

Commonwealth of Massachusetts

Division _____

The Trial Court

Docket No. _____

Probate and Family Court Department

FINANCIAL STATEMENT

(Long Form)

INSTRUCTIONS: If your income is less than \$75,000.00 annually, you must complete the SHORT FORM financial statement, unless otherwise ordered by the Court.

_____ v. _____
 Plaintiff / Petitioner Defendant / Petitioner

I. PERSONAL INFORMATION

Your Name _____ Social Security No. _____

Address _____
 (Street address) (City / Town) (State) (Zip)

Tel. No. _____ Date of Birth _____ No. of children living with you _____

Occupation _____ Employer _____

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

Employer's Telephone No. _____ Do you have health insurance coverage? Yes No

If yes, name of health insurance provider _____

II. GROSS WEEKLY INCOME / RECEIPTS FROM ALL SOURCES

a) Base pay from <input type="checkbox"/> Salary <input type="checkbox"/> Wages	\$	_____	0.00
b) Overtime	\$	_____	0.00
c) Part-time job	\$	_____	0.00
d) Self-employment (attach a completed schedule A)	\$	_____	0.00
e) Tips	\$	_____	0.00
f) <input type="checkbox"/> Commissions <input type="checkbox"/> Bonuses	\$	_____	0.00
g) <input type="checkbox"/> Dividends <input type="checkbox"/> Interest	\$	_____	0.00
h) <input type="checkbox"/> Trusts <input type="checkbox"/> Annuities	\$	_____	0.00
i) <input type="checkbox"/> Pensions <input type="checkbox"/> Retirement Funds	\$	_____	0.00
j) Social Security	\$	_____	0.00
k) <input type="checkbox"/> Disability <input type="checkbox"/> Unemployment insurance <input type="checkbox"/> Worker's compensation	\$	_____	0.00
l) Public Assistance (welfare, A.F.D.C. payments)	\$	_____	0.00
m) <input type="checkbox"/> Child Support <input type="checkbox"/> Alimony (actually received)	\$	_____	0.00
n) Rental from income producing property (attach a completed Schedule B)	\$	_____	0.00
o) Royalties and other rights	\$	_____	0.00
p) Contributions from household member(s)	\$	_____	0.00
q) Other (specify)	\$	_____	0.00
TOTAL WEEKLY INCOME FROM ATTACHED ADDITIONAL SCHEDULE, IF ANY		\$	_____
r) Total Gross Weekly Income/Receipts (add items a-q)	\$	_____	0.00

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(Long Form)

VI. WEEKLY EXPENSES NOT DEDUCTED FROM PAY

Rent	\$	<u>0.00</u>
Mortgage (Principal, Interest - Taxes and Insurance, if escrowed)	\$	<u>0.00</u>
Property taxes and assessments	\$	<u>0.00</u>
Homeowner / Tenant Insurance	\$	<u>0.00</u>
<input type="checkbox"/> Maintenance Fees <input type="checkbox"/> Condominium Fees	\$	<u>0.00</u>
Heat	\$	<u>0.00</u>
Electricity	\$	<u>0.00</u>
<input type="checkbox"/> Propane <input type="checkbox"/> Natural Gas	\$	<u>0.00</u>
Telephone	\$	<u>0.00</u>
<input type="checkbox"/> Water <input type="checkbox"/> Sewer	\$	<u>0.00</u>
Food	\$	<u>0.00</u>
House Supplies	\$	<u>0.00</u>
Laundry	\$	<u>0.00</u>
Dry Cleaning	\$	<u>0.00</u>
Clothing	\$	<u>0.00</u>
Life Insurance	\$	<u>0.00</u>
Medical Insurance	\$	<u>0.00</u>
Dental Insurance	\$	<u>0.00</u>
Vision Insurance	\$	<u>0.00</u>
Uninsured Medical	\$	<u>0.00</u>
Uninsured Dental	\$	<u>0.00</u>
Motor Vehicle Expenses	\$	<u>0.00</u>
Fuel	\$	<u>0.00</u>
Insurance	\$	<u>0.00</u>
Maintenance Fees	\$	<u>0.00</u>
Loan payment(s)	\$	<u>0.00</u>
Entertainment	\$	<u>0.00</u>
Vacation	\$	<u>0.00</u>
Cable TV	\$	<u>0.00</u>
Child Support (attach a copy of the order, if issued by a different court)	\$	<u>0.00</u>
Child(ren)'s Day Care Expense	\$	<u>0.00</u>
Child(ren)'s Education	\$	<u>0.00</u>
Education (self)	\$	<u>0.00</u>

