

Commonwealth of Massachusetts

The Trial Court

Probate and Family 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, Address, Telephone Number, Occupation, Employer, Employer's Address, Social Security Number, Date of Birth, Age, Employer's Telephone No.

Do you have health insurance? If yes, name of insurance provider. Do you have any natural, adopted, stepchild(ren), foster child(ren) or child(ren) of partners who are living in your household half time or more? If so, how many child(ren)?

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

Table with 3 columns: Description, Amount, Total. Rows include Base pay, salary, wages; Overtime; Part-time job; Self-employment; Tips; Commissions - Bonuses; Dividends - interest; Income from trusts and annuities; Pension and retirement funds; Social Security; Disability, unemployment or worker's compensation; Public Assistance; Child Support - Alimony; Rental income; Royalties and other rights; Contributions from household member(s); Other (specify); Total ADDITIONAL weekly income/receipts from schedule, if any; TOTAL GROSS WEEKLY INCOME / RECEIPTS.

III. WEEKLY DEDUCTIONS FROM GROSS INCOME

TAX WITHHOLDING

a) Federal tax withholding / estimated payments \$ 0.00
Number of withholding allowances claimed _____
b) State tax withholding / estimated payments \$ 0.00
Number of withholding allowances claimed _____

OTHER DEDUCTIONS

c) F.I.C.A. \$ 0.00
d) Medicare \$ 0.00
e) Medical Insurance \$ 0.00
f) Union Dues \$ 0.00
g) Child Support \$ 0.00
h) Spousal Support \$ 0.00
i) Retirement \$ 0.00
j) Savings \$ 0.00
k) Deferred Compensation \$ 0.00
l) Credit Union (Loan) \$ 0.00
m) Credit Union (Savings) \$ 0.00
n) Charitable Contributions \$ 0.00
o) Life Insurance \$ 0.00
p) Other (specify) \$ 0.00
q) Other (specify) \$ 0.00
r) Other (specify) \$ 0.00
Total ADDITIONAL weekly deductions, from schedule, if any \$ 0.00

TOTAL WEEKLY DEDUCTIONS FROM PAY (Add items a-r) \$ 0.00

IV. NET WEEKLY INCOME

a) Enter total gross weekly income / receipts \$ 0.00
b) Enter total weekly deductions from pay \$ 0.00

NET WEEKLY INCOME (Subtract IV.(b) from IV.(a)) \$ 0.00

V. GROSS INCOME FROM PRIOR YEAR

(attach copy of all 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

Retainer amount(s) paid to your attorney(s) \$ 0.00
Legal fees incurred, to date, against the retainer(s) \$ 0.00
Anticipated range of total legal expense to prosecute this action \$ 0.00 to \$ 0.00

VII. WEEKLY EXPENSES NOT DEDUCTED FROM PAY

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 \$500.00 per month, divide 500 by 4.3. This will give you a weekly expense of \$116.28. Do not duplicate weekly expenses. Strike inapplicable words.

Rent	\$	0.00
Mortgage (P & I, Taxes / Insurance, if escrowed)	\$	0.00
Property taxes and assessment	\$	0.00
Homeowner's Insurance	\$	0.00
Tenant's Insurance	\$	0.00
Maintenance Fees - Condominium Fees	\$	0.00
Maintenance / Repairs	\$	0.00
Heat (Type:)	\$	0.00
Electricity	\$	0.00
Propane / Natural Gas	\$	0.00
Telephone	\$	0.00
Water / Sewer	\$	0.00
Food	\$	0.00
House Supplies	\$	0.00
Laundry	\$	0.00
Dry cleaning	\$	0.00
Clothing	\$	0.00
Life insurance	\$	0.00
Medical insurance	\$	0.00
Uninsured medical - dental expenses	\$	0.00
Incidentals / toiletries	\$	0.00
Motor vehicle expenses		
Fuel	\$	0.00
Insurance	\$	0.00
Maintenance	\$	0.00
Loan payment(s)	\$	0.00
Entertainment	\$	0.00
Vacation	\$	0.00
Cable TV	\$	0.00
Child Support (attach a copy of the order, if issued by a different court)	\$	0.00
Child(ren)'s Day Care Expense	\$	0.00
Child(ren)'s Education	\$	0.00
Education (self)	\$	0.00
Employment related expenses (which are not reimbursed)		
Uniforms	\$	0.00
Travel	\$	0.00
Required continuing education	\$	0.00
Other (specify)	\$	0.00
Lottery tickets	\$	0.00
Charitable contributions / Church giving	\$	0.00
Child(ren)'s allowance	\$	0.00
Extraordinary travel expenses for visitation with child(ren)	\$	0.00
Other (specify)	\$	0.00
Other (specify)	\$	0.00
Other (specify)	\$	0.00
Total ADDITIONAL weekly expenses from schedule, if any	\$	0.00
TOTAL WEEKLY EXPENSES NOT DEDUCTED FROM PAY	\$	0.00

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 filled.

