

STATE OF MAINE

SUPERIOR COURT

_____ county, ss.

CV-_____

DISTRICT COURT

DIVISION OF _____

LOCATION _____

DOCKET NO. _____

_____, Plaintiff

v.

PLAINTIFF'S DEFENDANT'S
FINANCIAL STATEMENT
[M.R. CIV P. 80 (c)]

_____, Defendant

INSTRUCTIONS

This Financial Statement consists of three parts: Part I, General Statement; Part II, Inventory of Assets and Debts; and Part III, Expenses. You must complete Parts I and II. Complete Part III *only* if alimony or attorney fees are involved. In each section, number the items you list. If you need additional space, attach the information and identify all attachments by completing the information requested below. *If there is a minor child or minor children involved, check here and complete a Child Support Affidavit, Superior Court Form CV-5 or District Court Form DCCV-51.*

FINANCIAL STATEMENT

I make this Financial Statement based on my personal knowledge, information and belief. It consists of the following:

Parts I and II (Check this box if neither alimony nor attorney fees are involved.)

Parts I, II and III (Check this box if alimony and/or attorney fees are involved.)

This Financial Statement includes attachments for each of the following sections of Part II:

A B C D E F G H I

and attachments for each of the following sections of Part III:

A B1 B2 B3 B4 B5 B6 B7 B8

I have furnished the opposing party a copy of this Financial Statement *and* the following:

a. A copy of each of the federal income tax returns I have filed for the last two tax years (if I do not have copies to furnish the opposing party, I shall take steps to get them and will furnish them as soon as I receive them) and

b. A copy of each of the last three pay stubs I have received this year.

This Financial Statement is complete and is based on my personal knowledge, information and belief, and to the extent it is based on information, I believe such information to be true.

Date _____

Signature _____

State of _____

County of _____

Personally appeared the above-named plaintiff defendant and made oath to the foregoing.

Date _____

Notary Public Attorney

PART I. GENERAL STATEMENT

In this case, the following categories of property and property interests are involved. (*Check all items that apply.*)

A. Real Estate

B. Vehicles (*cars, trucks, snowmobiles, ATVs, motorcycles, boats, etc.*)

C. Tangible personal property (*household furniture and furnishings, jewelry, art objects, antiques, tools, recreation equipment, etc.*)

D. Cash, bank accounts, pensions and retirement accounts

E. Stocks, bonds and other securities

F. Life and disability insurance

G. Business Interests

H. Other assets (*not listed in any other category*)

I. Debts (*personal and business debts, credit card payments, unpaid medical expenses, and other debts, whether or not secured by lien or mortgage*)

Pursuant to M.R. Civ. P. 80(c), the information on this form is not subject to public inspection.

PART II. ASSETS AND DEBTS

I and/or my spouse own the following property and property interests and owe the following debts. *List all the property and property interests owned, and the debts owed by you and/or your spouse.* If you claim any asset or debt item to be nonmarital, check it in the nonmarital column and attach a full statement of the facts you rely on to support your claim.

A. REAL ESTATE: *List any interest in real estate (land, land and buildings) owned by you or your spouse. If there is a debt secured by the real estate (a mortgage), check in the debt column and list the debt/mortgage in Section I, Debts, on page 4. If you need more space, check here and add attachments as necessary.*

Address of Property	% of Ownership	County Recorded Book and Page	Date Purchased	Current Value	Debt	Non-Marital
1.						

B. VEHICLES: *List all vehicles (cars, trucks, motorcycles, snowmobiles, ATVs, boats, etc.) owned by you or your spouse. Give your best estimate of the current market value, not replacement cost, of each vehicle. Do not deduct debts secured by a vehicle. If there is a debt, check in the debt column and list the debt in Section I, Debts, on page 4. If you need more space, check here and add attachments as necessary.*

Year, Make, Model and Description of Each Vehicle	Date Acquired	Current Value	Debt	Non-marital
1.				

C. TANGIBLE PERSONAL PROPERTY. *List all items of tangible personal property having a value in excess of \$100 each, giving your best estimate of the current market value, not the replacement cost. Examples are household furniture and furnishings, jewelry, art objects, antiques, tools, recreation equipment, etc. Do not deduct debts secured by any item. If there is a debt, check in the debt column and list the debt in Section I, Debts, on page 4. If you need more space, check here and add attachments as necessary.*

Description of Each Item With a Value in Excess of \$100	Date Acquired	Current Value	Debt	Non-marital
1.				

D. CASH, BANK ACCOUNTS, PENSION AND RETIREMENT ACCOUNTS. List cash, all savings and checking accounts, money market accounts, certificates of deposit, profit sharing plans, pension plans, IRAs, Keoughs, annuities, etc. Give current market value of each item. If you need more space, check here and add attachments as necessary.

Name of Institution	Description of Account	Date Acquired	Account Number	Current Value	Non-Marital
1.					

E. STOCKS, BONDS AND OTHER SECURITIES. List all stocks, bonds, warrants, options, debentures, notes or any other securities. Give your best estimate of the current market value of each item. Do not deduct debts secured by any item. If there is a debt, check in the debt column and list the debt in Section I, Debts, on page 4. If you need more space, check here and add attachments as necessary.

Name	Description and Number of Units	Date Acquired	Current Value	Debt	Non-Marital
1.					

F. LIFE AND DISABILITY INSURANCE. Give complete information. Do not deduct debts secured by any other item. If there is a debt, check in the debt column and list the debt in Section I, Debts, on page 4. If you need more space, check here and add attachments as necessary.

Company & Policy Number	Type of Policy	Beneficiary	Death Benefit	Current Cash Surrender Value	Non-Marital
1.					

G. BUSINESS INTERESTS. Show any interest in a business. Business includes sole proprietorships, partnerships, professional associations, accounts receivable, inventory and assets. Give your best estimate of the current market value of the business/assets. If there are debts, note in the debt column, and list the debts in Section I, Debts, on page 4. If you need more space, check here and add attachments as necessary.

Name of Firm or Company	Extent and Type of Interest	Date Acquired	Current Value	Debt	Non-Marital
1.					

H. OTHER ASSETS. List all other property, having a value in excess of \$100 for each item, which has not been listed in any other category above. Give your best estimate of current market value. Examples: any right to sue, lump sum settlement of personal injury, workers compensation, patents, income tax payments or deductions for current year, anticipated income tax refunds, etc. Do not deduct debts secured by any item. If there is a debt, check in the debt column and list the debt in Section I, Debts, below. If you need more space, check here and add attachments as necessary.

Item	Date Acquired	Current Value	Debt	Non-Marital
1.				

I. DEBTS. List all personal and business debts, credit card accounts, unpaid medical expenses, and other debts. If the debt is secured by a mortgage, lien, or other security interest on property listed in this Part, write in the "Security" column the section and item number where the property is listed in this Part, e.g., A1, B1, etc. If you need more space, check here and add attachments as necessary.

Name & Address of Creditor	Date Incurred	Name of Person(s) Liable	Amount Now Owed	Security	Non-Marital
1.					

PART III. INCOME AND EXPENSES

This part must be completed in any case that involves alimony and/or attorney fees. If you need additional space, attach separate sheets.

A. INCOME AND MONEY RECEIVED. *Include all gross income and other money from all sources, whether taxable or not. Give current actual amount, if known. If you do not know or cannot obtain actual amounts, give your best estimate.*

	Use applicable period, either:		
	Weekly	Monthly	Yearly
1. Wages/Self-employment (Show deductions in B1 below)	\$	\$	\$
2. Bonuses	\$	\$	\$
3. Commissions/Tips	\$	\$	\$
4. Unemployment Payments	\$	\$	\$
5. Workers' Compensation/Disability Payments	\$	\$	\$
6. Public Assistance	\$	\$	\$
7. Pensions/Annuities	\$	\$	\$
8. Interest/Dividends/Investment Income	\$	\$	\$
9. Partnerships/Trusts/Royalties	\$	\$	\$
10. Rental Income	\$	\$	\$
11. Military Reserve/National Guard Income	\$	\$	\$
12. Employer-furnished Benefits (e.g., car, room, insurance)	\$	\$	\$
13. Other (specify)	\$	\$	\$
TOTAL INCOME	\$	\$	\$

B. EXPENSES AND DEDUCTIONS. *List all expenses paid and amounts deducted from gross income from wages and self-employment. If any payment you list is a payment on a debt, show the section and item number where that debt is listed in Part II, Section I, Debts, on page 4.*

1. DEDUCTIONS FROM WAGES AND SELF-EMPLOYMENT INCOME.

	Section & Item No.	Use applicable period, either:		
		Weekly	Monthly	Yearly
a) Federal Income Tax (number of exemptions _____)		\$	\$	\$
b) State Income Tax		\$	\$	\$
c) F.I.C.A.		\$	\$	\$
d) Self-employment Tax		\$	\$	\$
e) Medical Insurance		\$	\$	\$
f) Union Dues		\$	\$	\$
g) Payment on Loans		\$	\$	\$
h) Savings/Bonds		\$	\$	\$
i) Retirement		\$	\$	\$
j) Support Payments/Alimony		\$	\$	\$
k) Other (specify)		\$	\$	\$
TOTALS		\$	\$	\$

2. HOUSING EXPENSES. List all housing expenses. If any payment you list is a payment on a debt, show the section and item number where that debt is listed in Part II, Section I, Debts, on page 4.

	Section & Item No.	Use applicable period, either:		
		Weekly	Monthly	Yearly
a) Mortgage		\$	\$	\$
b) Rent		\$	\$	\$
c) Taxes on Residence		\$	\$	\$
d) Home/Furnishings Insurance		\$	\$	\$
e) Repairs and Maintenance		\$	\$	\$
f) Water and Sewer		\$	\$	\$
g) Electricity		\$	\$	\$
h) Heating and Cooking Fuel/Gas		\$	\$	\$
i) Telephone		\$	\$	\$
j) Cable TV		\$	\$	\$
k) Other (specify)		\$	\$	\$
TOTALS		\$	\$	\$

3. HOUSEHOLD EXPENSES. List all your household expenses. If any payment you list is a payment on a debt, show the section and item number where that debt is listed in Part II, Section I, Debts, on page 4.

	Section & Item No.	Use applicable period, either:		
		Weekly	Monthly	Yearly
a) Groceries		\$	\$	\$
b) Clothing (self and children)		\$	\$	\$
c) Laundry and Dry Cleaning		\$	\$	\$
d) Toiletries and Sundries		\$	\$	\$
e) Grooming		\$	\$	\$
f) General Household Supplies		\$	\$	\$
g) Other (specify)		\$	\$	\$
TOTALS		\$	\$	\$

4. TRANSPORTATION EXPENSES. List all your transportation expenses. If any payment you list is a payment on a debt, show the section and item number where that debt is listed in Part II, Section I, Debts, on page 4.

	Section & Item No.	Use applicable period, either:		
		Weekly	Monthly	Yearly
a) Vehicle Payments		\$	\$	\$
b) Vehicle Insurance		\$	\$	\$
c) License, Registration, Taxes		\$	\$	\$
d) Maintenance		\$	\$	\$
e) Gasoline, Oil, Inspections		\$	\$	\$
f) Parking, Tolls		\$	\$	\$
g) Other (specify)		\$	\$	\$
TOTALS		\$	\$	\$

5. HEALTH AND MEDICAL EXPENSES. List all health and medical expenses. If any payment you list is a payment on a debt, show the section and item number where that debt is listed in Part II, Section I, Debts, on page 4.

	Section & Item No.	Use applicable period, either:		
		Weekly	Monthly	Yearly
a) Doctors		\$	\$	\$
b) Hospital Expenses		\$	\$	\$
c) Dentist/Orthodontist		\$	\$	\$
d) Therapist		\$	\$	\$
e) Medical/Dental Insurance		\$	\$	\$
f) Prescriptions		\$	\$	\$
g) Other (specify)		\$	\$	\$
TOTALS		\$	\$	\$

6. CREDIT CARD, CHARGE ACCOUNT AND LOAN PAYMENTS. List all credit card, charge account and loan payments. Show the section and item number where that debt is listed in Part II, Section I, Debts, on page 4.

	Section & Item No.	Use applicable period, either:		
		Weekly	Monthly	Yearly
a)		\$	\$	\$
b)		\$	\$	\$
c)		\$	\$	\$
d)		\$	\$	\$
e)		\$	\$	\$
f)		\$	\$	\$
g)		\$	\$	\$
TOTALS		\$	\$	\$

7. MISCELLANEOUS EXPENSES. List all miscellaneous expenses. If any payment you list is a payment on a debt, show the section and item number where that debt is listed in Part II, Section I, Debts, on page 4.

	Section & Item No.	Use applicable period, either:		
		Weekly	Monthly	Yearly
a) Life Insurance Premiums		\$	\$	\$
b) Entertainment/Recreation		\$	\$	\$
c) Vacation Expenses		\$	\$	\$
d) Childcare Expenses		\$	\$	\$
e) Support/Alimony Payments		\$	\$	\$
f) Newspapers/Periodicals		\$	\$	\$
g) Other (specify)		\$	\$	\$
TOTALS		\$	\$	\$

8. OTHER EXPENSES NOT LISTED ELSEWHERE ON THIS FORM. If you have other expenses, e.g., allowances for children, gifts, charities, etc., check here and list them on an attachment.