Commonwealth of Massachusetts

Division _____ The Trial Court Docket No. _____

Probate and Family Court Department

FINANCIAL STATEMENT

(Long Form)

INSTRUCTIONS: If your income is less than $75,000.00 annually, you must complete the SHORT FORM financial statement, unless otherwise ordered by the Court.

_____ v. _____

Plaintiff / Petitioner Defendant / Petitioner

I. 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 _____

II. 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)	
	_____	$ _____
	TOTAL WEEKLY INCOME FROM ATTACHED ADDITIONAL SCHEDULE, IF ANY	$ _____
	r) Total Gross Weekly Income/Receipts (add items a-q)	$ _____

Commonwealth of Massachusetts

Division _____ The Trial Court Docket No. _____

Probate and Family Court Department

FINANCIAL STATEMENT

(Long Form)

III. WEEKLY DEDUCTIONS FROM GROSS INCOME

TAX WITHHOLDING

a) Federal tax withholding / estimated payments $ _____

Number of withholding allowances claimed _____

b) State tax withholding / 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 $ _____

l) Savings $ _____

m) Deferred Compensation $ _____

n) Credit Union (Loan) $ _____

o) Credit Union (Savings) $ _____

p) Charitable Contributions $ _____

q) Life Insurance $ _____

r) Other (specify) _____ $ _____

_____ $ _____

_____ $ _____

s) Total Gross Weekly Deductions from Pay (add items a-r) $ _____

IV. 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 = $ _____

V. GROSS 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 _____

Commonwealth of Massachusetts

Division _____ The Trial Court Docket No. _____

Probate and Family Court Department

FINANCIAL STATEMENT

(Long Form)

VI. WEEKLY EXPENSES NOT DEDUCTED FROM PAY

Rent	$ _____
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	$ _____
Dry Cleaning	$ _____
Clothing	$ _____
Life Insurance	$ _____
Medical Insurance	$ _____
Dental Insurance	$ _____
Vision Insurance	$ _____
Uninsured Medical	$ _____
Uninsured Dental	$ _____
Motor Vehicle Expenses	$ _____
Fuel	$ _____
Insurance	$ _____
Maintenance Fees	$ _____
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	$ _____
Education (self)	$ _____

Commonwealth of Massachusetts

Division _____ The Trial Court Docket No. _____

Probate and Family Court Department

FINANCIAL STATEMENT

(Long Form)

Employment related expenses (which are not reimbursed)

Uniforms	$ _____
Travel	$ _____
Required continuing education	$ _____
Other (specify) _____	$ _____
Lottery Tickets	$ _____
Charitable Contributions	$ _____
Child(ren)'s Allowance	$ _____
Extraordinary travel expenses for visitation with child(ren)	$ _____
Other (specify) _____	$ _____
TOTAL WEEKLY PAYMENT FOR LIABILITIES FROM PAGE 8	$ _____
TOTAL WEEKLY EXPENSES FROM ATTACHED ADDITIONAL SCHEDULE, IF ANY	$ _____
TOTAL WEEKLY EXPENSES NOT DEDUCTED FROM PAY	$ _____

VII. COUNSEL FEES

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

VIII. ASSETS

INSTRUCTIONS: If additional space is needed for any answer or to disclose additional assets not listed below, please attach additional pages.

A. REAL ESTATE

Real Estate - Primary Residence

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

Title held in name of _____

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

Commonwealth of Massachusetts

Division _____ The Trial Court Docket No. _____

Probate and Family Court Department

FINANCIAL STATEMENT

(Long Form)

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

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

Title held in name of _____

Purchase Price of the Property $ _____

Year of Purchase _____

Current Assessed Value of the Property $ _____

Date of Last Assessment _____

Fair Market Value of the Property $ _____

Outstanding 1st mortgage - $ _____

Outstanding 2nd mortgage or home equity loan - $ _____

Equity = $ _____

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

Type _____

Make _____

Model _____

Purchase Price of Vehicle $ _____

Year of Purchase _____

Fair Market Value $ _____

Outstanding Loan(s) - $ _____

Equity = $ _____

Type _____

Make _____

Model _____

Purchase Price of Vehicle $ _____

Year of Purchase _____

Fair Market Value $ _____

Outstanding Loan(s) - $ _____

Equity = $ _____

C. PENSIONS

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

Commonwealth of Massachusetts

Division _____ The Trial Court Docket No. _____

Probate and Family Court Department

FINANCIAL STATEMENT

(Long Form)

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).

	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)				$
				$

Commonwealth of Massachusetts

Division _____ The Trial Court Docket No. _____

Probate and Family Court Department

FINANCIAL STATEMENT

(Long Form)

	Institution	Account Number	Listed Beneficiary	Current Balance / Value
U.S. Savings Bond(s)				$
				$
IRAs				$
				$
Keough				$
				$
Profit Sharing				$
				$
Deferred Compensation				$
				$
Other Retirement Plans				$
				$
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)				$
				$
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)				$

TOTAL ASSETS (INCLUDING FROM ATTACHED ADDITIONAL SCHEDULES, IF ANY) $

Commonwealth of Massachusetts

Division _____ The Trial Court Docket No. _____

Probate and Family Court Department

FINANCIAL STATEMENT

(Long Form)

IX. **LIABILITIES:** List loans, credit card debt, consumer debt, installment debt, etc., which are NOT listed elsewhere.