A. REAL ESTATE

Real Estate -- Primary Residence

Address _____	(street address)	(city or town)	(state)	(zip)
Title held _____				
Outstanding 1st mortgage _____			\$	0.00
Outstanding 2nd mortgage or home equity loan _____			\$	0.00
Equity _____			\$	0.00
Purchase Price of the Property _____			\$	0.00
Year of Purchase _____				
Current Assessed Value of the Property _____			\$	0.00
Date of Last Assessment _____				
Fair Market Value of the Property _____			\$	0.00

Real Estate -- Vacation or Second Home (including interest in time share)

Address _____	(street address)	(city or town)	(state)	(zip)
Title held _____				
Outstanding 1st mortgage _____			\$	0.00
Outstanding 2nd mortgage or home equity loan _____			\$	0.00
Equity _____			\$	0.00
Purchase Price of the Property _____			\$	0.00
Year of Purchase _____				
Current Assessed Value of the Property _____			\$	0.00
Date of Last Assessment _____				
Fair Market Value of the Property _____			\$	0.00
Total ADDITIONAL real estate from schedule, if any _____			\$	0.00

B. MOTOR VEHICLES, including cars, trucks, ATVs, snowmobiles, tractors, motorcycles, boats, recreational vehicles, aircraft, farm machinery, etc.

Type _____				
Make _____				
Model _____				
Purchase Price of Vehicle _____			\$	0.00
Year of Purchase _____				
Fair Market Value _____			\$	0.00
Outstanding Loan _____			\$	0.00
Equity _____			\$	0.00
Type _____				
Make _____				
Model _____				
Purchase Price of Vehicle _____			\$	0.00
Year of Purchase _____				
Fair Market Value _____			\$	0.00
Outstanding Loan _____			\$	0.00
Equity _____			\$	0.00
Total ADDITIONAL vehicles from schedule, if any _____			\$	0.00

VIII. **ASSETS CONTINUED**

C. **PENSIONS**

	Institution	Account Number	Listed Beneficiary	Current Balance / Value
Defined Benefit Plan				\$0.00
Defined Contribution Plan				\$0.00

D. 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) and account number(s), named beneficiaries and current balances, if applicable.)

	Institution	Account Number	Listed Beneficiary	Current Balance
Checking Account(s)				\$0.00
				\$0.00
Savings Accounts(s)				\$0.00
				\$0.00
Cash on Hand				\$0.00
Certificate(s) of Deposit				\$0.00
				\$0.00
Credit Union Account(s)				\$0.00
				\$0.00
Funds Held in Escrow				\$0.00
				\$0.00
Stocks				\$0.00
				\$0.00
Bonds				\$0.00
				\$0.00
Bond Fund(s)				\$0.00
				\$0.00
Notes Held				\$0.00
				\$0.00
Cash in Brokerage Account(s)				\$0.00
				\$0.00
Money Market Account(s)				\$0.00
				\$0.00

	Institution	Account Number	Listed	Beneficiary	Current Balance
U.S. Savings Bond(s)					\$0.00
					\$0.00
IRAs					\$0.00
					\$0.00
Keough					\$0.00
					\$0.00
Profit Sharing					\$0.00
					\$0.00
Deferred Compensation					\$0.00
					\$0.00
Other Retirement Plans					\$0.00
					\$0.00
Annuity (please specify whether a tax deferred annuity or tax sheltered annuity).					\$0.00
Life Insurance Cash value (please specify whether a term or a whole/universal life insurance policy)					\$0.00
Judgments/Liens					\$0.00
					\$0.00
Pending Legacies and/or Inheritances					\$0.00
Jewelry					\$0.00
Contents of Safe or Safe Deposit Box					\$0.00
Firearms					\$0.00
Collections					\$0.00
Tools/Equipment					\$0.00
Crops/Livestock					\$0.00
Home Furnishings (value)					\$0.00
Art and Antiques					\$0.00
Other (specify)					\$0.00
Other (specify)					\$0.00
Total ADDITIONAL pensions and other assets from schedule, if any					\$0.00

TOTAL ASSETS

\$0.00

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 WILLFUL 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 _____ 0 _____ and declared the foregoing to be true and correct, before me this _____ day of _____

Notary Public

My Commission Expires: _____

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.

