

FINANCIAL INFORMATION

Confidential information provided on this form is protected by the attorney-client privilege and is intended for the use of your legal counsel. Any information provided in this form which is detrimental to you will not be revealed by counsel without your consent unless it is in your best interests to do so except in certain narrow and limited situations required or authorized by law. If you have any questions about the confidentiality of this information we will be pleased to answer them. Because this information is provided in confidence, we ask that your answers be as truthful, complete and accurate as possible.

FOR OFFICE USE ONLY

Client #: _____

Docket #: _____

FINANCIAL INFORMATION

Please list any joint bank accounts with the opposing party.

Please list credit cards and charge accounts, who can use them and who is responsible for the bill.

Account	May Be Used By	Responsible Party
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Assets (of you and opposing party)

Estimate the value of each of the following items of property. If any item is located outside of Massachusetts, indicate where such item is located and, if necessary, give details on a separate sheet. Indicate how much of each asset was contributed by you and how much by opposing party (OP) or, where noted, joint (J).

Bank Accounts (savings & checking)	In Whose Name	% Contributed by You / by OP	Present Value	Location of Article
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Stocks & Bonds (include number of shares)	In Whose Name	% Contributed by You / by OP	Present Value	Location of Article
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Miscellaneous Property: patents, trademarks, copyrights, royalties, limited partnership interests, proprietary interests and other investments.

Significant Personal Effects: automobiles, jewelry, art, antiques, boats, aircraft, collections, furs and tangible personal property

In Whose Name	% Contributed by You / by OP	Present Value	Location of Article

Real Estate:

Location	Purchase Date	Purchase Price	Present Value	Mortgage Balance	Owner	% Contributed By You/OP

Business Interests: Including sole proprietorship, corporations, partnerships, etc.

Item	Owned by You/OP/ Joint	Value

Money owed to you or OP:

Reason Due	Amount	By Whom	When

Employee Benefits: pension; retirement; profit-sharing plans, regardless of whether presently vested or by whom contributed; company car; expense account; etc.

Children's Assets and Income:

Expected gifts or inheritance (you, OP and children): when, by whom, from whom and in what amount (if known).

Insurance:

1. Life Insurance for you and OP:

a. Individually acquired

Insured You or OP	Company	Face Value	Type	Owner	Beneficiary
Policy 1.	_____	_____	_____	_____	_____
Policy 2.	_____	_____	_____	_____	_____
Policy 3.	_____	_____	_____	_____	_____
Policy 4.	_____	_____	_____	_____	_____

Who Pays Existing Loan	Premium & Value	Cash Surrender
Policy 1.	_____	_____
cont'd	_____	_____
Policy 2.	_____	_____
cont'd	_____	_____
Policy 3.	_____	_____
cont'd	_____	_____
Policy 4.	_____	_____
cont'd	_____	_____

b. Employment-Related

Insured You or Spouse	Company	Value	Face Type	Owner	Beneficiary
Policy 1.	_____	_____	_____	_____	_____
Policy 2.	_____	_____	_____	_____	_____
Policy 3.	_____	_____	_____	_____	_____
Policy 4.	_____	_____	_____	_____	_____

Who Pays Existing Loan	Premium & Value	Cash Surrender
Policy 1.	_____	_____
cont'd	_____	_____
Policy 2.	_____	_____
cont'd	_____	_____
Policy 3.	_____	_____
cont'd	_____	_____

Other Insurance: Include insurer, persons covered, nature and extent of coverage and whether group or individual, by whom paid and how much, and in the case of a divorce or divorce modification, whether both spouses can remain covered after divorce is final.

a. Medical:

(i) Hospital: _____
Insurer (i.e., Blue Cross/Blue Shield) _____
Policy # _____

(ii) Dental: _____

(iii) Other Insurance: _____

b. Disability: _____

c. Legal Insurance: _____

d. Other: _____

Liabilities (of you and OP)

A. Mortgages on Real Estate

Item	Owned by	Present Amount	When Due
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

B. Notes or Loans Owed to Banks and Others

Item	Owned by	Present Amount	When Due
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

C. Other Debts: i.e., car and tuition loans, consumer credit or alimony obligations

Item	Owned by	Present Amount	When Due
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

D. Special Medical and Educational Needs:

Item	Owned by H/W/J	Present Amount	When Due

If any of your children has special educational needs, please explain on a separate sheet.

If you or your spouse or your children are presently receiving medical (including psychological or psychiatric) care, please provide full details on a separate sheet, including names and addresses of doctors' term, frequency and cost.

Annual Income

	Self	Spouse	Joint
Gross Salary	_____	_____	_____
Dividend Income	_____	_____	_____
Interest Income	_____	_____	_____
Income from Trusts	_____	_____	_____
Rental Income	_____	_____	_____
Other Income	_____	_____	_____
TOTAL ANNUAL INCOME	_____	_____	_____
(Sum of Above)			