



FAMILY COURT

STATEMENT OF ASSETS  
LIABILITIES • INCOME • EXPENSES

NAME (PRINT) \_\_\_\_\_ Plaintiff \_\_\_\_\_  
Defendant \_\_\_\_\_  
CIVIL ACTION - FILE NO. \_\_\_\_\_

EARNINGS  
GROSS NET  
Weekly \_\_\_\_\_  
Bi-Weekly \_\_\_\_\_  
Monthly \_\_\_\_\_

To be filed with complaints on divorce, bed & board, miscellaneous complaints and when an answer or modification is filed.

GROSS INCOME		INCOME DEDUCTIONS	
1. Salary, Wages, Commissions, Bonus, Overtime. (Attach List of Amounts) .....		12. Federal Income Tax .....	
2. Pensions or Retirement .....		13. State Income Tax .....	
3. Social Security .....		14. Social Security .....	
4. Disability / Unemployment .....		15. State Disability (TDI) .....	
5. Public Assistance .....		16. Medical Insurance .....	
6. Child / Spousal Support .....		17. Life Insurance .....	
7. Dividends & Interest .....		18. Union & Other Dues .....	
8. Rents (Receipts less Cash Expenses, Attach Schedule) .....		19. Retirement & Pension .....	
9. Contributions to Household .....		20. Savings Plan .....	
10. Income from Other Sources (Receipts less Total Cash Expenses. Attach Schedule) .....		21. Other Deductions: .....	
11. TOTAL GROSS INCOME .....			

22. TOTAL DEDUCTIONS .....

23. NET INCOME (11-22) .....

24. Withholding Information: No. of Exemptions Claimed \_\_\_\_\_  
Marital Status \_\_\_\_\_

25. Medical Insurance: \_\_\_\_\_ Plan \_\_\_\_\_  
Dental Insurance: \_\_\_\_\_ Plan \_\_\_\_\_  
Life Insurance: \_\_\_\_\_ Plan \_\_\_\_\_  
Life / Owner: \_\_\_\_\_ Beneficiary: \_\_\_\_\_  
Life / Face Amount: \_\_\_\_\_ Life/Cash Surrender Value: \_\_\_\_\_

26. PROPERTY UNDER APPLICANT'S CONTROL	NAME OF INSTITUTION	ACCOUNT #	HIGHEST BALANCE LAST 6 MONTHS	PRESENT VALUE
A. Cash				
B. Checking Accounts .....				
C. Savings Accounts .....				
D. Credit Unions .....				
E. Other Accounts .....				

27. OTHER PROPERTY  
A. Stocks/Bonds .....

B. Tangible Property .....

C. Real Property .....

TOTAL PROPERTY.....

D.  Yes  No (I) (We) received financing from Rhode Island Housing and Mortgage Finance Corporation (RIHMFC) to buy the above listed real property. (Attach Schedules for 26A - E & 27 A - D) (OVER)

SHOW TOTALS, ATTACH SUPPORTING DETAIL, AND KEEP CURRENT UP TO THE COURT DATE.

STATEMENT OF ASSETS • LIABILITIES • INCOME • EXPENSES II

( FOR EACH ITEM LISTED, FILL IN ONLY THE WEEKLY, MONTHLY, OR YEARLY COLUMN.)

NEEDS & EXPENSES	WEEKLY	MONTHLY	YEARLY	AMT. LAST PAID
28. Rent .....				
29. Grocery, Canned Goods, Meat .....				
30. Dairy Products, Bread, Rolls .....				
31. Heat (Coal, Gas, Oil) .....				
32. Electricity .....				
33. Propane/Bottled Gas .....				
34. Telephone .....				
35. Clothing .....				
36. Medical, Medicines .....				
37. Dental .....				
38. Personal, Cosmetics, Haircut .....				
39. Laundry, Dry Cleaning .....				
40. Car Insurance, Registration .....				
41. Gas, Oil, Maintenance-Auto .....				
42. Spending Money .....				
43. Traveling Expenses .....				
44. Life Insurance .....				
45. Cigarettes .....				
46. Union Dues .....				
47. Medical Insurance .....				
48. Legal Fees .....				
49. _____				
<b>OTHER EXPENSES</b>				
50. Mortgage .....				
51. House Taxes .....				
52. Home Insurance .....				
53. Upkeep for House .....				
54. Water Bill .....				
55. _____				
<b>LOANS &amp; OBLIGATIONS</b>				
56. Auto Loan Balance _____				
Auto Year _____				
Auto Make _____				
57. _____				
58. _____				
59. _____				
<b>TOTAL</b> .....				
60. Divide Monthly by 4.3 .....				
61. Divide Yearly by 52 .....				
62. <b>GRANDTOTAL</b> .....				

SIGNATURE PLAINTIFF/DEFENDANT

SUBSCRIBED AND SWORN TO BEFORE ME IN \_\_\_\_\_ IN THE COUNTY OF \_\_\_\_\_ IN  
 THE STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ A.D. , 20 \_\_\_\_\_