

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
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 & 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
Jennifer Hoopis D'Ambra, Esq., 5548		_____
Plaintiff's Attorney/Bar Number		Defendant's Attorney/Bar Number
401-823-6266		_____
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?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Single	<input type="checkbox"/>	Family	<input type="checkbox"/>

If yes, **single plan** or **family plan**?
 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: _____
 Name of Insurance Provider: _____

3. TOTAL ASSETS (From Page 7) _____ **TOTAL LIABILITIES (From Page 8)** _____

Tot. Monthly Gross Income (From Page 2) _____ Tot. 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 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:				

5. EXPENSES (pages 3, 4, 5)

	Weekly	Bi-Weekly	Monthly	Annual
1. Housing				
Rent				
Mortgage Payment (Principle & 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 Phone				
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:				

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:				

Expenses Continued to page 5

5. EXPENSES (continued)

Weekly	Bi-Weekly	Monthly	Annual
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8. Other Expenses (For example, ungarnished child support or alimony). *Specify below.*

Total Other Expenses:				

9. Deductions from Paycheck

Federal Income Tax				
<i>number of exemptions:</i> _____				\$ -
State Income Tax				
<i>number of exemptions:</i> _____				
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:				
TOTAL EXPENSES:				

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:		

Assets Continued to page 7

7. LIABILITIES (For additional liabilities attach separate form)

		Creditor	Nature of Debt	Date Incurred	Amount Due	Monthly Payment
a)						
b)						
c)						
d)						
e)						
f)						
g)						
h)						
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

Birth Certificate

Other ID: _____

Schedule A

RENT FROM INCOME PRODUCING PROPERTY
(Attach additional forms for each rental property if necessary.)

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:

Total Net Monthly Rental Income: _____