Date

Signature

Name of Attorney _____
Please Print

Address _____

Tel. No. _____

BBO # _____

ADDITIONAL GROSS WEEKLY INCOME / RECEIPTS- LONG FORM (Part II., continued)

Name: _____ 0 _____

Docket No. _____ 0 _____

II. GROSS WEEKLY INCOME / RECEIPTS FROM ALL SOURCES (continued)

SOURCE	AMOUNT
a. _____	\$ _____ 0.00
b. _____	\$ _____ 0.00
c. _____	\$ _____ 0.00
d. _____	\$ _____ 0.00
e. _____	\$ _____ 0.00
f. _____	\$ _____ 0.00
g. _____	\$ _____ 0.00
h. _____	\$ _____ 0.00
i. _____	\$ _____ 0.00
j. _____	\$ _____ 0.00
k. _____	\$ _____ 0.00
l. _____	\$ _____ 0.00
m. _____	\$ _____ 0.00
n. _____	\$ _____ 0.00
o. _____	\$ _____ 0.00
p. _____	\$ _____ 0.00
q. _____	\$ _____ 0.00
r. _____	\$ _____ 0.00
s. _____	\$ _____ 0.00
t. _____	\$ _____ 0.00
u. _____	\$ _____ 0.00
v. _____	\$ _____ 0.00
w. _____	\$ _____ 0.00
x. _____	\$ _____ 0.00
y. _____	\$ _____ 0.00
TOTAL ADDITIONAL GROSS WEEKLY INCOME / RECEIPTS	\$ _____ 0.00

ADDITIONAL WEEKLY DEDUCTIONS FROM INCOME - LONG FORM (Part III., continued)

Name: _____ 0 _____

Docket No. _____ 0 _____

III. WEEKLY DEDUCTIONS FROM GROSS INCOME (continued)

OTHER DEDUCTIONS

ITEM / DESCRIPTION	AMOUNT
a. _____	\$ _____ 0.00
b. _____	\$ _____ 0.00
c. _____	\$ _____ 0.00
d. _____	\$ _____ 0.00
e. _____	\$ _____ 0.00
f. _____	\$ _____ 0.00
g. _____	\$ _____ 0.00
h. _____	\$ _____ 0.00
i. _____	\$ _____ 0.00
j. _____	\$ _____ 0.00
k. _____	\$ _____ 0.00
l. _____	\$ _____ 0.00
m. _____	\$ _____ 0.00
n. _____	\$ _____ 0.00
o. _____	\$ _____ 0.00
p. _____	\$ _____ 0.00
q. _____	\$ _____ 0.00
r. _____	\$ _____ 0.00
s. _____	\$ _____ 0.00
t. _____	\$ _____ 0.00
u. _____	\$ _____ 0.00
v. _____	\$ _____ 0.00
w. _____	\$ _____ 0.00
x. _____	\$ _____ 0.00
y. _____	\$ _____ 0.00
TOTAL ADDITIONAL WEEKLY DEDUCTIONS FROM PAY	\$ _____ 0.00

ADDITIONAL WEEKLY EXPENSES - LONG FORM (Part VII., continued)

Name: _____ 0 _____

Docket No. _____ 0 _____

VII. WEEKLY EXPENSES NOT DEDUCTED FROM PAY (continued)

INSTRUCTIONS: All expense figures must be listed by their WEEKLY total. DO NOT list expenses by their MONTHLY total. [See DOCUMENT TIPS for assistance.] Do not duplicate weekly expenses.

