

CONFIDENTIAL

STATE OF RHODE ISLAND AND



PROVIDENCE PLANTATIONS

STATEMENT OF ASSETS, LIABILITIES, INCOME AND EXPENSES

FAMILY COURT

DR-6/FINANCIAL STATEMENT

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

Case # \_\_\_\_\_

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 or Counterclaims; 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

1. 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?

If yes, **single plan** or **family plan**? Yes  No   
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: \_\_\_\_\_

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Name of Insurance Provider: \_\_\_\_\_

<b>3. TOTAL ASSETS (From Page 7)</b>	\$ -	<b>TOTAL LIABILITIES (From Page 8)</b>	\$ -
<b>Total <u>Monthly</u> Gross Income (From Page 2)</b>	\$ -	<b>Total <u>Monthly</u> Expenses (From Page 5)</b>	\$ -

**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: _____				\$ -

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<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 & 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 Phone				\$ -
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				\$ -

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Other:				\$ -
<b>Total Uninsured Health Care Expenses:</b>	\$ -	\$ -	\$ -	\$ -

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>	\$ -	\$ -	\$ -	\$ -

	Weekly	Bi-Weekly	Monthly	Annual
<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>	\$ -	\$ -	\$ -	\$ -

	Weekly	Bi-Weekly	Monthly	Annual
<b>7. Children's Expenses and Activities</b>				
Children's Clothing				\$ -
Diapers				\$ -
Day Care				\$ -
School Supplies				\$ -

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School Lunches				\$ -
Tuition and Lessons				\$ -
Sports and Camps				\$ -
Other:				\$ -
<b>Total Children's Expenses and Activities:</b>	\$ -	\$ -	\$ -	\$ -

Expenses Continued to page 5

### 5. EXPENSES (continued)

	Weekly	Bi-Weekly	Monthly	Annual
<b>8. Other Expenses (For example, ungarnished 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>				

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Loan Payments				\$ -
Other Debts				\$ -
Savings				\$ -
IRA				\$ -
Other:				\$ -
<b>Total Financial:</b>	\$ -	\$ -	\$ -	\$ -
<b>TOTAL EXPENSES:</b>	\$ -	\$ -	\$ -	\$ -

## 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

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

E. Life Insurance: Present Cash Value

Company	Death Benefit	Cash Value
		<b>Total:</b>

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

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<b>Total:</b>	
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J.) Additional Assets: (Ownership Interest in Corporation, LLC, Life Estate)

Type	Name	Value
		<b>Total:</b> \$ -
		<b>TOTAL ASSETS:</b> \$ -

7. **LIABILITIES** (For additional liabilities attach separate form)

	Creditor	Nature of Debt	Date Incurred	Amount Due	Monthly Payment
				<b>TOTAL LIABILITIES:</b> \$ -	\$ -

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



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\_\_\_\_\_ ; 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
- 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: \_\_\_\_\_

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Utilities:

\_\_\_\_\_

Wages:

\_\_\_\_\_

Other Expenses:

\_\_\_\_\_

\_\_\_\_\_ :

\_\_\_\_\_

\_\_\_\_\_ :

\_\_\_\_\_

**Total Annual Rental Expenses:**

\$ -

**Total Net Annual Rental Income:**

\$ -

**Total Net Monthly Rental Income:**

\$ -