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Employment related expenses (which are not reimbursed)

Uniforms	\$	<u>0.00</u>
Travel	\$	<u>0.00</u>
Required continuing education	\$	<u>0.00</u>
Other (specify) _____	\$	<u>0.00</u>
Lottery Tickets	\$	<u>0.00</u>
Charitable Contributions	\$	<u>0.00</u>
Child(ren)'s Allowance	\$	<u>0.00</u>
Extraordinary travel expenses for visitation with child(ren)	\$	<u>0.00</u>
Other (specify) _____	\$	<u>0.00</u>
<u>TOTAL WEEKLY PAYMENT FOR LIABILITIES FROM PAGE 8</u>	\$	<u>0.00</u>
<u>TOTAL WEEKLY EXPENSES FROM ATTACHED ADDITIONAL SCHEDULE, IF ANY</u>	\$	<u>0.00</u>

TOTAL WEEKLY EXPENSES NOT DEDUCTED FROM PAY \$ 0.00

VII. COUNSEL FEES

Retainer amount(s) paid to your attorney(s)	\$	<u>0.00</u>
Legal fees incurred, to date, against the retainer(s)	\$	<u>0.00</u>
Anticipated range of total legal expense to litigate this action	\$	<u>0.00</u> to \$ <u>0.00</u>

VIII. ASSETS

INSTRUCTIONS: If additional space is needed for any answer or to disclose additional assets not listed below, please attach additional pages.

A. REAL ESTATE

Real Estate - Primary Residence

Address _____
(Street address) (City / Town) (State)

Title held in name of _____

Purchase Price of the Property	\$	<u>0.00</u>
Year of Purchase	_____	
Current Assessed Value of the Property	\$	<u>0.00</u>
Date of Last Assessment	_____	
Fair Market Value of the Property	\$	<u>0.00</u>
Outstanding 1st mortgage	- \$	<u>0.00</u>
Outstanding 2nd mortgage or home equity loan	- \$	<u>0.00</u>
Equity	= \$	<u>0.00</u>

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(Long Form)

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

Address _____ (Street address) _____ (City / Town) _____ (State)

Title held in name of _____

Purchase Price of the Property \$ 0.00

Year of Purchase _____

Current Assessed Value of the Property \$ 0.00

Date of Last Assessment _____

Fair Market Value of the Property \$ 0.00

Outstanding 1st mortgage - \$ 0.00

Outstanding 2nd mortgage or home equity loan - \$ 0.00

Equity = \$ 0.00

B. MOTOR VEHICLES including cars, trucks, ATVs, snowmobiles, tractors, motorcycles, boats, recreational vehicles, aircraft, farm machinery, etc.

Type _____

Make _____

Model _____

Purchase Price of Vehicle \$ 0.00

Year of Purchase _____

Fair Market Value \$ 0.00

Outstanding Loan(s) - \$ 0.00

Equity = \$ 0.00

Type _____

Make _____

Model _____

Purchase Price of Vehicle \$ 0.00

Year of Purchase _____

Fair Market Value \$ 0.00

Outstanding Loan(s) - \$ 0.00

Equity = \$ 0.00

C. PENSIONS

	Institution	Account Number	Listed Beneficiary	Current Balance / Value
Defined Benefit Plan				\$ 0.00
Defined Contribution Plan				\$ 0.00

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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).

	Institution	Account Number	Listed Beneficiary	Current Balance / Value
Checking Account(s)				\$ 0.00
				\$ 0.00
Savings Account(s)				\$ 0.00
				\$ 0.00
Cash on Hand				\$ 0.00
Certificate(s) of Deposit				\$ 0.00
				\$ 0.00
Credit Union Account(s)				\$ 0.00
				\$ 0.00
Funds Held in Escrow				\$ 0.00
				\$ 0.00
Stocks				\$ 0.00
				\$ 0.00
Bonds				\$ 0.00
				\$ 0.00
Bond Fund(s)				\$ 0.00
				\$ 0.00
Notes Held				\$ 0.00
				\$ 0.00
Cash in Brokerage Account(s)				\$ 0.00
				\$ 0.00
Money Market Account(s)				\$ 0.00
				\$ 0.00

