attach a copy of the order, if issued by a different court) Child(ren)'s Day Care Expense Child(ren)'s Education \$	Entertainment		\$
Child Support (attach a copy of the order, if issued by a different court) Child(ren)'s Day Care Expense Child(ren)'s Education \$	Vacation		\$
Child(ren)'s Day Care Expense \$ Child(ren)'s Education \$	Cable TV		\$
Child(ren)'s Education \$	Child Support (attach a co	py of the order, if issued by a different court)	\$
	Child(ren)'s Day Care Exp	ense	\$
Education (self) \$	Child(ren)'s Education		\$
	Education (self)		\$

The Trial Court

Probate and Family Court Department

Division	Probate and Family Cou	rt Department Do	ocket No.	
	FINANCIAL STAT (Long Forn			
Employment related e	expenses (which are not reimbursed)	•		
Uniforms			\$	
Travel			\$	
Required continu	ing education		\$	
Other (specify)			\$	
Lottery tickets			\$	
Charitable Contributio	ns		\$	
Child(ren)'s allowance			\$	
	xpenses for visitation with child(ren)		\$	
	. , ,		\$	
			\$	
			\$	
TOTAL WEEKLY EX	PENSES NOT DEDUCTED FROM PAY		\$	
			· —	
COUNSEL FEES				
	s) paid to your attorney(s)		\$	
	ed, to date, against the retainer(s)		\$ \$	
_	e of total legal expense to litigate this action	\$	to \$	
7 il ilio patod range	or total logal expense to intigate the action	*		
I. ASSETS INSTRUCTIONS: If a attach additional page A. REAL ESTATE Real Estate-Primary Res		or to disclose additional a	assets not lis	ted below plea
Address	(Street address)	(City/Town)		(State)
Title held in the name o	,	(Oity/Town)		(Glate)
Purchase Price of the P				
Year of Purchase				
Current Assessed Value	e of the Property \$			
Date of Last Assessmer				
Fair Market Value of the			\$	
Outstanding 1st mortgag			- \$	
Outstanding 1st mortgat			- Ψ 	
	ge of notice equity loan		- φ	
Equity			= \$	

The Trial Court

FINANCIAL STATEMENT

Division

В.

C.

Defined Benefit Plan

CJ-D 301 L 9/15/17

Defined Contribution Plan

Probate and Family Court Department

Docket No.

		(Long Form)		
Real Estate-Vacation or	Second Home (including in	nterest in time share)		
Address				
	(Street address)		(City/Town)	(State)
Title held in the name of				
Purchase Price of the Pr	roperty \$			
Year of Purchase				
Current Assessed Value	of the Property \$			
Date of Last Assessmen				
Fair Market Value of the	Property			\$
Outstanding 1st mortgag	ge			- \$
Outstanding 2nd mortgage	ge or home equity loan			- \$
	cluding cars, trucks, ATV's ational vehicles, aircraft, fa			= \$
Туре				
Make				
Model				
Purchase Price of vehicle				
Year of Purchase				
Fair Market Value				\$
Outstanding Loan				- \$
Equity				= \$
Туре		_		
Make				
Purchase Price of vehicle	e \$			
Fair Market Value				\$
Outstanding Loan				- \$
Equity				= \$
PENSIONS				
	Institution	Account Number	Listed Beneficiary	Current Balance/Value

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\$

Commonwealth of Massachusetts The Trial Court robate and Family Court Departmen

Division	Probate and Family Court Department	Docket No.	
	FINANCIAL STATEMENT	-	
	(Long Form)		

D. <u>OTHER ASSETS</u>. 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).

	Institution	Account Number	Listed Beneficiary	Current Balance/Value
Checking Account(s)				\$
Checking Account(s)				\$
Savings Account(s)				\$
eavings / toosum(s)				\$
Cash on Hand				\$
Certificate(s) of Deposit				\$
Derimedia(e) er Depear				\$
Credit Union Account(s)				\$
erean ernerry toecam(e)				\$
Funds Held in Escrow				\$
Tanas Hola III 20010 II				\$
Stocks				\$
				\$
Bonds				\$
				\$
Bond Fund(s)				\$
20114 1 3114(0)				\$
Notes Held				\$
110100 11010				\$
Cash in Brokerage				\$
Account(s)				\$
Money Market Account(s)				\$
indicate in the second interest in the second in the second interest in the second in the second interest in the second interest in the s				\$

The Trial Court

Droboto	and	Eamily.	Court	Donartman	
riopate	anu	ганніц	Court	Departmen	I

Docket No.

FINANCIAL STATEMENT (Long Form)

	Institution	Account Number	Listed Beneficiary	Current Balance/Value
LLC Covings Bond(s)				\$
U.S. Savings Bond(s)				\$
IRAs -				\$
IRAS				\$
Keough -				\$
Redugii				\$
Profit Sharing				\$
From Snamg				\$
Deferred Compensation -				\$
Deferred Compensation				\$
Other Retirement Plans				\$
Other Retirement Flans				\$
Annuity (please specify				\$
whether a tax deferred annuity or a tax sheltered annuity)				\$
Life Insurance Cash Value (please specify whether				\$
a term or a whole universal life insurance policy)				\$
ludam ente/Liene				\$
Judgments/Liens -				\$
Pending Legacies and/or Inheritances				\$
Jewelry				\$
Contents of Safe or Safe Deposit Box				\$
Firearms				\$
Collections				\$
Tools/Equipment				\$
Crops/Livestock				\$
Home Furnishings				\$
Arts and Antiques				\$
Other (please specify):				\$
Other (please specify):				\$
			l .	1

TOTAL ASSETS

Division

Commonwealth of Massachusetts The Trial Court

Division	Probate and Family Court Department	Docket No.	
	FINANCIAL STATEMENT		

IX. <u>LIABILITIES</u>: List loans, credit card debt, consumer debt, installment debt, etc. which are NOT listed elsewhere.

(Long Form)

CREDITOR	NATURE OF DEBT	DATE INCURRED	AMOUNT DUE	WEEKLY PAYMENT
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$

TOTAL LIABILITIES

\$ \$

	The Trial Court
Division	Probate and Family Court Department
	EINIANIOIAI OTATEMENT

Docket No.

FINANCIAL STATEMENT (Long Form)

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 INFORMATION PROVIDED WILL SUBJECT ME TO SAN FILED AGAINST ME.	AT WILLFUL MISREPRESENTATION OF ANY OF THE CTIONS AND MAY RESULT IN CRIMINAL CHARGES BEING
Date	Signature
	I OF MASSACHUSETTS
COMMONWEALTE	TOF MASSACHUSETTS
County of	
Then personally appeared the above	and declared the
foregoing to be true and correct, before me this	day of
	Notary Public
My Co	ommission Expires:
·	
INSTRUCTIONS: In any case where an a MUST complete the Statement by Attorn	attorney is appearing for a party, said attorney ey.
·	BY ATTORNEY
for the purposes of this case-and am an officer of the court.	the Commonwealth of Massachusetts-am admitted pro hoc vice. As the attorney for the party on whose behalf this Financial we no knowledge that any of the information contained herein is
Date	(Signature of attorney)
	(Print name)
	(Street address)
	(City/Town) (State) (Zip)
	Tel. No.
	B.B.O. #