

RHODE ISLAND FAMILY COURT  
ADMINISTRATIVE ORDER 2011-5  
STATEMENT OF ASSETS, LIABILITIES, INCOME AND EXPENSES  
DR-6 [REVISED OCTOBER 2011]

The DR-6 [Revised October 2011] shall be filed in accordance with Administrative Order 2011-4. For example: Domestic Relations Case Flow system requires that "Motions for temporary support, custody or counsel fees shall be accompanied by a supporting affidavit containing a statement of the applicant's current assets, liabilities, income and expenses (DR-6 Form Revised 2011)."

The DR-6 shall be submitted on green colored paper. Failure to submit the DR-6 on green colored paper will result in the Clerk's Office returning an improperly submitted DR-6 to the attorney of record.

EFFECTIVE DATE

This order becomes effective October 5, 2011, and shall apply only to those cases filed on or after October 5, 2011.

Date

10-5-11

  
\_\_\_\_\_  
Haiganush R. Bedrosian, Chief Judge

**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
STATEMENT OF ASSETS, LIABILITIES, INCOME AND EXPENSES**

FAMILY COURT

DR-6 / FINANCIAL STATEMENT

\_\_\_\_\_, S.C

Case # \_\_\_\_\_

A DR-6 shall be filed with Complaints for Divorce, Bed & Board Divorce, Miscellaneous Complaints or Child Support Complaints. A DR-6 shall be filed with Answers or Counterclaims; Modifications of Prior [Support] Orders.

Plaintiff	vs.	Defendant
Plaintiff's Attorney/Bar Number		Defendant's Attorney/Bar Number
Attorney's Phone Number		Attorney's Phone Number

**1. PERSONAL INFORMATION**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

No. of Children Living With You: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

City/Town, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Employer's Telephone Number: \_\_\_\_\_

**2. DO YOU HAVE HEALTH INSURANCE?**

If yes, <b>single plan or family plan?</b>	Yes <input type="checkbox"/>	Single <input type="checkbox"/>	No <input type="checkbox"/>	Family <input type="checkbox"/>
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Name of Policy Holder: \_\_\_\_\_

Name of Insurance Provider: \_\_\_\_\_

Do you have a **dental plan?**

Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Name of Policy Holder: \_\_\_\_\_

Name of Insurance Provider: \_\_\_\_\_

Do you have a **vision plan?**

Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Name of Policy Holder: \_\_\_\_\_

Name of Insurance Provider: \_\_\_\_\_

<b>3. TOTAL ASSETS (From Page 7)</b>	\$ -	<b>TOTAL LIABILITIES (From Page 8)</b>	\$ -
Tot. <u>Monthly</u> Gross Income (From Page 2)	\$ -	Tot. <u>Monthly</u> Expenses (From Page 5)	\$ -

**4. GROSS INCOME FROM ALL SOURCES**

	Weekly	Bi-Weekly	Monthly	Annual
a) Base Pay from Salary/Wages				\$ -
b) Overtime				\$ -
c) Part-Time Job				\$ -
d) Self-Employment (Attach a Completed Schedule C from your latest tax return)				\$ -
e) Tips				\$ -
f) Commissions				\$ -
g) Bonuses				\$ -
<b>Subtotal:</b>	\$ -	\$ -	\$ -	\$ -
h) Dividends				\$ -
i) Interest				\$ -
j) Trusts				\$ -
k) Annuities				\$ -
l) Pensions				\$ -
m) Retirement Funds				\$ -
n) Social Security				\$ -
o) Disability				\$ -
p) Unemployment Insurance				\$ -
q) Worker's Compensation				\$ -
r) Public Assistance (welfare, etc.)				\$ -
s) Child Support				\$ -
t) Alimony				\$ -
u) Rental from Income Producing Property (Attach completed Schedule A on Page 9)				\$ -
v) Royalties and other rights				\$ -
w) Contributions from household members				\$ -
x) Income from S-Corps, C-Corps, LLCs, etc.				\$ -
y) Capital Gains				\$ -
z) Other Income ( <i>Specify below</i> ):				\$ -
Other: _____				\$ -
Other: _____				\$ -
Other: _____				\$ -
<b>Total Gross Income:</b>	\$ -	\$ -	\$ -	\$ -