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	Institution	Account Number	Listed Beneficiary	Current Balance / Value
U.S. Savings Bond(s)				\$ 0.00
				\$ 0.00
IRAs				\$ 0.00
				\$ 0.00
Keough				\$ 0.00
				\$ 0.00
Profit Sharing				\$ 0.00
				\$ 0.00
Deferred Compensation				\$ 0.00
				\$ 0.00
Other Retirement Plans				\$ 0.00
				\$ 0.00
Annuity (please specify whether a tax deferred annuity or a tax sheltered annuity)				\$ 0.00
				\$ 0.00
Life Insurance Cash Value (please specify whether a term or a whole universal life insurance policy)				\$ 0.00
				\$ 0.00
Judgments / Liens				\$ 0.00
				\$ 0.00
Pending Legacies and/or Inheritances				\$ 0.00
				\$ 0.00
Jewelry				\$ 0.00
Contents of Safe or Safe Deposit Box				\$ 0.00
Firearms				\$ 0.00
Collections				\$ 0.00
Tools / Equipment				\$ 0.00
Crops / Livestock				\$ 0.00
Home Furnishings				\$ 0.00
Arts and Antiques				\$ 0.00
Other (please specify)				\$ 0.00
Other (please specify)				\$ 0.00

TOTAL ASSETS (INCLUDING FROM ATTACHED ADDITIONAL SCHEDULES, IF ANY)

\$ 0.00

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IX. **LIABILITIES:** List loans, credit card debt, consumer debt, installment debt, etc., which are NOT listed elsewhere.

CREDITOR	NATURE OF DEBT	DATE INCURRED	AMOUNT DUE	WEEKLY PAYMENT
			\$ 0.00	\$ 0.00
			\$ 0.00	\$ 0.00
			\$ 0.00	\$ 0.00
			\$ 0.00	\$ 0.00
			\$ 0.00	\$ 0.00
			\$ 0.00	\$ 0.00
			\$ 0.00	\$ 0.00
			\$ 0.00	\$ 0.00
			\$ 0.00	\$ 0.00
			\$ 0.00	\$ 0.00
			\$ 0.00	\$ 0.00
			\$ 0.00	\$ 0.00
			\$ 0.00	\$ 0.00
			\$ 0.00	\$ 0.00
			\$ 0.00	\$ 0.00

**TOTAL LIABILITIES (INCLUDING FROM ATTACHED
ADDITIONAL SCHEDULE, IF ANY)**

\$ 0.00	\$ 0.00
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(Long Form)

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 _____,

_____ 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 of Attorney)

_____ (Print name)

_____ (Street address)

_____ (City / Town) _____ (State) _____ ((Zip)

Telephone: _____

B.B.O. #: _____

ADDITIONAL GROSS WEEKLY INCOME / RECEIPTS - LONG FORM (Part II., continued)

Name: 0

Docket No. 0

II. GROSS WEEKLY INCOME / RECEIPTS FROM ALL SOURCES (continued)

SOURCE	AMOUNT
a. _____	\$ _____
b. _____	\$ _____
c. _____	\$ _____
d. _____	\$ _____
e. _____	\$ _____
f. _____	\$ _____
g. _____	\$ _____
h. _____	\$ _____
i. _____	\$ _____
j. _____	\$ _____
k. _____	\$ _____
l. _____	\$ _____
m. _____	\$ _____
n. _____	\$ _____
o. _____	\$ _____
p. _____	\$ _____
q. _____	\$ _____
r. _____	\$ _____
s. _____	\$ _____
t. _____	\$ _____
u. _____	\$ _____
v. _____	\$ _____
w. _____	\$ _____
x. _____	\$ _____
y. _____	\$ _____
z. _____	\$ _____

TOTAL ADDITIONAL GROSS WEEKLY INCOME / RECEIPTS

\$0.00

ADDITIONAL WEEKLY EXPENSES - LONG FORM (Section VI., continued)

