Division _____ **Commonwealth of Massachusetts**
The Trial Court
Probate and Family Court Department
FINANCIAL STATEMENT
(Short Form)
Docket No. _____

INSTRUCTIONS: If your income equals or exceeds $75,000.00 annually, you must complete the LONG FORM financial statement, unless otherwise ordered by the Court.

_____ v. _____
Plaintiff / Petitioner — Defendant / Petitioner

1. PERSONAL INFORMATION

Your Name _____ Social Security No. _____

Address _____ (Street address) _____ (City / Town) _____ (State) _____ (Zip)

Tel. No. _____ Date of Birth _____ No. of children living with you _____

Occupation _____ Employer _____

Employer's Address _____ (Street address) _____ (City / Town) _____ (State) _____ (Zip)

Employer's Telephone No. _____ Do you have health insurance coverage? ☐ Yes ☐ No

If yes, name of health insurance provider _____

2. GROSS WEEKLY INCOME / RECEIPTS FROM ALL SOURCES

a)	Base pay from ☐ Salary ☐ Wages	$ _____
b)	Overtime	$ _____
c)	Part-time job	$ _____
d)	Self-employment **(attach a completed schedule A)**	$ _____
e)	Tips	$ _____
f)	☐ Commissions ☐ Bonuses	$ _____
g)	☐ Dividends ☐ Interest	$ _____
h)	☐ Trusts ☐ Annuities	$ _____
i)	☐ Pensions ☐ Retirement Funds	$ _____
j)	Social Security	$ _____
k)	☐ Disability ☐ Unemployment insurance ☐ Worker's compensation	$ _____
l)	Public Assistance (welfare, A.F.D.C. payments)	$ _____
m)	☐ Child Support ☐ Alimony (actually received)	$ _____
n)	Rental from income producing property **(attach a completed Schedule B)**	$ _____
o)	Royalties and other rights	$ _____
p)	Contributions from household member(s)	$ _____
q)	Other (specify)	
	_____	$ _____
	_____	$ _____
	_____	$ _____
	r) Total Gross Weekly Income/Receipts (add items a-q)	$ _____

Division _____

Commonwealth of Massachusetts
The Trial Court
Probate and Family Court Department
FINANCIAL STATEMENT
(Short Form)

Docket No. _____

3. ITEMIZED DEDUCTIONS FROM GROSS INCOME

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

4. ADJUSTED NET WEEKLY INCOME 2(r) minus 3(f) $ _____

5. OTHER DEDUCTIONS FROM SALARY/WAGES

a) Credit Union ☐ Loan repayment ☐ Savings $ _____
b) Savings $ _____
c) Retirement $ _____
d) Other - Specify (i.e., Child Support, Deferred Compensation or 401K) _____ $ _____
e) Total Deductions (a through d) $ _____

6. NET WEEKLY INCOME 4 minus 5(e) $ _____

7. GROSS YEARLY INCOME FROM PRIOR YEAR $ _____
(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)	$ _____	l)	Life Insurance	$ _____
b)	Homeowners/Tenant Insurance	$ _____	m)	Medical Insurance	$ _____
c)	Maintenance and Repair	$ _____	n)	Uninsured Medicals	$ _____
d)	Heat	$ _____	o)	Incidentals and Toiletries	$ _____
e)	Electricity and/or Gas	$ _____	p)	Motor Vehicle Expenses	$ _____
f)	Telephone	$ _____	q)	Motor Vehicle Payment	$ _____
g)	Water/Sewer	$ _____	r)	Child Care	$ _____
h)	Food	$ _____	s)	Other (explain)	
i)	House Supplies	$ _____		_____	$ _____
j)	Laundry and Cleaning	$ _____		*TOTAL LIAB'TIES (P. 3)*	$ _____
k)	Clothing	$ _____	t)	*TOTAL ADD'L EXP.*	$ _____

t) Total Weekly Expenses (a through t) $ _____

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 litigate this action $ _____ to $ _____

Division _____ **Commonwealth of Massachusetts** Docket No. _____

The Trial Court

Probate and Family Court Department

FINANCIAL STATEMENT

(Short Form)

