

Commonwealth of Massachusetts
The Trial Court
Probate and Family Court Department
Financial Statement
(SHORT FORM)

Middlesex Division

Docket No. _____

Plaintiff/Petitioner v. _____
Defendant/ Petitioner

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. Information contained herein is confidential and only available to the parties and persons authorized under Probate and Family Court Department Supplemental Rule 401.

1. Your Name _____ Soc. Sec. No. _____
Address _____
(street and no.) (city or town) (state) (zip)
Age _____ Tel. No. (_____) _____ No. of Children living with you _____
Occupation _____ Employer _____
Employers Address _____
(street and no.) (city or town) (state) (zip)
Employers Tel. No. (_____) _____ Health Ins. Coverage YES NO
Health Insurance Provider _____ Cert. No. _____

2. Gross Weekly Income from All Sources (strike inapplicable words)

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 _____	\$	
g). Social Security _____	\$	
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) _____	\$	
1). Total Gross <u>Weekly</u> Income (a through k)	\$	

3. 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)	\$	

4. Adjusted Net Weekly Income

2 (1) minus 3 (f) _____ \$ _____

5. 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)	\$	

6. Net Weekly Income 4 minus 5 (e) \$ _____

7. Gross Yearly Income from Prior Year _____ \$ _____

(attach copy of all W-2 and 1099 forms for prior year)