Name: _____ 0 _____

Docket No. _____ 0 _____

VI. WEEKLY EXPENSES (continued)

ITEM / DESCRIPTION	AMOUNT
a) _____	\$ _____
b) _____	\$ _____
c) _____	\$ _____
d) _____	\$ _____
e) _____	\$ _____
f) _____	\$ _____
g) _____	\$ _____
h) _____	\$ _____
i) _____	\$ _____
j) _____	\$ _____
k) _____	\$ _____
l) _____	\$ _____
m) _____	\$ _____
n) _____	\$ _____
o) _____	\$ _____
p) _____	\$ _____
q) _____	\$ _____
r) _____	\$ _____
s) _____	\$ _____
t) _____	\$ _____
u) _____	\$ _____
v) _____	\$ _____
w) _____	\$ _____
x) _____	\$ _____
y) _____	\$ _____
z) _____	\$ _____

TOTAL ADDITIONAL WEEKLY EXPENSES

\$0.00

ADDITIONAL ASSETS (REALTY) - LONG FORM (Section VIII., continued)

Name: _____ 0 _____

Docket No. _____ 0 _____

Real Estate - Other

Address _____
(Street address) (City / Town) (State)

Title held in name of _____

Purchase Price of the Property	\$	_____	0.00
Year of Purchase		_____	
Current Assessed Value of the Property	\$	_____	0.00
Date of Last Assessment		_____	
Fair Market Value of the Property	\$		_____ 0.00
Outstanding 1st mortgage	- \$		_____ 0.00
Outstanding 2nd mortgage or home equity loan	- \$		_____ 0.00
Equity	= \$		_____ 0.00

Real Estate - Other

Address _____
(Street address) (City / Town) (State)

Title held in name of _____

Purchase Price of the Property	\$	_____	0.00
Year of Purchase		_____	
Current Assessed Value of the Property	\$	_____	0.00
Date of Last Assessment		_____	
Fair Market Value of the Property	\$		_____ 0.00
Outstanding 1st mortgage	- \$		_____ 0.00
Outstanding 2nd mortgage or home equity loan	- \$		_____ 0.00
Equity	= \$		_____ 0.00

Real Estate - Other

Address _____
(Street address) (City / Town) (State)

Title held in name of _____

Purchase Price of the Property	\$	_____	0.00
Year of Purchase		_____	
Current Assessed Value of the Property	\$	_____	0.00
Date of Last Assessment		_____	
Fair Market Value of the Property	\$		_____ 0.00
Outstanding 1st mortgage	- \$		_____ 0.00
Outstanding 2nd mortgage or home equity loan	- \$		_____ 0.00
Equity	= \$		_____ 0.00

ADDITIONAL ASSETS (REALTY) (2) - LONG FORM (Section VIII., continued)

Name: 0

Docket No. 0

Real Estate - Other

Address _____
(Street address) (City / Town) (State)

Title held in name of _____

Purchase Price of the Property \$ 0.00
Year of Purchase _____
Current Assessed Value of the Property \$ 0.00
Date of Last Assessment _____
Fair Market Value of the Property \$ 0.00
Outstanding 1st mortgage - \$ 0.00
Outstanding 2nd mortgage or home equity loan - \$ 0.00
Equity = \$ 0.00

Real Estate - Other

Address _____
(Street address) (City / Town) (State)

Title held in name of _____

Purchase Price of the Property \$ 0.00
Year of Purchase _____
Current Assessed Value of the Property \$ 0.00
Date of Last Assessment _____
Fair Market Value of the Property \$ 0.00
Outstanding 1st mortgage - \$ 0.00
Outstanding 2nd mortgage or home equity loan - \$ 0.00
Equity = \$ 0.00

Real Estate - Other

Address _____
(Street address) (City / Town) (State)

Title held in name of _____

Purchase Price of the Property \$ 0.00
Year of Purchase _____
Current Assessed Value of the Property \$ 0.00
Date of Last Assessment _____
Fair Market Value of the Property \$ 0.00
Outstanding 1st mortgage - \$ 0.00
Outstanding 2nd mortgage or home equity loan - \$ 0.00
Equity = \$ 0.00

ADDITIONAL ASSETS (MOTOR VEHICLES) - LONG FORM (Section VIII., continued)

Name: _____ 0 _____

Docket No. _____ 0 _____

MOTOR VEHICLES including cars, trucks, ATVs, snowmobiles, tractors, motorcycles, boats, recreational vehicles, aircraft, farm machinery, etc.

Type _____

Make _____

Model _____

Purchase Price of Vehicle \$ _____ 0.00

Year of Purchase _____

Fair Market Value _____ \$ _____ 0.00

Outstanding Loan(s) _____ - \$ _____ 0.00

Equity _____ = \$ _____ 0.00

Type _____

Make _____

Model _____

Purchase Price of Vehicle \$ _____ 0.00

Year of Purchase _____

Fair Market Value _____ \$ _____ 0.00

Outstanding Loan(s) _____ - \$ _____ 0.00

Equity _____ = \$ _____ 0.00

Type _____

Make _____

Model _____

Purchase Price of Vehicle \$ _____ 0.00

Year of Purchase _____

Fair Market Value _____ \$ _____ 0.00

Outstanding Loan(s) _____ - \$ _____ 0.00

Equity _____ = \$ _____ 0.00

Type _____

Make _____

Model _____

Purchase Price of Vehicle \$ _____ 0.00

Year of Purchase _____

Fair Market Value _____ \$ _____ 0.00

Outstanding Loan(s) _____ - \$ _____ 0.00

Equity _____ = \$ _____ 0.00

ADDITIONAL ASSETS (MOTOR VEHICLES) - LONG FORM (Section VIII., continued)

Name: _____ 0 _____

Docket No. _____ 0 _____

MOTOR VEHICLES including cars, trucks, ATVs, snowmobiles, tractors, motorcycles, boats, recreational vehicles, aircraft, farm machinery, etc.

Type _____

Make _____

Model _____

Purchase Price of Vehicle \$ _____ 0.00

Year of Purchase _____

Fair Market Value \$ _____ 0.00

Outstanding Loan(s) - \$ _____ 0.00

Equity = \$ _____ 0.00

Type _____

Make _____

Model _____

Purchase Price of Vehicle \$ _____ 0.00

Year of Purchase _____

Fair Market Value \$ _____ 0.00

Outstanding Loan(s) - \$ _____ 0.00

Equity = \$ _____ 0.00

Type _____

Make _____

Model _____

Purchase Price of Vehicle \$ _____ 0.00

Year of Purchase _____

Fair Market Value \$ _____ 0.00

Outstanding Loan(s) - \$ _____ 0.00

Equity = \$ _____ 0.00

Type _____

Make _____

Model _____

Purchase Price of Vehicle \$ _____ 0.00

Year of Purchase _____

Fair Market Value \$ _____ 0.00

Outstanding Loan(s) - \$ _____ 0.00

Equity = \$ _____ 0.00

FINANCIAL STATEMENT SCHEDULE A

Name: 0 Docket No. 0

MONTHLY SELF-EMPLOYMENT OR BUSINESS INCOME

GROSS MONTHLY RECEIPTS **\$0.00**

Monthly Business Expenses

Cost of goods sold	\$	0.00
Advertising	\$	0.00
Bad Debts	\$	0.00
Motor Vehicles	\$	0.00
Gas	\$	0.00
Insurance	\$	0.00
Maintenance	\$	0.00
Registration	\$	0.00
Commissions	\$	0.00
Depletion	\$	0.00
Dues and Publications	\$	0.00
Employee Benefit Programs	\$	0.00
Freight	\$	0.00
Insurance (other than health), please specify type of insurance:		
_____	\$	0.00
_____	\$	0.00
Interest on mortgage to banks	\$	0.00
Interest on loans	\$	0.00
Legal and Professional services	\$	0.00
Office expenses	\$	0.00
Laundry and cleaning	\$	0.00
Pension and profit sharing	\$	0.00
Rent on leased equipment	\$	0.00
Machinery/Equipment	\$	0.00
Other business property	\$	0.00
Repairs	\$	0.00
Supplies	\$	0.00
Taxes	\$	0.00
Travel	\$	0.00
Meals and entertainment	\$	0.00
Utilities and phones	\$	0.00
Wages	\$	0.00
Other expenses (specify):		
_____	\$	0.00
_____	\$	0.00

FINANCIAL STATEMENT SCHEDULE A

TOTAL MONTHLY EXPENSES

\$0.00

WEEKLY BUSINESS INCOME (Gross monthly receipts less total monthly expenses divided by 4.3) Enter this amount in Section II, line (d) of CJ-D 301-L or Section 2(d) of CJ-D 301-S.

