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**STATE OF RHODE ISLAND JUDICIARY
FAMILY COURT**

STATEMENT OF ASSETS, LIABILITIES, INCOME, AND EXPENSES

DR-6 Financial Statement

Case Number: _____

vs.

Plaintiff

Defendant

Plaintiff's Telephone Number

Defendant's Telephone Number

Plaintiff's Email

Defendant's Email

Plaintiff's Date of Birth

Defendant's Date of Birth

Name of Plaintiff's Attorney

Name of Defendant's Attorney

1. PERSONAL INFORMATION

Name: _____ Number of Children Living With You _____

Address: _____

City/Town, State: _____ Zip Code: _____

Employer: _____ Occupation: _____

Employer's Address: _____

City/Town, State: _____ Zip Code: _____

Employer's Telephone Number: _____

2. DO YOU HAVE HEALTH INSURANCE?

Yes No

If yes, **single plan** or **family plan**? Single Family

Name of Policy Holder: _____

Name of Insurance Provider: _____

Do you have a **dental plan**? Yes No

Name of Policy Holder: _____

Name of Insurance Provider: _____

Do you have a **vision plan**? Yes No

Name of Policy Holder: _____

Name of Insurance Provider: _____

3. TOTAL ASSETS (From Page 7)

Total Monthly Gross Income (From Page 2)

\$	TOTAL LIABILITIES (From Page 8)	\$
\$	Total <u>Monthly</u> Expenses (From Page 5)	\$

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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	\$	\$	\$	\$
Subtotal:	\$	\$	\$	\$
H. Dividends	\$	\$	\$	\$
I. Interest	\$	\$	\$	\$
J. Trusts	\$	\$	\$	\$
K. Annuities	\$	\$	\$	\$
L. Pensions	\$	\$	\$	\$
M. Retirement Funds	\$	\$	\$	\$
N. Social Security	\$	\$	\$	\$
O. Disability	\$	\$	\$	\$
P. Unemployment Insurance	\$	\$	\$	\$
Q. Workers' Compensation	\$	\$	\$	\$
R. Public Assistance (welfare, etc.)	\$	\$	\$	\$
S. Child Support	\$	\$	\$	\$
T. Alimony	\$	\$	\$	\$
U. Rental from Income Producing Property (Attach a 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: _____	\$	\$	\$	\$
Total Gross Income:	\$	\$	\$	\$

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5. EXPENSES (pages 3, 4, and 5)

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

Expenses Continued to page 4

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5. EXPENSES (continued)

	Weekly	Bi-Weekly	Monthly	Annual
5. Transportation				
Primary Vehicle Payment	\$	\$	\$	\$
Other Vehicle Payments	\$	\$	\$	\$
Vehicle Maintenance	\$	\$	\$	\$
Gas and Oil	\$	\$	\$	\$
Registration and Tax	\$	\$	\$	\$
Other: _____	\$	\$	\$	\$
Other: _____	\$	\$	\$	\$
Other: _____	\$	\$	\$	\$
Total Transportation:	\$	\$	\$	\$
6. General and Personal Expenses				
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: _____	\$	\$	\$	\$
Total General and Personal Expenses:	\$	\$	\$	\$
7. Children's Expenses and Activities				
Children's Clothing	\$	\$	\$	\$
Diapers	\$	\$	\$	\$
Day Care	\$	\$	\$	\$
School Supplies	\$	\$	\$	\$
School Lunches	\$	\$	\$	\$
Tuition and Lessons	\$	\$	\$	\$
Sports and Camps	\$	\$	\$	\$
Other: _____	\$	\$	\$	\$
Total Children's Expenses and Activities:	\$	\$	\$	\$

Expenses Continued to page 5

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5. EXPENSES (continued)

	Weekly	Bi-Weekly	Monthly	Annual
8. Other Expenses (For example, ungarnished child support or alimony). <i>Specify below.</i>				
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
Total Other Expenses:	\$	\$	\$	\$
9. Deductions from Paycheck				
Federal Income Tax <i>Number of exemptions:</i>				\$
State Income Tax <i>Number of exemptions:</i>				\$
Social Security	\$	\$	\$	\$
Medicare	\$	\$	\$	\$
Local Temporary Disability Insurance (TDI)	\$	\$	\$	\$
State Retirement	\$	\$	\$	\$
Union Dues	\$	\$	\$	\$
Garnishments	\$	\$	\$	\$
401(k)	\$	\$	\$	\$
Other Retirement Plans	\$	\$	\$	\$
Other:	\$	\$	\$	\$
Total Deductions from Paycheck:	\$	\$	\$	\$
10. Financial				
Loan Payments	\$	\$	\$	\$
Other Debts	\$	\$	\$	\$
Savings	\$	\$	\$	\$
Individual Retirement Account (IRA)	\$	\$	\$	\$
Other:	\$	\$	\$	\$
Total Financial:	\$	\$	\$	\$
TOTAL EXPENSES	\$	\$	\$	\$

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6. ASSETS

A. Real Estate

Primary Residence

Address: (street address, city, state, zip code) _____

Title Held in Name of: _____

Fair Market Value: _____

- Mortgage Balance: _____

Equity: \$

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Real Estate:

Address: (street address, city, state, zip code) _____

Title Held in Name of: _____

Fair Market Value: _____

- Mortgage Balance: \$

Equity: \$

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Real Estate:

Address: (street address, city, state, zip code) _____

Title Held in Name of: _____

Fair Market Value: _____

- Mortgage Balance: _____

Equity: \$

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Total Real Estate Equity: \$

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B. Motor Vehicle:

	Year	Make	Market Value	Vehicle Loan	Equity
Vehicle 1					\$
Vehicle 2					\$
Vehicle 3					\$
Total:					\$

C. List IRA, Keough, Pension Profit Sharing, 401k, other Retirement or Financial Plans, Financial Institution, or Plan Names:

Type	Name	Value
Total:		\$

D. Annuity Plan(s):

Company Name	Value	
Total:		\$

E. Life Insurance: Present Cash Value

Company	Death Benefit	Cash Value
Total:		\$

Assets Continued to page 7

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6. ASSETS (continued)

F. Savings and 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
Total:		\$

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

Firm	Type	Value
Total:		\$

H. Financial Claims or Settlements from Any Source:

Description	Value	
Total:		\$

I. Deferred Compensation:

Description	Value	
Total:		\$

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

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

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7. LIABILITIES (For additional liabilities attach separate form)

	Creditor	Nature of Debt	Date Incurred	Amount Due	Monthly Payment
TOTAL LIABILITIES:				\$	\$

Total Assets Minus Total Liabilities: \$

I certify under penalty of perjury that the information stated on this form and the attached schedules, if any, is complete, true, and accurate.

Date _____ **Signature** _____

NOTARY CERTIFICATION

State of _____

County of _____

On this _____ day of _____, 20____, before me, the undersigned notary public, personally appeared _____ personally known to the notary or proved to the notary through satisfactory evidence of identification, which was _____, to be the person who signed the preceding or attached document in my presence, and who swore or affirmed to the notary that the contents of the document are truthful to the best of his or her knowledge.

Notary Public: _____

My commission expires: _____

Notary Identification number: _____

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**SCHEDULE A
RENT FROM INCOME PRODUCING PROPERTY**

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: