

List the county where you filed the divorce case.

Commonwealth of Massachusetts  
The Trial Court  
Probate and Family Court Department

The clerk will assign a docket number to your case when you file the Complaint. List the docket number if you know it.

Division Suffolk

Docket No. 21D-1234

FINANCIAL STATEMENT  
(Short Form)

**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.

Victor Veteran  
Plaintiff/Petitioner

v.

Samantha Spouse  
Defendant/Petitioner

1. PERSONAL INFORMATION

If you are the one filing for divorce you are the Plaintiff and your spouse is the Defendant.

Your Name Victor Veteran Social Security No. xxx-xx-3456

Address 123 Main Street Boston MA 02111  
(Street address) (City/Town) (State) (Zip)

Tel. No. 555-123-4567 Date of Birth 10/01/1975 No. of children living with you 0

Occupation none (disabled) Employer n/a

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

Tel. No. n/a Do you have health insurance coverage?  Yes  No

if yes, name of health insurance provider Department of Veterans Affairs

2. GROSS WEEKLY INCOME/RECEIPTS FROM ALL SOURCES

Remember to divide monthly income amounts by 4.3 to convert them to weekly amounts.

a) Base pay from  Salary  Wages \$ .00

b) Overtime \$ .00

c) Part-time job \$ .00

d) Self-employment (attach a completed schedule A) \$ .00

e) Tips \$ .00

f)  Commissions  Bonuses \$ .00

g)  Dividends  Interest \$ .00

h)  Trusts  Annuities \$ .00

i)  Pensions  Retirement funds \$ .00

j) Social Security \$ 350.00 (SSDI)

k)  Disability  Unemployment insurance  Worker's compensation \$ 407.00 (VA disability)

l) Public Assistance (e.g. welfare, TAFDC, SNAP) (not included in gross income for child support) \$ .00

m)  Child Support  Alimony (actually received) \$ .00

n) Rental from income producing property (attach a completed Schedule B) \$ .00

o) Royalties and other rights \$ .00

p) Contributions from household member(s) \$ .00

q) Other (specify) \$ .00

\$ .00

\$ .00

r) Total Gross Weekly Income/Receipts (add items a-q) \$ 757.00

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

Division Suffolk

Docket No. 21D-1234

**3. ITEMIZED DEDUCTIONS FROM GROSS INCOME**

a) Federal income tax deductions (claiming <u>0</u> exemptions)	\$ <u>.00</u>
b) State income tax deductions (claiming <u>0</u> exemptions)	\$ <u>.00</u>
c) F.I.C.A. and Medicare	\$ <u>.00</u>
d) Medical Insurance	\$ <u>.00</u>
e) Union Dues	\$ <u>.00</u>
<b>f) Total Deductions (a through e)</b>	<b>\$ <u>.00</u></b>

If you have deductions on your paystub list them here.

**4. ADJUSTED NET WEEKLY INCOME** 2(r) minus 3(f) \$ 757.00

**5. OTHER DEDUCTIONS FROM SALARY/WAGES**

a) Credit Union <input type="checkbox"/> Loan repayment <input type="checkbox"/> Savings	\$ <u>.00</u>
b) Savings	\$ <u>.00</u>
c) Retirement	\$ <u>.00</u>
d) Other-Specify (i.e. Child Support, Deferred Compensation or 401K) _____	\$ <u>.00</u>
<b>e) Total Deductions (a through d)</b>	<b>\$ <u>.00</u></b>

**6. NET WEEKLY INCOME** 4 minus 5(e) \$ 757.00

**7. GROSS YEARLY INCOME FROM PRIOR YEAR** \$ 40,000.00  
 (attach copy of all W-2 and 1099 forms for prior year)

**Number of Years you have paid into Social Security** 30

**8. WEEKLY EXPENSES**

Remember to divide by 4.3 to convert monthly expenses to weekly.

a) Rent or Mortgage (PIT) <u>\$ 405.00</u>	l) Life Insurance <u>\$ .00</u>
b) Homeowners/Tenant Insurance <u>\$ 35.00</u>	m) Medical Insurance <u>\$ .00</u>
c) Maintenance and Repair <u>\$ .00</u>	n) Uninsured Medicals <u>\$ 10.00</u>
d) Heat <u>\$ 10.00</u>	o) Incidentals and Toiletries <u>\$ 15.00</u>
e) Electricity and/or Gas <u>\$ 10.00</u>	p) Motor Vehicle Expenses <u>\$ 20.00</u>
f) Telephone <u>\$ 15.00</u>	q) Motor Vehicle Payment <u>\$ 50.00</u>
g) Water/Sewer <u>\$ .00</u>	r) Child Care <u>\$ 25.00</u>
h) Food <u>\$ 100.00</u>	s) Other (explain) _____
i) House Supplies <u>\$ 10.00</u>	_____
j) Laundry and Cleaning <u>\$ 5.00</u>	_____
k) Clothing <u>\$ 5.00</u>	
<b>t) Total Weekly Expenses (a through s)</b>	<b>\$ <u>715.00</u></b>

**9. COUNSEL FEES**

a) Retainer amount(s) paid to your attorney(s)	If you previously paid for a lawyer for this case but no longer are using their services list the amount you paid here. If you have not paid a lawyer put 0.	\$ <u>.00</u>
b) Legal fees incurred, to date, against retainer(s)		\$ <u>.00</u>
c) Anticipated range of total legal expense to litigate this action	\$ <u>.00</u> to	\$ <u>.00</u>

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

Division Suffolk

Docket No. 21D-1234

**10. ASSETS** (attach additional sheet if necessary)

a) Real Estate

Location none If you own real estate list it here. If you rent your home and do not own any other real estate put none.

Title held in the name of \_\_\_\_\_

Fair Market Value \$ \_\_\_\_\_ - Mortgage \$ \_\_\_\_\_ = Equity \$ \_\_\_\_\_

b) Motor Vehicles

Fair Market Value \$ 25,000.00 - Motor Vehicle Loan \$ 15,000.00 = Equity \$ 10,000.00

Fair Market Value \$ \_\_\_\_\_ - Motor Vehicle Loan \$ \_\_\_\_\_ = Equity \$ \_\_\_\_\_

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

Financial Institution or Plan Name and Account Number

USAA, Roth IRA, account XXXX789 \$ 5,000.00

\_\_\_\_\_  
\$ \_\_\_\_\_

\_\_\_\_\_  
\$ \_\_\_\_\_

d) Tax Deferred Annuity Plan(s)

\_\_\_\_\_  
\$ .00

e) Life Insurance: Present Cash Value

\_\_\_\_\_  
\$ .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

USAA, Checking, account XXX123 \$ 500.00

\_\_\_\_\_  
\$ \_\_\_\_\_

\_\_\_\_\_  
\$ \_\_\_\_\_

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

None \$ .00

\_\_\_\_\_  
\$ \_\_\_\_\_

**h) Total Assets** (a through g) \$ 15,500.00

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

	Creditor	Nature of Debt	Date Incurred	Amount Due	Weekly Payment
a)	Navy Federal Credit Un	credit card	2018 - present	\$5,000.00	\$50.00
b)	Capital One	credit card	2019 - present	\$2,500.00	\$20.00
c)				\$	\$
d)				\$	\$

List all of your debts here, except car loans listed above. Attach an additional page with this information if you need more space. e) Total Liabilities

Commonwealth of Massachusetts  
The Trial Court  
Probate and Family Court Department

Division Suffolk

Docket No. 21D-1234

FINANCIAL STATEMENT  
(Short Form)

**CERTIFICATION**

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.

Date 01/20/2021

Signature \_\_\_\_\_

Remember you are signing this form under the pains and penalties of perjury. It is important that it is complete and correct to the best of your knowledge!

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 \_\_\_\_\_

None \_\_\_\_\_

(Signature of attorney)

\_\_\_\_\_  
(Print name)

\_\_\_\_\_  
(Street address)

\_\_\_\_\_  
(City/Town)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip)

Tel. No. \_\_\_\_\_

B.B.O. # \_\_\_\_\_