Commonwealth of Massachusetts

Docket No.

The Trial Court

Division

Probate and Family Court Department

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.

		Bolondani	/Petitioner
ERSONAL INFORMATION			
our Name		Social Security No.	
ddress			
el. No Date of Birth		(City/Town)	(State) (Zip)
			ving with you
mployer's Address(Street address)		(City/Town)	(State) (Zip)
el. No	_ Do you have he	ealth insurance coverage?	☐ Yes ☐ No
yes, name of health insurance provider			
ROSS WEEKLY INCOME/RECEIPTS FROM ALL	SOURCES		
) Base pay from Salary Wages	555K525		\$
Overtime			\$
) Part-time job			\$
) Self-employment (attach a completed schedule A)			\$
) Tips			\$
Commissions Bonuses			\$
) Dividends Interest			\$
Trusts Annuities			\$
Pensions Retirement funds			\$
Social Security			\$
) Disability Unemployment insurance Wo	orker's compensation		\$
Public Assistance (welfare, A.F.D.C. payments)			\$
Child Support			\$
Rental from income producing property (attach a complete)	leted Schedule B)		\$
) Royalties and other rights			\$
) Contributions from household member(s)			\$
Other (specify)			
			\$
			\$

Division

Commonwealth of Massachusetts The Trial Court Probate and Family Court Department FINANCIAL STATEMENT

(Short Form)

Docket No.	

