



STATE OF RHODE ISLAND
AND
PROVIDENCE PLANTATIONS

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	\$0.00		
		22. TOTAL DEDUCTIONS	\$0.00
		23. NET INCOME (11-22)	\$0.00

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: _____

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 | \$0.00 |

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 & 27A - 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. Blue Cross				
48. Legal Fees				
49. <u>SEE EXHIBIT A</u>				
OTHER EXPENSES				
50. Mortgage				
51. House Taxes				
52. Home Insurance				
53. Upkeep for House				
54. Water Bill				
55. _____				
LOANS & OBLIGATIONS				
56. Auto Loan Balance _____				
Auto Year _____				
Auto Make _____				
57. _____				
58. _____				
59. _____				
TOTAL	\$0.00	\$0.00	\$0.00	\$0.00
60. Divide Monthly by 4.3	\$0.00			
61. Divide Yearly by 52	\$0.00			
62. GRAND TOTAL	\$0.00			

SIGNATURE PLAINTIFF/DEFENDANT

SUBSCRIBED AND SWORN TO ME ON THIS

_____ DAY OF _____, 19 2008

NOTARY PUBLIC