ITEM / DESCRIPTION		AMOUNT
a.	_____	\$ _____ 0.00
b.	_____	\$ _____ 0.00
c.	_____	\$ _____ 0.00
d.	_____	\$ _____ 0.00
e.	_____	\$ _____ 0.00
f.	_____	\$ _____ 0.00
g.	_____	\$ _____ 0.00
h.	_____	\$ _____ 0.00
i.	_____	\$ _____ 0.00
j.	_____	\$ _____ 0.00
k.	_____	\$ _____ 0.00
l.	_____	\$ _____ 0.00
m.	_____	\$ _____ 0.00
n.	_____	\$ _____ 0.00
o.	_____	\$ _____ 0.00
p.	_____	\$ _____ 0.00
q.	_____	\$ _____ 0.00
r.	_____	\$ _____ 0.00
s.	_____	\$ _____ 0.00
t.	_____	\$ _____ 0.00
u.	_____	\$ _____ 0.00
v.	_____	\$ _____ 0.00
w.	_____	\$ _____ 0.00
x.	_____	\$ _____ 0.00
y.	_____	\$ _____ 0.00
TOTAL ADDITIONAL WEEKLY EXPENSES		\$ _____ 0.00

ADDITIONAL ASSETS (REAL ESTATE) - LONG FORM (Part VIII., continued)

Name: _____ 0 _____

Docket No. _____ 0 _____

VIII. ASSETS (continued)

A. REAL ESTATE

Additional Real Estate

Address _____
(street address) (city or town) (state) (zip)

Title held _____

Outstanding 1st mortgage	_____	\$	_____	0.00
Outstanding 2nd mortgage or home equity loan	_____	\$	_____	0.00
Equity	_____	\$	_____	0.00
Purchase Price of the Property	_____	\$	_____	0.00
Year of Purchase	_____			
Current Assessed Value of the Property	_____	\$	_____	0.00
Date of Last Assessment	_____			
Fair Market Value of the Property	_____	\$	_____	0.00

Additional Real Estate

Address _____
(street address) (city or town) (state) (zip)

Title held _____

Outstanding 1st mortgage	_____	\$	_____	0.00
Outstanding 2nd mortgage or home equity loan	_____	\$	_____	0.00
Equity	_____	\$	_____	0.00
Purchase Price of the Property	_____	\$	_____	0.00
Year of Purchase	_____			
Current Assessed Value of the Property	_____	\$	_____	0.00
Date of Last Assessment	_____			
Fair Market Value of the Property	_____	\$	_____	0.00

Additional Real Estate

Address _____
(street address) (city or town) (state) (zip)

Title held _____

Outstanding 1st mortgage	_____	\$	_____	0.00
Outstanding 2nd mortgage or home equity loan	_____	\$	_____	0.00
Equity	_____	\$	_____	0.00
Purchase Price of the Property	_____	\$	_____	0.00
Year of Purchase	_____			
Current Assessed Value of the Property	_____	\$	_____	0.00
Date of Last Assessment	_____			
Fair Market Value of the Property	_____	\$	_____	0.00

Additional Real Estate

Address _____
(street address) (city or town) (state) (zip)

Title held _____

Outstanding 1st mortgage	_____	\$	_____	0.00
Outstanding 2nd mortgage or home equity loan	_____	\$	_____	0.00
Equity	_____	\$	_____	0.00
Purchase Price of the Property	_____	\$	_____	0.00
Year of Purchase	_____			
Current Assessed Value of the Property	_____	\$	_____	0.00
Date of Last Assessment	_____			
Fair Market Value of the Property	_____	\$	_____	0.00

TOTAL ADDITIONAL REAL ESTATE \$ 0.00

ADDITIONAL ASSETS (MOTOR VEHICLES) - LONG FORM (Part VIII., continued)

Name: _____ 0 _____

Docket No. _____ 0 _____

VIII. ASSETS (continued)

B. MOTOR VEHICLES, including cars, trucks, ATVs, snowmobiles, tractors, motorcycles, boats, recreational vehicles, aircraft, farm machinery, etc.

