

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

STATEMENT OF ASSETS, LIABILITIES, INCOME AND EXPENSES

FAMILY COURT

, S.C.

DR-6 / FINANCIAL STATEMENT

C.A. No.:

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, Counterclaims or Modifications of Prior [Support] Orders.

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

I. 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?

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 LIABILITIES (From Page 8) \$ -

Tot. Monthly Gross Income (From Page 2) \$ - Tot. 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				
Subtotal:	\$ -	\$ -	\$ -	\$ -
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: _____				
Total Gross Income:	\$ -	\$ -	\$ -	\$ -

5. EXPENSES

	Weekly	Bi-Weekly	Monthly	Annual
I. Housing				
Rent				
Mortgage Payment (Principle & Interest)				
Property Tax				
Condo Fee				
Home Maintenance				
Snow Removal/Lawn Care				
Other: _____				
Total Housing:	\$ -	\$ -	\$ -	\$ -
2. Utilities				
Heating Oil				
Wood / Coal / Pellets				
Propane and Natural Gas				
Telephone / Cell Phone				
Electricity				
Cable Television / Internet				
Water and Sewer				
Trash Collection				
Other: _____				
Total Utilities:	\$ -	\$ -	\$ -	\$ -
3. Insurance				
Homeowner				
Renter				
Vehicle				
Health / Dental / Vision				
Life				
Disability				
Other Insurance: _____				
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 on Next Page

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 on Next Page

5. EXPENSES (continued)

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

Total Other Expenses:	\$ -	\$ -	\$ -	\$ -

9. Deductions from Paycheck

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

10. Financial

Loan Payments				
Other Debts				
Savings				
IRA				
Other: _____	\$ -			
Total Financial:	\$ -	\$ -	\$ -	\$ -
TOTAL EXPENSES:	\$ -	\$ -	\$ -	\$ -

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6. ASSETS (For additional Assets, attach separate form)

A. Real Estate

Real Estate:

Primary Residence: Yes: _____ No: _____

Address: _____

Title Held in Name of: _____

Fair Market Value: _____ - Mortgage Balance: _____
Equity: \$ _____ -

Real Estate:

Address: _____

Title Held in Name of: _____

Fair Market Value: _____ - Mortgage Balance: _____
Equity: \$ _____ -

Real Estate:

Address: _____

Title Held in Name of: _____

Fair Market Value: _____ - Mortgage Balance: _____
Equity: \$ _____ -

Total Equity: \$ _____ -

B. Motor Vehicle:

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

C. Please 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): Please List Company and Value

	Value:	
	Value:	
		Total: \$ _____ -

E. Life Insurance: Present Cash Value

Company	Death Benefit	Cash Value
		Total: \$ _____ -

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
		Total: \$ -

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

Firm	Type	Value
		Total: \$ -

H.) Financial Claims or Settlements from Any Source:

	Value:	
	Value:	
		Total: \$ -

I.) Deferred Compensation:

	Value:	
	Value:	
		Total: \$ -

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

Type	Name	Value
		Total: \$ -
		TOTAL ASSETS: \$ -

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)					
TOTAL LIABILITIES:				\$ -	\$ -

Total Assets Minus Total Liabilities:	\$ -
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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 _____, 2013, 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: _____
- 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: \$ -