a) Federal income tax deductions (claiming exemptions) \$ \$ b) State income tax deductions (claiming exemptions) \$ \$ c) F.I.C.A. and Medicare d) Medical Insurance e) Union Dues f) Total Deductions (a through e) 5 A ADJUSTED NET WEEKLY INCOME 2(r) minus 3(f) 5 OTHER DEDUCTIONS FROM SALARY/WAGES a) Credit Union Loan repayment Savings b) Savings c) Retirement d) Other-Specify (i.e. Child Support, Deferred Compensation or 401K) e) Total Deductions (a through d) 5 NET WEEKLY INCOME 4 minus 5(e) 5 CROSS YEARLY INCOME 4 minus 5(e) 5 CROSS YEARLY INCOME 5 D) Homeowners Tenant Insurance D) Hontor Vehicle Expenses D) Hotor Vehi	3.	ITEMIZED DEDUCTIONS FF	ROM GROSS INCOME			
c) F.I.C.A. and Medicare d) Medical Insurance e) Union Dues f) Total Deductions (a through e) \$ 4. ADJUSTED NET WEEKLY INCOME 2(r) minus 3(f) 5. OTHER DEDUCTIONS FROM SALARY/WAGES a) Credit Union		a) Federal income tax deduction	s (claiming	exemptions)	\$	
d) Medical Insurance e) Union Dues f) Total Deductions (a through e) \$ 4. ADJUSTED NET WEEKLY INCOME 2(n minus 3(f) \$ 5. OTHER DEDUCTIONS FROM SALARY/WAGES a) Credit Union		b) State income tax deductions (claiming	exemptions)	\$	
e) Union Dues f) Total Deductions (a through e) \$ 4. ADJUSTED NET WEEKLY INCOME 2(r) minus 3(f) \$ 5. OTHER DEDUCTIONS FROM SALARY/WAGES a) Credit Union		c) F.I.C.A. and Medicare			\$	
f) Total Deductions (a through e) 4. ADJUSTED NET WEEKLY INCOME 2(r) minus 3(f) 5. OTHER DEDUCTIONS FROM SALARY/WAGES a) Credit Union		d) Medical Insurance			\$	
f) Total Deductions (a through e) 4. ADJUSTED NET WEEKLY INCOME 2(r) minus 3(f) 5. OTHER DEDUCTIONS FROM SALARY/WAGES a) Credit Union		e) Union Dues			\$	
5. OTHER DEDUCTIONS FROM SALARY/WAGES a) Credit Union		•	f) Total Deductions (a th	rough e)	\$	
a) Credit Union	4.	ADJUSTED NET WEEKLY	NCOME 2(r) minus 3(f)		\$	
b) Savings c) Retirement d) Other-Specify (i.e. Child Support, Deferred Compensation or 401K) e) Total Deductions (a through d) 6. NET WEEKLY INCOME 4 minus 5(e) 5. GROSS YEARLY INCOME FROM PRIOR YEAR (attach copy of all W-2 and 1099 forms for prior year) Number of Years you have paid into Social Security 8. WEEKLY EXPENSES a) Rent or Mortage (PIT) b) Homeowners/Tenant Insurance c) Maintenance and Repair d) Heat c) Maintenance and Repair d) Heat c) Incidentals and Toiletries c) Electricity and/or Gas f) Telephone f) Grow S g) Water/Sewer f) Total Weekly Expenses (a through s) f) House Supplies f) Laundry and Cleaning f) Life Insurance f) Child Care f) Prood f) House Supplies f) Laundry and Cleaning f) Life Insurance f) S g) COUNSEL FEES a) Retainer amount(s) paid to your attorney(s) f) Legal fees incurred, to date, against retainer(s)	5.	OTHER DEDUCTIONS FRO	M SALARY/WAGES			
c) Retirement d) Other-Specify (i.e. Child Support, Deferred Compensation or 401K) e) Total Deductions (a through d) 6. NET WEEKLY INCOME 4 minus 5(e) 5. GROSS YEARLY INCOME FROM PRIOR YEAR (attach copy of all W-2 and 1099 forms for prior year) Number of Years you have paid into Social Security 8. WEEKLY EXPENSES a) Rent or Mortage (PIT) b) Homeowners/Tenant Insurance c) m) Medical Insurance c) Maintenance and Repair d) Heat c) Incidentals and Toiletries c) Incidentals and Toiletries c) Electricity and/or Gas c) Telephone c) p) Motor Vehicle Expenses c) Telephone c) q) Motor Vehicle Payment c) House Supplies c) House Supplies c) Laundry and Cleaning c) h) Loundry and Cleaning c) h) COUNSEL FEES a) Retainer amount(s) paid to your attorney(s) b) Legal fees incurred, to date, against retainer(s)		a) Credit Union Loan re	epayment Savings		\$	
d) Other-Specify (i.e. Child Support, Deferred Compensation or 401K) e) Total Deductions (a through d) 6. NET WEEKLY INCOME 4 minus 5(e) 5. GROSS YEARLY INCOME FROM PRIOR YEAR (attach copy of all W-2 and 1099 forms for prior year) Number of Years you have paid into Social Security 8. WEEKLY EXPENSES a) Rent or Mortage (PIT) b) Homeowners/Tenant Insurance c) Maintenance and Repair c) Maintenance and Repair c) Heat c) Heat c) Heat c) Holdentals and Toiletries c) Electricity and/or Gas c) Motor Vehicle Expenses c) Tilelphone c) Qi Motor Vehicle Payment c) Motor Vehicle Payment c) House Supplies c) House Supplies c) Juaundry and Cleaning c) S c) Lothing c) COUNSEL FEES a) Retainer amount(s) paid to your attorney(s) c) Legal fees incurred, to date, against retainer(s)		b) Savings			\$	
e) Total Deductions (a through d) 6. NET WEEKLY INCOME 4 minus 5(e) 5. GROSS YEARLY INCOME FROM PRIOR YEAR (attach copy of all W-2 and 1099 forms for prior year) Number of Years you have paid into Social Security 8. WEEKLY EXPENSES a) Rent or Mortage (PIT) b) Homeowners/Tenant Insurance c) Maintenance and Repair d) Heat c) Maintenance and Repair e) Electricity and/or Gas f) Telephone g) Water/Sewer f) Telephone g) Water/Sewer f) Pood f) House Supplies g) Laundry and Cleaning f) Laundry and Cleaning f) 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) Retirement			\$	