\$0.00

NATURE OF SELF-EMPLOYMENT OR BUSINESS

1. Is this business seasonal in nature? Yes No
2. If seasonal business, please specify percentage of income received and expenses incurred for each month of the year.

MONTH	PERCENTAGE OF INCOME RECEIVED	EXPENSES INCURRED
January		
February		
March		
April		
May		
June		
July		
August		
September		
October		
November		
December		

3. State whether your business accounts on a calendar year basis or fiscal year basis: CALENDAR FISCAL
4. If your business accounts on a fiscal year basis, give the starting and ending dates of your chosen fiscal year:

_____ starting

_____ ending

5. State your gross receipts, year to date:

--

6. State your gross expenses, year to date:

--

FINANCIAL STATEMENT SCHEDULE B

Name: _____ 0 _____ Docket No. _____ 0 _____

RENT FROM INCOME PRODUCING PROPERTY

ANNUAL RENT RECEIVED

\$0.00

ANNUAL RENTAL EXPENSES

Advertising	\$	0.00
Motor Vehicle and Travel	\$	0.00
Insurance	\$	0.00
Cleaning and maintenance	\$	0.00
Commissions	\$	0.00
Interest on mortgage to banks	\$	0.00
Other interest (specify):		
_____	\$	0.00
_____	\$	0.00
Legal and professional services	\$	0.00
Repairs	\$	0.00
Supplies	\$	0.00
Taxes	\$	0.00
Utilities	\$	0.00
Wages	\$	0.00
Other expenses: (specify):		
_____	\$	0.00
_____	\$	0.00

TOTAL ANNUAL EXPENSES

\$0.00

TOTAL WEEKLY RENTAL INCOME (Gross rent received less expenses, divided by 52). Enter this amount in Section II, line (n) of CJ-D 301-L or Section 2(n) of CJ-D 301-S

\$0.00

FINANCIAL STATEMENT SCHEDULE B

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RENT FROM INCOME PRODUCING PROPERTY

ANNUAL RENT RECEIVED

\$0.00

ANNUAL RENTAL EXPENSES

Advertising	\$	0.00
Motor Vehicle and Travel	\$	0.00
Insurance	\$	0.00
Cleaning and maintenance	\$	0.00
Commissions	\$	0.00
Interest on mortgage to banks	\$	0.00
Other interest (specify):		
_____	\$	0.00
_____	\$	0.00
Legal and professional services	\$	0.00
Repairs	\$	0.00
Supplies	\$	0.00
Taxes	\$	0.00
Utilities	\$	0.00
Wages	\$	0.00
Other expenses: (specify):		
_____	\$	0.00
_____	\$	0.00

TOTAL ANNUAL EXPENSES

\$0.00

TOTAL WEEKLY RENTAL INCOME (Gross rent received less expenses, divided by 52). Enter this amount in Section II, line (n) of CJ-D 301-L or Section 2(n) of CJ-D 301-S

\$0.00

FINANCIAL STATEMENT SCHEDULE B

Name: _____ 0 _____ Docket No. _____ 0 _____

RENT FROM INCOME PRODUCING PROPERTY

ANNUAL RENT RECEIVED

\$0.00

ANNUAL RENTAL EXPENSES

Advertising	\$	0.00
Motor Vehicle and Travel	\$	0.00
Insurance	\$	0.00
Cleaning and maintenance	\$	0.00
Commissions	\$	0.00
Interest on mortgage to banks	\$	0.00
Other interest (specify): _____	\$	0.00
_____	\$	0.00
Legal and professional services	\$	0.00
Repairs	\$	0.00
Supplies	\$	0.00
Taxes	\$	0.00
Utilities	\$	0.00
Wages	\$	0.00
Other expenses: (specify): _____	\$	0.00
_____	\$	0.00

TOTAL ANNUAL EXPENSES

\$0.00

TOTAL WEEKLY RENTAL INCOME (Gross rent received less expenses, divided by 52). Enter this amount in Section II, line (n) of CJ-D 301-L or Section 2(n) of CJ-D 301-S

\$0.00

**EXPLANATORY NOTES
TO FINANCIAL STATEMENT OF
0**

Explanation of Notation

1 Enter explanatory note here and <TAB> to next data entry field.