

CONFIDENTIAL

STATE OF RHODE ISLAND AND



PROVIDENCE PLANTATIONS

STATEMENT OF ASSETS, LIABILITIES, INCOME, AND EXPENSES

FAMILY COURT

DR-6/FINANCIAL STATEMENT

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

Case Number \_\_\_\_\_

A DR-6 shall be filed with Complaints for Divorce, Bed and Board Divorce, Miscellaneous Complaints, or Child Support Complaints. A DR-6 shall be filed with Answers or Counterclaims or Modifications of Prior (Support) Orders.

<b>Plaintiff</b>	vs.	<b>Defendant</b>
<b>Plaintiff's Attorney/Bar Number</b>		<b>Defendant's Attorney/Bar Number</b>
<b>Attorney's Telephone Number</b>		<b>Attorney's Telephone Number</b>

1. PERSONAL INFORMATION

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

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

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

Number 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?

	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, <b>single plan</b> or <b>family plan</b> ?	Single	<input type="checkbox"/>	Family	<input type="checkbox"/>
Name of Policy Holder:	_____			
Name of Insurance Provider:	_____			
Do you have a <b>dental plan</b> ?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Name of Policy Holder:	_____			
Name of Insurance Provider:	_____			
Do you have a <b>vision plan</b> ?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Name of Policy Holder:	_____			
Name of Insurance Provider:	_____			

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**3. TOTAL ASSETS (From Page 7)**

\$
\$

**TOTAL LIABILITIES (From Page 8)**

\$
\$

Total Monthly Gross Income (From Page 2)

Total Monthly 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 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: _____				\$
<b>Total Gross Income:</b>	\$	\$	\$	\$

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

	Weekly	Bi-Weekly	Monthly	Annual
<b>1. Housing</b>				
Rent				\$
Mortgage Payment (Principle and 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 Telephone				\$
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>	\$	\$	\$	\$

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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>	\$	\$	\$	\$

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Expenses Continued to page 5

**5. EXPENSES (continued)**

	Weekly	Bi-Weekly	Monthly	Annual
<b>8. Other Expenses (For example, ungarished child support or alimony). <i>Specify below.</i></b>				
				\$
				\$
				\$
				\$
				\$
				\$
<b>Total Other Expenses:</b>	\$	\$	\$	\$

<b>9. Deductions from Paycheck</b>				
Federal Income Tax				\$
<b>Number of exemptions:</b>				\$
State Income Tax				\$
<b>Number of exemptions:</b>				\$
Social Security				\$
Medicare				\$
Local TDI				\$
State Retirement				\$
Union Dues				\$
Garnishments				\$
401(k)				\$
Other Retirement Plans				\$
Other: _____				\$
<b>Total Deductions from Paycheck:</b>	\$	\$	\$	\$

<b>10. Financial</b>				
Loan Payments				\$
Other Debts				\$
Savings				\$
IRA				\$
Other: _____				\$
<b>Total Financial:</b>	\$	\$	\$	\$

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<b>TOTAL EXPENSES:</b>	\$	\$	\$	\$
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## 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>		\$

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Assets Continued to page 7

## 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
		<b>Total:</b> \$

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

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

H.) Financial Claims or Settlements from Any Source:

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

I.) Deferred Compensation:

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

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

Type	Name	Value





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Birth Certificate

Other ID: \_\_\_\_\_

**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:** \$

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**Total Net Monthly Rental Income:**

\$
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