e) Total Deductions (a through d) 6. NET WEEKLY INCOME 4 minus 5(e) 5. GROSS YEARLY INCOME FROM PRIOR YEAR (attach copy of all W-2 and 1099 forms for prior year) Number of Years you have paid into Social Security 8. WEEKLY EXPENSES a) Rent or Mortage (PIT) b) Homeowners/Tenant Insurance c) Maintenance and Repair d) Heat c) Maintenance and Repair e) Electricity and/or Gas f) Telephone g) Water/Sewer f) Telephone g) Water/Sewer f) Pood f) House Supplies g) Laundry and Cleaning f) Laundry and Cleaning f) 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)		d) Other-Specify (i.e. Child Supp	port, Deferred Compensation or 401h	<)	\$	
7. GROSS YEARLY INCOME FROM PRIOR YEAR (attach copy of all W-2 and 1099 forms for prior year) Number of Years you have paid into Social Security 8. WEEKLY EXPENSES a) Rent or Mortage (PIT) \$, , , , , , , , , , , , , , , , , , , ,	·	•	\$	
Number of Years you have paid into Social Security 8. WEEKLY EXPENSES a) Rent or Mortage (PIT) \$	6.	NET WEEKLY INCOME	4 minus 5(e)		\$	
8. WEEKLY EXPENSES a) Rent or Mortage (PIT) \$ I) Life Insurance \$ b) Homeowners/Tenant Insurance \$ m) Medical Insurance \$ c) Maintenance and Repair \$ n) Uninsured Medicals \$ d) Heat \$ o) Incidentals and Toiletries \$ e) Electricity and/or Gas \$ p) Motor Vehicle Expenses \$ f) Telephone \$ q) Motor Vehicle Payment \$ g) Water/Sewer \$ r) Child Care \$ h) Food \$ s) Other (explain) i) House Supplies \$ j) Laundry and Cleaning \$ s j) Laundry and Cleaning \$ s j) Laundry and Cleaning \$ s s s s s s s s s	7.				\$	
a) Rent or Mortage (PIT) \$		Number of Years yo	ou have paid into Social Securi	ty		
b) Homeowners/Tenant Insurance \$ m) Medical Insurance \$ c) Maintenance and Repair \$ n) Uninsured Medicals \$ d) Heat \$ o) Incidentals and Toiletries \$ e) Electricity and/or Gas \$ p) Motor Vehicle Expenses \$ f) Telephone \$ q) Motor Vehicle Payment \$ g) Water/Sewer \$ r) Child Care \$ n) Food \$ s) Other (explain) \$ j) Laundry and Cleaning \$ j Laundry and Cleaning \$ k) Clothing \$ t) Total Weekly Expenses (a through s) \$ \$ 9. COUNSEL FEES a) Retainer amount(s) paid to your attorney(s) \$ 5	8.	WEEKLY EXPENSES				
c) Maintenance and Repair \$		a) Rent or Mortage (PIT)	\$	I) Life Insurance		\$
d) Heat \$ 0) Incidentals and Toiletries \$ e) Electricity and/or Gas \$ p) Motor Vehicle Expenses \$ f) Telephone \$ q) Motor Vehicle Payment \$ g) Water/Sewer \$ r) Child Care \$ n) Food \$ s) Other (explain) \$ j) House Supplies \$ j) Laundry and Cleaning \$ k) Clothing \$ t) Total Weekly Expenses (a through s) \$ \$ 9. COUNSEL FEES a) Retainer amount(s) paid to your attorney(s) \$ j) Legal fees incurred, to date, against retainer(s) \$ 5 journal formula in the first open and t		b) Homeowners/Tenant Insurance	e \$	m) Medical Insurance		\$
e) Electricity and/or Gas \$ p) Motor Vehicle Expenses \$ f) Telephone \$ q) Motor Vehicle Payment \$ g) Water/Sewer \$ r) Child Care \$ h) Food \$ s) Other (explain) i) House Supplies \$ j) Laundry and Cleaning \$ k) Clothing \$ t) 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) Maintenance and Repair	\$	n) Uninsured Medicals		\$
f) Telephone \$ q) Motor Vehicle Payment \$ g) Water/Sewer \$ r) Child Care \$ h) Food \$ s) Other (explain) \$ \$ j) Laundry and Cleaning \$ s		·	\$	o) Incidentals and Toiletries		\$
g) Water/Sewer \$ r) Child Care \$ h) Food \$ s) Other (explain) i) House Supplies \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		e) Electricity and/or Gas	\$	p) Motor Vehicle Expenses		\$
h) Food \$ s			\$			\$
i) House Supplies \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$			\$	·		\$
j) Laundry and Cleaning \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		·	\$	s) Other (explain)		
t) Total Weekly Expenses (a through s) 5 COUNSEL FEES a) Retainer amount(s) paid to your attorney(s) b) Legal fees incurred, to date, against retainer(s) \$			\$			
t) 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) \$		-	\$			\$
9. COUNSEL FEES a) Retainer amount(s) paid to your attorney(s) b) Legal fees incurred, to date, against retainer(s) \$		k) Clothing	\$			
a) Retainer amount(s) paid to your attorney(s) \$ b) Legal fees incurred, to date, against retainer(s) \$			t) Total Weekly Expenses (a th	rough s)		\$
b) Legal fees incurred, to date, against retainer(s)	9.	COUNSEL FEES				
		a) Retainer amount(s) paid to	o your attorney(s)		\$	
c) Anticipated range of total legal expense to litigate this action		b) Legal fees incurred, to dat	e, against retainer(s)		\$	
		c) Anticipated range of total I	egal expense to litigate this action	\$	_ to \$	