10. ASSETS (attach additional sheet if necessary)

a) Real Estate

Location _____

Title held in the name of _____

Fair Market Value $ _____ - Mortgage $ _____ = Equity $ _____

b) Motor Vehicles

Fair Market Value $ _____ - Vehicle Loan $ _____ = Equity $ _____

Fair Market Value $ _____ - Vehicle Loan $ _____ = Equity $ _____

c) IRA, Keogh, Pension, Profit Sharing, Other Retirement Plans:

Financial Institution or Plan Name and Account Number

_____ $ _____

_____ $ _____

_____ $ _____

d) Tax Deferred Annuity Plan(s) $ _____

e) Life Insurance: Present Cash Value $ _____

f) Savings & Checking Accounts, Money Market Accounts, Certificates of Deposit - 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 or Plan Name and Account Number

_____ $ _____

_____ $ _____

_____ $ _____

g) Other (e.g., stocks, bonds, collections)

_____ $ _____

_____ $ _____

h) Total Assets (a through g + Additional Assets, if any) $ _____

11. LIABILITIES (Do not list expenses shown in item 8 above)

	Creditor	Nature of Debt	Date Incurred	Amount Due	Weekly Payment
a)				$	$
b)				$	$
c)				$	$
d)				$	$
	ADDITIONAL LIABILITES FROM SCHEDULE			$	$

e) Total Liabilities

Division _____

Commonwealth of Massachusetts
The Trial Court
Probate and Family Court Department
FINANCIAL STATEMENT
(Short Form)

Docket No. _____

CERTIFICATION

I certify under the pains and 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.

Date _____ Signature _____
(Signature of attorney)

_____
(Print name)

_____
(Street address)

_____ _____ _____
(City/Town) (State) (Zip)

Telephone: _____

B.B.O. #: _____

ADDITIONAL WEEKLY EXPENSES - SHORT FORM (Section 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)		$
z)		$

TOTAL <u>ADDITIONAL</u> WEEKLY EXPENSES | |

ADDITIONAL ASSETS - SHORT FORM Section 10., continued)

Name: _____ Docket No. _____

10. ASSETS (continued)

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

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

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

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

b) Motor Vehicles (continued)
Fair Market Value $ _____ - Motor Vehicle Loan $ _____ = Equity $ 0.00
Fair Market Value $ _____ - Motor Vehicle Loan $ _____ = Equity $ 0.00
Fair Market Value $ _____ - Motor Vehicle Loan $ _____ = Equity $ 0.00

c) IRA, Keough, Pension, Profit Sharing, Other Retirement Plans (continued):
Financial Institution or Plan Names and Account Numbers

_____ $ 0.00
_____ $ 0.00
_____ $ 0.00

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

_____ $ 0.00
_____ $ 0.00
_____ $ 0.00

e) Life Insurance: Present Cash value (continued)

_____ $ 0.00
_____ $ 0.00

f) Savings & Checking Accounts, Money Market Accounts, Certificates of Deposit - 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 or Plan Name and Account Number

_____ $ 0.00
_____ $ 0.00
_____ $ 0.00
_____ $ 0.00

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

_____ $ 0.00
_____ $ 0.00
_____ $ 0.00
_____ $ 0.00

TOTAL ADDITIONAL ASSETS [ ]

ADDITIONAL ASSETS - SHORT FORM Section 10., continued)

Name: _____ Docket No. _____

10. ASSETS (continued)

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

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

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

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

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 $ _____

c) IRA, Keough, Pension, Profit Sharing, Other Retirement Plans (continued):
Financial Institution or Plan Names and Account Numbers

_____ $ _____
_____ $ _____
_____ $ _____

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

_____ $ _____
_____ $ _____
_____ $ _____

e) Life Insurance: Present Cash value (continued)

_____ $ _____
_____ $ _____

f) Savings & Checking Accounts, Money Market Accounts, Certificates of Deposit - 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 or Plan Name and Account Number

