

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 _____ Social Security Number _____

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

Telephone Number (_____) _____ Date of Birth _____ Age _____

Occupation _____

Employer _____ Employers Telephone Number (____) _____

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

Do you have health insurance coverage Yes No If yes name of health insurance provider _____

Do you have any natural, adopted, stepchild(ren), foster child(ren) or children of partners who are living in your household half time or more

Yes No If so how many child(ren)? _____

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

- a) Base pay 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) Income from trusts and annuities _____
- i) Pension and retirement funds _____
- J) Social Security _____
- k) Disability unemployment or workers compensation _____
- l) Public Assistance _____
- m) Child Support Alimony (actually received) _____
- n) Rental income (attach completed Schedule 5) _____
- o) Royalties and other rights _____
- p) Contributions from household member(s) _____
- q) Other (specify) _____

TOTAL GROSS WEEKLY INCOME/RECEIPTS (Add items a q) _____

III. WEEKLY DEDUCTIONS FROM GROSS INCOME

TAX WITHHOLDING

- a) Federal tax with holding/estimated payments _____
Number of withholding allowances claimed _____
- b) State tax with holding/estimated payments _____
Number of withholding allowances claimed _____

OTHER DEDUCTIONS

- c) FICA _____
- d) Medicare _____
- e) Medical Insurance _____
- f) Union Dues _____
- g) Child Support _____
- h) Spousal Support _____
- i) Retirement _____
- j) Savings _____
- k) Deferred Compensation _____
- l) Credit Union (Loan) _____
- m) Credit Union (Savings) _____
- n) Charitable Contributions _____
- o) Life Insurance _____
- p) Other (specify) _____
- q) Other (specify) _____
- r) Other (specify) _____

TOTAL WEEKLY DEDUCTIONS FROM PAY (Add items a-r) _____

IV. NET WEEKLY INCOME

- a) Enter total gross weekly income/receipts _____
- b) Enter total weekly deductions from pay _____

NET WEEKLY INCOME (Subtract IV(b) from IV(a)) _____

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) _____

Legal fees incurred to date against the retainer(s) _____

Anticipated range of total legal expense to prosecute this action _____ to _____

VII. WEEKLY EXPENSES NOT DEDUCTED FROM

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	_____
Mortgage (P & I Taxes Insurance if escrowed)	_____
Property taxes and assessments	_____
Homeowners Insurance	_____
Tenants Insurance	_____
Maintenance Fees Condominium Fees	_____
Maintenance/Repairs	_____
Heat (type _____)	_____
Electricity	_____
Propane/Natural Gas	_____
Telephone	_____
Water/Sewer	_____
Food	_____
House Supplies	_____
Laundry	_____
Dry cleaning	_____
Clothing	_____
Life insurance	_____
Medical insurance	_____
Uninsured medical dental expenses	_____
Incidentals/toiletries	_____
Motor vehicle expenses	_____
Fuel	_____
Insurance	_____
Maintenance	_____
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)	_____
Employment related expenses (which are not reimbursed)	_____
Uniforms	_____
Travel	_____
Required continuing education	_____
Other (specify) _____	_____
Lottery tickets	_____
Charitable contributions/Church giving	_____
Child(ren) s allowance	_____
Extraordinary travel expenses for visitation with child(ren)	_____
Other (specify) _____	_____
Other (specify) _____	_____
Other (specify) _____	_____
TOTAL WEEKLY EXPENSES NOT DEDUCTED FROM PAY	_____

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 filed.

A. REAL ESTATE

Real Estate - Primary Residence

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

Title held _____

Outstanding 1st mortgage _____

Outstanding 2nd mortgage or home equity loan _____

Equity _____

Purchase Price of the Property _____

Year of Purchase _____

Current Assessed Value of the Property _____

Date of Last Assessment _____

Fair Market Value of the Property _____

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

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

Title held _____

Outstanding 1st mortgage _____

Outstanding 2nd mortgage or home equity loan _____

Equity _____

Purchase Price of the Property _____

Year of Purchase _____

Current Assessed Value of the Property _____

Date of Last Assessment _____

Fair Market Value of the Property _____

5. **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 _____

Equity _____

Type _____

Make _____

Model _____

Purchase Price of vehicle _____

Year of Purchase _____

Fair Market Value _____

Outstanding Loan _____

Equity _____

VIII ASSETS CONTINUED
C PENSIONS

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

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)				
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)				

	Institution	Account Number	Listed Beneficiary	Current Balance
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 (value)				
Art and Antiques				
Other (specify _____)				
Other (specify _____)				

TOTAL ASSETS

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 _____ 200_____

_____ 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 # _____