Division		
Division		

Commonwealth of Massachusetts The Trial Court Probate and Family Court Department

FINANCIAL STATEMENT (Short Form)

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

a) Real Estate			
Location		_	
Title held in the name of		_	
	- Mortgage \$	_ = Equity \$	
b) Motor Vehicles			
Fair Market Value \$	- Motor Vehicle Loan \$	_ = Equity \$	
Fair Market Value \$	- Motor Vehicle Loan \$	_ = Equity \$	
c) IRA, Keogh, Pension, Profit Sharing, Financial Institution or Plan Name and			
		\$	
		\$	
		\$	
d) Tax Deferred Annuity Plan(s)		\$	
e) Life Insurance: Present Cash Value		\$	
	Market Accounts, Certificates of Deposit-which are held other person for your benefit, or held by you for the benefit of		
Financial Institution or Plan Name and	Account Number		
		\$	
		\$	
		\$	
g) Other (e.g. stocks, bonds, collections)		
		\$	
		\$	
•	otal Assets (a through g)	\$	

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

	Creditor	Nature of Debt	Date Incurred	Amount Due	Weekly Payment
a)				\$	\$
b)				\$	\$
c)				\$	\$
d)				\$	\$

۱۵	To	ıtal	Ιi	ah	ili	ties
е	, , ,	ıαı		สม	ш	แษ๖

\$	\$

Division	

Commonwealth of Massachusetts The Trial Court Probate and Family Court Department FINANCIAL STATEMENT

Docket No.	

	FINANCIAL S (Short I			
	CERTIF	CATION		
I certify under the penalties of perju any, is complete, true, and accurate		ed on this Financial Statemo	ent and the atta	ched schedules, if
Date	Signature			
	: In any case where an atto the Statement by Attorney	orney is appearing for a part	ty, said attorney	
I the undersigned attorney, am adn the purposes of this case-and am a Statement is submitted, I hereby st false.	an officer of the court. As t	Commonwealth of Massache attorney for the party on	whose behalf th	is Financial
Date		(Sign	ature of attorney)	
			(Print name) (Street address)	
		(S		
		(City/Town)	(State)	(Zip)
		Tel. No.		
		B.B.O. #		