5. EXPENSES (pages 3, 4, 5)

	Weekly	Bi-Weekly	Monthly	Annual
<b>1. Housing</b>				
Rent				\$ -
Mortgage Payment (Principle & Interest)				\$ -
Property Tax				\$ -
Condo Fee				\$ -
Home Maintenance				\$ -
Snow Removal/Lawn Care				\$ -
Other:				\$ -
<b>Total Housing:</b>	\$ -	\$ -	\$ -	\$ -
<b>2. Utilities</b>				
Heating Oil				\$ -
Wood / Coal / Pellets				\$ -
Propane and Natural Gas				\$ -
Telephone / Cell Phone				\$ -
Electricity				\$ -
Cable Television / Internet				\$ -
Water and Sewer				\$ -
Trash Collection				\$ -
Other:				\$ -
<b>Total Utilities:</b>	\$ -	\$ -	\$ -	\$ -
<b>3. Insurance</b>				
Homeowner				\$ -
Renter				\$ -
Vehicle				\$ -
Health / Dental / Vision				\$ -
Life				\$ -
Disability				\$ -
Other:				\$ -
<b>Total Insurance:</b>	\$ -	\$ -	\$ -	\$ -
<b>4. Uninsured Health Care Expenses</b>				
Medical				\$ -
Dental				\$ -
Orthodontics				\$ -
Eye Care/Glasses/Contact Lenses				\$ -
Prescription Drugs				\$ -
Therapy and Counseling				\$ -
Other:				\$ -
<b>Total Uninsured Health Care Expenses:</b>	\$ -	\$ -	\$ -	\$ -

Expenses Continued to page 4

5. EXPENSES (continued)

	Weekly	Bi-Weekly	Monthly	Annual
<b>5. Transportation</b>				
Primary Vehicle Payment				\$ -
Other Vehicle Payments				\$ -
Vehicle Maintenance				\$ -
Gas and Oil				\$ -
Registration and Tax				\$ -
Other:				\$ -
Other:				\$ -
Other:				\$ -
<b>Total Transportation:</b>	\$ -	\$ -	\$ -	\$ -
<b>6. General and Personal Expenses</b>				
Groceries				\$ -
Meals Eaten Out or Taken Out				\$ -
Tobacco/Alcohol Products				\$ -
Clothing and Shoes				\$ -
Hair Care				\$ -
Toiletries and Cosmetics				\$ -
Pet Food and Care				\$ -
Church and Charities				\$ -
Laundry and Dry Cleaning				\$ -
Gifts				\$ -
Newspapers and Magazines				\$ -
Education (personal)				\$ -
Dues and Memberships				\$ -
Vacations				\$ -
Entertainment and Recreation				\$ -
Other:				\$ -
<b>Total General and Personal Expenses:</b>	\$ -	\$ -	\$ -	\$ -
<b>7. Children's Expenses and Activities</b>				
Children's Clothing				\$ -
Diapers				\$ -
Day Care				\$ -
School Supplies				\$ -
School Lunches				\$ -
Tuition and Lessons				\$ -
Sports and Camps				\$ -
Other:				\$ -
<b>Total Children's Expenses and Activities:</b>	\$ -	\$ -	\$ -	\$ -

Expenses Continued to page 5

5. EXPENSES (continued)

Weekly	Bi-Weekly	Monthly	Annual
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8. Other Expenses (For example, ungarnished child support or alimony). *Specify below.*

				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
<b>Total Other Expenses:</b>	\$ -	\$ -	\$ -	\$ -

9. Deductions from Paycheck

Federal Income Tax				\$ -
<i>number of exemptions:</i>				\$ -
State Income Tax				\$ -
<i>number of exemptions:</i>				\$ -
Social Security				\$ -
Medicare				\$ -
Local TDI				\$ -
State Retirement				\$ -
Union Dues				\$ -
Garnishments				\$ -
401(k)				\$ -
Other Retirement Plans				\$ -
Other:				\$ -
<b>Total Deductions from Paycheck:</b>	\$ -	\$ -	\$ -	\$ -

10. Financial

Loan Payments				\$ -
Other Debts				\$ -
Savings				\$ -
IRA				\$ -
Other:				\$ -
<b>Total Financial:</b>	\$ -	\$ -	\$ -	\$ -
<b>TOTAL EXPENSES:</b>	\$ -	\$ -	\$ -	\$ -

**6. ASSETS**

**A. Real Estate**

Primary Residence

Address: (street address, city, state, zip) \_\_\_\_\_

Title Held in Name of: \_\_\_\_\_

Fair Market Value: \_\_\_\_\_

- Mortgage Balance: \_\_\_\_\_

Equity: \$ \_\_\_\_\_

Real Estate:

Address: (street address, city, state, zip) \_\_\_\_\_

Title Held in Name of: \_\_\_\_\_

Fair Market Value: \_\_\_\_\_

- Mortgage Balance: \$ \_\_\_\_\_

Equity: \$ \_\_\_\_\_

Real Estate:

Address: (street address, city, state, zip) \_\_\_\_\_

Title Held in Name of: \_\_\_\_\_

Fair Market Value: \_\_\_\_\_

- Mortgage Balance: \_\_\_\_\_

Equity: \$ \_\_\_\_\_

**Total Real Estate Equity: \$ \_\_\_\_\_**

**B. Motor Vehicle:**

	Year	Make	Market Value	Vehicle Loan	Equity
Vehicle 1					\$ -
Vehicle 2					
Vehicle 3					
<b>Total:</b>					\$ -

**C. List IRA, Keough, Pension Profit Sharing, 401k, other Retirement or Financial Plans,**

Financial Institution or Plan Names:

Type	Name	Value
<b>Total:</b>		\$ -

**D. Annuity Plan(s):**

Company Name	Value	
<b>Total:</b>		\$ -

**E. Life Insurance: Present Cash Value**

Company	Death Benefit	Cash Value
<b>Total:</b>		\$0.00

Assets Continued to page 7

**6. ASSETS (continued)**

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):

Institutions	Type	Value
		<b>Total:</b> \$0.00

G.) List Mutual Funds, Stocks, Bonds, Savings Bonds, Brokerage Accounts:

Firm	Type	Value
		<b>Total:</b> \$0.00

H.) Financial Claims or Settlements from Any Source:

Description	Value
<b>Total:</b> \$ -	

I.) Deferred Compensation:

Description	Value
<b>Total:</b> \$0.00	

J.) Additional Assets: (Ownership Interest in Corporation, LLC, Life Estate)

Type	Name	Value
		<b>Total:</b> \$ -
<b>TOTAL ASSETS:</b>		<b>\$ -</b>

**7. LIABILITIES** (For additional liabilities attach separate form)

	Creditor	Nature of Debt	Date Incurred	Amount Due	Monthly Payment
a)					
b)					
c)					
d)					
e)					
f)					
g)					
h)					
<b>TOTAL LIABILITIES:</b>				\$ -	\$ -

Total Assets Minus Total Liabilities: \$ -

I certify under the pains and penalties of perjury, the information stated on the DR-6, my financial statement and the attached schedules, if any, is complete, true and accurate.

Date \_\_\_\_\_ Signature \_\_\_\_\_

**NOTARY CERTIFICATION**

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally appeared \_\_\_\_\_; he/she is personally known to me and/or he/she proved his/her identity through satisfactory evidence of identification; he/she executed and acknowledged said instrument to be his/her free act and deed.

Notary Signature: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

**FORM OF IDENTIFICATION:**

- Driver's License / State: \_\_\_\_\_ License Number \_\_\_\_\_
- State of RI Identification
- Passport
- Birth Certificate
- Other ID: \_\_\_\_\_

Schedule A

**RENT FROM INCOME PRODUCING PROPERTY**  
(Attach additional forms for each rental property if necessary.)

Gross Annual Rent Received: \_\_\_\_\_

Property Address: \_\_\_\_\_  
\_\_\_\_\_

**Annual Rental Expenses:**

Advertising: \_\_\_\_\_

Motor Vehicle and Travel: \_\_\_\_\_

Insurance: \_\_\_\_\_

Cleaning and Maintenance: \_\_\_\_\_

Commissions: \_\_\_\_\_

Interest on Mortgage to Banks: \_\_\_\_\_

Other Interest (*Specify*): \_\_\_\_\_

\_\_\_\_\_ :

\_\_\_\_\_ :

Legal and Professional Services:

Repairs: \_\_\_\_\_

Supplies: \_\_\_\_\_

Taxes: \_\_\_\_\_

Utilities: \_\_\_\_\_

Wages: \_\_\_\_\_

Other Expenses: \_\_\_\_\_

\_\_\_\_\_ :

\_\_\_\_\_ :

**Total Annual Rental Expenses:**

\$ -

**Total Net Annual Rental Income:**

\$ -

**Total Net Monthly Rental Income:**

\$ -