

**Commonwealth of Massachusetts
The Trial Court
Juvenile Court Department**

Division _____

Docket No. _____

**FINANCIAL STATEMENT
(SHORT FORM)**

v

Plaintiff

Defendant

Instructions: If your income equals or exceeds \$75,000.00 you must complete the **LONG FORM** financial statement, unless otherwise ordered by the Court. All questions on both sides of this form must be answered in full or the word "none" inserted. If additional space is needed for any answer, an attached sheet may be filed in addition to, but not in lieu of, the answer.

1.	Gross Weekly Income		
	a) Base pay from salary, wages	\$ _____	
	b) Self Employment Income (attach a completed Schedule A)	\$ _____	
	c) Income from overtime-commissions-tips-bonuses-part-time job	\$ _____	
	d) Dividends - Interest	\$ _____	
	e) Income from trusts or annuities	\$ _____	
	f) Pensions and retirement funds	\$ _____	
	h) Disability, unemployment insurance or worker's compensation	\$ _____	
	i) Public Assistance (welfare, A.F.D.C. payments)	\$ _____	
	j) Rental from Income Producing Property (attach a completed Schedule B)	\$ _____	
	k) All other sources (including child support, alimony)	\$ _____	
l) Total Gross Weekly Income (a through k)		\$ _____	
2.	Itemize Deductions from Gross Income		
	a) Federal income tax deductions (claiming _____ exemptions)	\$ _____	
	b) State income tax deductions (claiming _____ exemptions)	\$ _____	
	c) F.I.C.A./Medicare	\$ _____	
	d) Medical Insurance	\$ _____	
	e) Union Dues	\$ _____	
f) Total Deductions (a through e)		\$ _____	
3.	Adjusted Net Weekly Income		
	2(l) minus 2(f)	\$ _____	
4.	Other Deductions from Salary		
	a) Credit Union (Loan Repayment or Savings)	\$ _____	
	b) Savings	\$ _____	
	c) Retirement	\$ _____	
	d) Other - Specify (such as Deferred Compensation or 401(K)_____	\$ _____	
e) Total Deductions (a through d)		\$ _____	
5.	Net Weekly Income		
	3 minus 4(e)	\$ _____	
6.	Gross Yearly Income Prior Year		
	(attach copy of all W-2 and 1099 forms per prior year)		\$ _____
7.	Weekly Expenses (Do Not Duplicate Weekly Expenses - Strike Inapplicable Words)		
	a) Rent-Mortgage (PIT) \$ _____	g) Water/Sewer \$ _____	
	b) Homeowner/Tenant Insurance \$ _____	h) Food \$ _____	
	c) Maintenance and Repair \$ _____	i) Uninsured Medicals \$ _____	
	d) Heat (Type_____) \$ _____	j) House Supplies \$ _____	
	e) Electricity and/or Gas \$ _____	k) Laundry and Cleaning \$ _____	
	f) Telephone \$ _____	l) Clothing \$ _____	

m) Life Insurance	\$ _____	q) Motor Vehicle Loan	\$ _____
n) Medical Insurance	\$ _____	r) Child Care	\$ _____
o) Incidentals and Toiletries	\$ _____	s) Other (specify)	\$ _____
p) Motor Vehicle Expenses	\$ _____		\$ _____
Total Weekly (a through s)			\$ _____

8. 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 expenses to prosecute action \$ _____ to \$ _____	

9. Assets (Attach additional schedule for additional real estate and other assets, if necessary)	
a) Real Estate Location _____ Title held by _____ Fair market value \$ _____ - Mortgage \$ _____ = Equity	\$ _____
b) IRA, Keogh, Pension, Profit Sharing, Other Retirement Plans _____	\$ _____
_____	\$ _____
c) Tax Deferred Annuity Plan(s) _____	\$ _____
d) Life Insurance: Present Cash Value _____	\$ _____
e) Savings & Checking Accounts, Money Market Accounts and CDs - 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 Financial Institution Name and Account Numbers _____ _____	\$ _____
f) Motor Vehicles Fair Market Value \$ _____ Motor Vehicle Loan \$ _____ = Equity Fair Market Value \$ _____ Motor Vehicle Loan \$ _____ = Equity	\$ _____
g) Other (such as - stocks, bonds, collections) _____ _____ _____	\$ _____
h) Total Assets (a through g)	\$ _____

11.	Liabilities: Creditor	Nature of Debt	Date of Origin	Amount Due	Weekly Payment
a)				\$	\$
b)					
c)					
d)	Total Amount Due and Total Weekly Payment			\$	\$

12. Number of Years you have paid Social Security _____ years

I certify under the penalties of perjury that my income and expenses, assets, and liabilities as stated herein are true to the best of my knowledge and belief. I have carefully read this financial statement and I certify the information is true and complete.
Signature _____ Date _____

STATEMENT OF ATTORNEY

I, the undersigned attorney, am admitted to practice law in the Commonwealth of Massachusetts - am admitted *pro hac 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.

Attorney's Signature _____ Date _____
Address _____ Telephone No. (_____) _____
B.B.O. No. _____

WRITE "NONE" ON ANY LINE THAT DOES NOT APPLY TO YOU.
DO NOT LEAVE ANY LINES BLANK