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

TOTAL LIABILITIES (INCLUDING FROM ATTACHED ADDITIONAL SCHEDULE, IF ANY)	$	$

Commonwealth of Massachusetts

Division _____ The Trial Court Docket No. _____

Probate and Family Court Department

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 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 _____ 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 of Attorney)

_____

(Print name)

_____

(Street address)

_____ _____ _____

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

Telephone: _____

B.B.O. #: _____

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

Name: _____ Docket No. _____

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

	SOURCE	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 ADDITIONAL GROSS WEEKLY INCOME / RECEIPTS [ ]

ADDITIONAL WEEKLY EXPENSES - LONG FORM (Section VI., continued)

Name: _____ Docket No. _____

VI. 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 (REALTY) - LONG FORM (Section VIII., continued)

Name: ______________________ Docket No. ______________

<u>Real Estate - Other</u>

Address ______________________ ______________ ________
(Street address) (City / Town) (State)

Title held in name of ______________________________

Purchase Price of the Property $ __________

Year of Purchase __________

Current Assessed Value of the Property $ __________

Date of Last Assessment __________

Fair Market Value of the Property $ __________

Outstanding 1st mortgage - $ __________

Outstanding 2nd mortgage or home equity loan - $ __________

Equity = $ __________

<u>Real Estate - Other</u>

Address ______________________ ______________ ________
(Street address) (City / Town) (State)

Title held in name of ______________________________

Purchase Price of the Property $ __________

Year of Purchase __________

Current Assessed Value of the Property $ __________

Date of Last Assessment __________

Fair Market Value of the Property $ __________

Outstanding 1st mortgage - $ __________

Outstanding 2nd mortgage or home equity loan - $ __________

Equity = $ __________

<u>Real Estate - Other</u>

Address ______________________ ______________ ________
(Street address) (City / Town) (State)

Title held in name of ______________________________

Purchase Price of the Property $ __________

Year of Purchase __________

Current Assessed Value of the Property $ __________

Date of Last Assessment __________

Fair Market Value of the Property $ __________

Outstanding 1st mortgage - $ __________

Outstanding 2nd mortgage or home equity loan - $ __________

Equity = $ __________

ADDITIONAL ASSETS (REALTY) (2) - LONG FORM (Section VIII., continued)

Name: ______________________ Docket No. ______________________

Real Estate - Other

Address ______________________ (Street address) ______________ (City / Town) ________ (State)

Title held in name of ______________________________

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

Real Estate - Other

Address ______________________ (Street address) ______________ (City / Town) ________ (State)

Title held in name of ______________________________

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

Real Estate - Other

Address ______________________ (Street address) ______________ (City / Town) ________ (State)

Title held in name of ______________________________

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

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

Name: ______________________ Docket No. ______________

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

Type ______________________
Make ______________________
Model ______________________
Purchase Price of Vehicle $ __________
Year of Purchase __________
Fair Market Value $ __________
Outstanding Loan(s) - $ __________
Equity = $ __________

Type ______________________
Make ______________________
Model ______________________
Purchase Price of Vehicle $ __________
Year of Purchase __________
Fair Market Value $ __________
Outstanding Loan(s) - $ __________
Equity = $ __________

Type ______________________
Make ______________________
Model ______________________
Purchase Price of Vehicle $ __________
Year of Purchase __________
Fair Market Value $ __________
Outstanding Loan(s) - $ __________
Equity = $ __________

Type ______________________
Make ______________________
Model ______________________
Purchase Price of Vehicle $ __________
Year of Purchase __________
Fair Market Value $ __________
Outstanding Loan(s) - $ __________
Equity = $ __________

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

Name: ______________________________ Docket No. ____________________

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

Type ______________________________
Make ______________________________
Model ______________________________
Purchase Price of Vehicle $ ____________
Year of Purchase ____________________
Fair Market Value $ ____________
Outstanding Loan(s) - $ ____________
Equity = $ ____________

Type ______________________________
Make ______________________________
Model ______________________________
Purchase Price of Vehicle $ ____________
Year of Purchase ____________________
Fair Market Value $ ____________
Outstanding Loan(s) - $ ____________
Equity = $ ____________

Type ______________________________
Make ______________________________
Model ______________________________
Purchase Price of Vehicle $ ____________
Year of Purchase ____________________
Fair Market Value $ ____________
Outstanding Loan(s) - $ ____________
Equity = $ ____________

Type ______________________________
Make ______________________________
Model ______________________________
Purchase Price of Vehicle $ ____________
Year of Purchase ____________________
Fair Market Value $ ____________
Outstanding Loan(s) - $ ____________
Equity = $ ____________

ADDITIONAL ASSETS (OTHER) - LONG FORM (Section VIII., continued)

Name: ______________________________ Docket No. ____________________

	Institution	Account Number	Listed Beneficiary	Current Balance / Value
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
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				$
				$
				$
				$
				$
				$
				$

ADDITIONAL LIABILITIES - LONG FORM (Section IX., continued)

Name: _____ Docket No. _____

CREDITOR	NATURE OF DEBT	DATE INCURRED	AMOUNT DUE	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 | |

EXPLANATORY NOTES

TO FINANCIAL STATEMENT OF

#	*Explanation of Notation*
1	
2	
3	
4	