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STATE OF RHODE ISLAND

STATEMENT OF ASSETS, LIABILITIES, INCOME, AND EXPENSES



FAMILY COURT
_____, S.C

DR-6/FINANCIAL STATEMENT
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.

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

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, single plan or family plan ?	Single	<input type="checkbox"/>	Family	<input type="checkbox"/>
Name of Policy Holder: _____				
Name of Insurance Provider: _____				
Do you have a dental plan ?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Name of Policy Holder: _____				
Name of Insurance Provider: _____				
Do you have a vision plan ?	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				\$
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 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				\$
Condo Fee				\$
Home Maintenance				\$
Snow Removal/Lawn Care				\$
Other:				\$
Total Housing:	\$	\$	\$	\$
2. Utilities				
Heating Oil				\$
Wood/Coal/Pellets				\$
Propane and Natural Gas				\$
Telephone/Cell 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:	\$	\$	\$	\$

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Expenses Continued to page 4

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:	\$	\$	\$	\$

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Expenses Continued to page 5

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				\$
Number of exemptions:				\$
State Income Tax				\$
Number of exemptions:				\$
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:	\$	\$	\$	\$

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TOTAL EXPENSES:	\$	\$	\$	\$
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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					
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:		\$

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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
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

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Total:	\$
TOTAL ASSETS:	\$

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 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

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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:

\$
