

8 **Weekly Expenses** (Do Not Duplicate Weekly Expenses - Strike Inapplicable Words)

- | | | | |
|---------------------------------|----------|---|----------|
| a) Rent -Mortgage (PM) | \$ _____ | 1) Life Insurance | \$ _____ |
| b) Homeowner's/Tenant Insurance | \$ _____ | m) Medical Insurance | \$ _____ |
| c) Maintenance and Repair | \$ _____ | n) Uninsured Medicals | \$ _____ |
| d) Heat (Type _____) | \$ _____ | o) Incidentals and Toiletries | \$ _____ |
| e) Electricity and/or Gas | \$ _____ | p) Motor Vehicle Expenses | \$ _____ |
| 0 Telephone | \$ _____ | q) Motor Vehicle Loan Payment | \$ _____ |
| g) Water/Sewer | \$ _____ | r) Child Care | \$ _____ |
| h) Food | \$ _____ | s) Other (attach additional schedule, if necessary) | \$ _____ |
| i) House Supplies | \$ _____ | | \$ _____ |
| j) Laundry and Cleaning | \$ _____ | | \$ _____ |
| k) Clothing | \$ _____ | | \$ _____ |

Total **Weekly Expenses** (a through s) \$ _____

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 prosecute this action \$ _____ to \$ _____

10. **Assets** (Attach additional schedule for additional real estate and other assets, if necessary)

- a) Real Estate _____
 Location _____
 Title _____
 Fair Market Value \$ _____ - Mortgage(s) \$ _____ = Equity \$ _____
- b) IRA, Keough, Pension, Profit Sharing, Other Retirement Plans
List Financial Institution or Plan Names and Account Numbers
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____
- 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 Names 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** (DO NOT list weekly expenses but DO list all liabilities)

	Creditor	Nature of Debt	Date of Origin	Amount Due	Weekly Payment
a)					
b)					
c)					
d)					
e)	Total Amount Due and Total Weekly, Payment		\$ _____	\$ _____	

12. **Number of Years you have paid to 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.
 Date _____ Signature _____

STATEMENT BY ATTORNEY

1, 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.

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