_____ $ _____
_____ $ _____
_____ $ _____
_____ $ _____

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

_____ $ _____
_____ $ _____
_____ $ _____
_____ $ _____

TOTAL <u>ADDITIONAL</u> ASSETS [ ]

ADDITIONAL LIABILITIES - SHORT FORM Section 11., continued)

Name: _____ Docket No. _____

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

	Creditor	Nature of Debt	Date Incurred	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 [ ]

TOTAL ADDITIONAL WEEKLY PAYMENT [ ]

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	$	
Motor Vehicles	$	
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 phones	$	
Wages	$	
Other expenses (specify):		
_____	$	
_____	$	

FINANCIAL STATEMENT SCHEDULE A

TOTAL MONTHLY EXPENSES

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(d) of CJ-D 301-S.

NATURE OF SELF-EMPLOYMENT OR BUSINESS

1. Is this business seasonal in nature? ☐ Yes ☐ No

2. If 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		

3. State whether your business accounts on a 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	$ _____
Motor Vehicle and Travel	$ _____
Insurance	$ _____
Cleaning and maintenance	$ _____
Commissions	$ _____
Interest on mortgage to banks	$ _____
Other interest (specify):	
_____	$ _____
_____	$ _____
Legal and professional services	$ _____
Repairs	$ _____
Supplies	$ _____
Taxes	$ _____
Utilities	$ _____
Wages	$ _____
Other expenses: (specify):	
_____	$ _____
_____	$ _____
TOTAL ANNUAL EXPENSES	

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(n) of CJ-D 301-S

FINANCIAL STATEMENT SCHEDULE B

Name: _____ Docket No. _____

RENT FROM INCOME PRODUCING PROPERTY

ANNUAL RENT RECEIVED | |

ANNUAL RENTAL EXPENSES

Advertising	$ _____
Motor Vehicle and Travel	$ _____
Insurance	$ _____
Cleaning and maintenance	$ _____
Commissions	$ _____
Interest on mortgage to banks	$ _____
Other interest (specify):	
_____	$ _____
_____	$ _____
Legal and professional services	$ _____
Repairs	$ _____
Supplies	$ _____
Taxes	$ _____
Utilities	$ _____
Wages	$ _____
Other expenses: (specify):	
_____	$ _____
_____	$ _____
TOTAL ANNUAL EXPENSES	

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(n) of CJ-D 301-S

FINANCIAL STATEMENT SCHEDULE B

Name: _____ Docket No. _____

RENT FROM INCOME PRODUCING PROPERTY

ANNUAL RENT RECEIVED | |

ANNUAL RENTAL EXPENSES

Advertising	$ _____
Motor Vehicle and Travel	$ _____
Insurance	$ _____
Cleaning and maintenance	$ _____
Commissions	$ _____
Interest on mortgage to banks	$ _____
Other interest (specify):	
_____	$ _____
_____	$ _____
Legal and professional services	$ _____
Repairs	$ _____
Supplies	$ _____
Taxes	$ _____
Utilities	$ _____
Wages	$ _____
Other expenses: (specify):	
_____	$ _____
_____	$ _____
TOTAL ANNUAL EXPENSES	

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(n) of CJ-D 301-S

FINANCIAL STATEMENT SCHEDULE B

Name: _____ Docket No. _____

RENT FROM INCOME PRODUCING PROPERTY

ANNUAL RENT RECEIVED | |

ANNUAL RENTAL EXPENSES

Advertising	$ _____
Motor Vehicle and Travel	$ _____
Insurance	$ _____
Cleaning and maintenance	$ _____
Commissions	$ _____
Interest on mortgage to banks	$ _____
Other interest (specify):	
_____	$ _____
_____	$ _____
Legal and professional services	$ _____
Repairs	$ _____
Supplies	$ _____
Taxes	$ _____
Utilities	$ _____
Wages	$ _____
Other expenses: (specify):	
_____	$ _____
_____	$ _____
TOTAL ANNUAL EXPENSES	

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(n) of CJ-D 301-S

EXPLANATORY NOTES

TO FINANCIAL STATEMENT OF

#	*Explanation of Notation*
1	
2	
2	