Type	_____	_____
Make	_____	_____
Model	_____	_____
Purchase Price of Vehicle	_____	\$ _____ 0.00
Year of Purchase	_____	_____
Fair Market Value	_____	\$ _____ 0.00
Outstanding Loan	_____	\$ _____ 0.00
Equity	_____	\$ _____ 0.00
Type	_____	_____
Make	_____	_____
Model	_____	_____
Purchase Price of Vehicle	_____	\$ _____ 0.00
Year of Purchase	_____	_____
Fair Market Value	_____	\$ _____ 0.00
Outstanding Loan	_____	\$ _____ 0.00
Equity	_____	\$ _____ 0.00
Type	_____	_____
Make	_____	_____
Model	_____	_____
Purchase Price of Vehicle	_____	\$ _____ 0.00
Year of Purchase	_____	_____
Fair Market Value	_____	\$ _____ 0.00
Outstanding Loan	_____	\$ _____ 0.00
Equity	_____	\$ _____ 0.00
Type	_____	_____
Make	_____	_____
Model	_____	_____
Purchase Price of Vehicle	_____	\$ _____ 0.00
Year of Purchase	_____	_____
Fair Market Value	_____	\$ _____ 0.00
Outstanding Loan	_____	\$ _____ 0.00
Equity	_____	\$ _____ 0.00
Type	_____	_____
Make	_____	_____
Model	_____	_____
Purchase Price of Vehicle	_____	\$ _____ 0.00
Year of Purchase	_____	_____
Fair Market Value	_____	\$ _____ 0.00
Outstanding Loan	_____	\$ _____ 0.00
Equity	_____	\$ _____ 0.00

TOTAL ADDITIONAL MOTOR VEHICLES \$ _____ **0.00**

ADDITIONAL LIABILITIES - LONG FORM (Part XI., continued)

Name: _____ 0 _____

Docket No. _____ 0 _____

XI. LIABILITIES (List additional liabilities not listed elsewhere) (continued)

	CREDITOR	KIND OF DEBT	DATE INCURRED	AMOUNT DUE	WEEKLY PAYMENT
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					

TOTAL ADDITIONAL AMOUNT DUE \$0.00

TOTAL ADDITIONAL WEEKLY PAYMENTS \$0.00

FINANCIAL STATEMENT SCHEDULE A

Name: _____ 0 _____

Docket No. _____ 0 _____

MONTHLY SELF-EMPLOYMENT OR BUSINESS INCOME

GROSS MONTHLY RECEIPTS

\$0.00

Monthly Business Expenses

Cost of goods sold		\$	0.00
Advertising		\$	0.00
Bad debts		\$	0.00
Auto:			
Gas		\$	0.00
Insurance		\$	0.00
Maintenance		\$	0.00
Registration		\$	0.00
Commissions		\$	0.00
Depletion		\$	0.00
Dues and publications		\$	0.00
Employee Benefit Programs		\$	0.00
Freight		\$	0.00
Insurance (other than health); please specify type of insurance:		\$	0.00
		\$	0.00
Interest on mortgage to banks		\$	0.00
Interest on loans		\$	0.00
Legal and professional services		\$	0.00
Office expenses		\$	0.00
Laundry and cleaning		\$	0.00
Pension and profit sharing		\$	0.00
Rent on leased equipment		\$	0.00
Machinery/Equipment		\$	0.00
Other business property		\$	0.00
Repairs		\$	0.00
Supplies		\$	0.00
Taxes		\$	0.00
Travel		\$	0.00
Meals and entertainment		\$	0.00
Utilities and phone		\$	0.00
Wages		\$	0.00
Other expenses (specify)		\$	0.00
		\$	0.00

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		\$0.00
February		\$0.00
March		\$0.00
April		\$0.00
May		\$0.00
June		\$0.00
July		\$0.00
August		\$0.00
September		\$0.00
October		\$0.00
November		\$0.00
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.

\$0.00

6. State your gross expenses year to date.

\$0.00

FINANCIAL STATEMENT SCHEDULE B

Name: _____ 0 _____

Docket No. _____ 0 _____

RENT FROM INCOME PRODUCING PROPERTY

ANNUAL RENT RECEIVED _____

\$0.00

ANNUAL RENTAL EXPENSES

Advertising	_____	\$	0.00
Auto and travel	_____	\$	0.00
Insurance	_____	\$	0.00
Cleaning and maintenance	_____	\$	0.00
Commissions	_____	\$	0.00
Interest on mortgage to bank	_____	\$	0.00
Other interest (specify)	_____	\$	0.00
_____	_____	\$	0.00
_____	_____	\$	0.00
Legal and professional services	_____	\$	0.00
Repairs	_____	\$	0.00
Supplies	_____	\$	0.00
Taxes	_____	\$	0.00
Utilities	_____	\$	0.00
Wages	_____	\$	0.00
Other expenses (specify)	_____	\$	0.00
_____	_____	\$	0.00
_____	_____	\$	0.00

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

1 Enter explanatory note here and <TAB> to next data entry field.