

MAINE JUDICIAL BRANCH

_____ Plaintiff

DISTRICT COURT

V.

Location (Town): _____

_____ Defendant

Docket No.: _____

**PLAINTIFF'S DEFENDANT'S
FINANCIAL STATEMENT**

PLEASE NOTE: If either party wishes to keep an address confidential, that party may complete an **Affidavit for Confidential Address (FM-057)**. This form is available at the Clerk's Office or at www.courts.maine.gov.

INSTRUCTIONS

The financial statement consists of two parts: Part 1 – Assets and Debts; and Part 2 – Income and Expenses. You **must** complete Part 1. Complete Part 2 **only** if spousal support (alimony) or attorney fees are involved in your case. You must sign and file the original version of this financial statement with the court and send a copy to the other party three business days before mediation, or as otherwise ordered by the Court.

IMPORTANT: (1) If you intentionally or recklessly enter inaccurate or misleading information on this form, the court may order penalties and sanctions, including court costs and attorney fees; and (2) if you need more room to complete this form, please complete and attach an additional page.

PART 1 – ASSETS AND DEBTS

"FMV" means fair market value throughout this form.

1. My assets:

a. Real Estate

	Address	Name on Title	FMV	Balance Due	Non-marital
1.			\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N
2.			\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N
3.			\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N
4.			\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N

b. Motor Vehicles (cars, boats, trailers, motorcycles, aircrafts, etc.)

	Year, Make, and Model	Name on Title	FMV	Balance Due	Non-marital
1.			\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N
2.			\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N
3.			\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N
4.			\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N

In **1a**, enter information for your real estate. If you claim any real estate to be non-marital, check "Y" in the non-marital column and attach a full statement of facts you rely on to support your claim.

In **1b**, enter information about your motor vehicles.

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c. Tangible personal property with a value over \$500 each

In **1c**, enter information regarding your tangible personal property that is worth at least \$500. Examples may include televisions, laptops, furniture, and jewelry.

	Description of each item	Date Acquired (mm/dd/yyyy)	FMV	Balance Due	Non-marital
1.			\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N
2.			\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N
3.			\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N
4.			\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N
5.			\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N
6.			\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N
7.			\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N
8.			\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N
9.			\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N
10.			\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N

In **1d**, enter the amount of cash you have in your possession that is not in a bank account.

d. **Cash Amount:** \$ _____

e. Bank Accounts (savings and checking accounts, money market accounts, certificates of deposit, etc.)

In **1e**, list all your bank accounts, the names of everyone on each account, what type of account it is, and how much money is currently in each account (the balance).

	Name of Bank or Institution	Name(s) on Account	Account Type	Balance
1.				\$
2.				\$
3.				\$
4.				\$
5.				\$
6.				\$
7.				\$
8.				\$
9.				\$
10.				\$

f. Retirement Benefits and Deferred Compensation (pension plan, annuity, IRA, 401(k), 403(b), SEP)

In **1f**, enter information about retirement benefits (vested and non-vested).

	Name of Plan	Type of Plan	FMV or Account Balance
1.			\$
2.			\$
3.			\$
4.			\$
5.			\$

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g. **Investment/Brokerage Accounts, Mutual Funds, Securities Stocks, Bonds, Options, ESOPs, and Secured or Unsecured Notes**

In **1g**, enter information for your investment and brokerage accounts, etc.

	Company Name	# Shares	Type	Owner	FMV
1.					\$
2.					\$
3.					\$
4.					\$
5.					\$

In **1h**, enter information about your business interests.

In **Type**, enter whether the business is a corporation, S Corp, or LLC, etc.

h. **Business Interests**

	Name of Business	Type	% of Ownership	FMV
1.				\$
2.				\$
3.				\$
4.				\$
5.				\$

In **1i**, enter information about each life insurance policy you have for yourself, the other party, or your children.

i. **Life Insurance Policies**

	Name of Insurance Company	Type of Policy	Death Benefit	Cash Value
1.			\$	\$
2.			\$	\$
3.			\$	\$
4.			\$	\$
5.			\$	\$

In **1j**, enter information about lawsuits and claims you filed or intend to file. If you did not recover anything, enter \$0, or if your case is still pending or has not yet been filed, enter unknown.

j. **Lawsuits and Claims (workers' compensation, disability, etc.)**

	Case Number	Date Lawsuit or Claim Filed (mm/dd/yyyy)	Amount Recovered
1.			\$
2.			\$
3.			\$
4.			\$
5.			\$

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k. Income Tax Refunds or Amounts Owed for the Last 2 Years (*federal and state*)

In **1k**, enter information about your federal and state tax returns for the last 2 years. Enter an amount under **Refund** if you received money or **Amount Owed** if you owed additional taxes.

	Tax Year (yyyy)	Federal – Amount Owed	Federal - Refund	State – Amount Owed	State - Refund
1.		\$	\$	\$	\$
2.		\$	\$	\$	\$

2. My Debts

In **2**, enter your debts including credit cards and past due bills. Do not include debt payments previously listed in **1** above, such as your mortgage or car payment.

In **Total Monthly Debt Payments**, add the **Monthly Payment** amounts together and enter the total. If you have to add an additional page with information, make sure to include those amounts, as well.

	Creditor Name	Describe Nature of Debt (<i>household goods, attorney's fees, etc.</i>)	Amount Owed	Monthly Payment Being Made
1.			\$	\$
2.			\$	\$
3.			\$	\$
4.			\$	\$
5.			\$	\$
6.			\$	\$
7.			\$	\$
8.			\$	\$
9.			\$	\$
10.			\$	\$

Total Monthly Debt Payments: \$ _____

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PART 2 INCOME AND EXPENSES

3. Information about other household members:

I currently live with another adult who is not the plaintiff or defendant in this case who helps pay my expenses:

Yes No

In 4, check all that apply. Provide all information requested about your jobs, including all full-time, part-time, temporary, contract, or other work.

4. My employment:

a. I am unemployed self-employed employed by someone else

b. Employer name: _____

c. Employer address: _____
Street Address, Apt.

City State Zip

d. Number of paychecks per year: 12 (monthly) 24 (two times a month)

26 (every two weeks) 52 (weekly)

I am paid in cash

e. Gross income (before taxes and deductions) so far this year \$ _____
 as of _____
Date (mm/dd/yyyy)

In 4e, enter your total gross income from all sources from January 1 of this year through the date you fill out this form.

In 5a, check only one.

5. My gross income and taxes from last year:

a. Tax filing status: Married (Joint) Married (Separate) Single
 Head of Household Did not file

b. Number of dependent exemptions claimed: _____

c. Total number of exemptions claimed: _____

d. Amount of most recent tax refund: \$ _____ or amount owed \$ _____

e. Gross income (before taxes and deductions) last year: \$ _____
 Year: _____

In 5a-d, enter the information you submitted on last year's IRS tax return. If you did not file a tax return for last year, check **Did not file**, leave a-d blank, but still complete 5e.

6. Bankruptcy in the last 5 years:

I filed for bankruptcy in the last 5 years: Yes No

7. My gross weekly bi-weekly monthly other: _____ income (before taxes and deductions) is:

Regular employment earnings (salary, wages, base pay, etc.)	\$ _____
Overtime	\$ _____
Commission	\$ _____
Tips	\$ _____
Bonus	\$ _____

In 7, **Regular employment earnings** mean the gross income you receive on a regular basis from employment.

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Income other than **Regular employment earnings**, such as **Overtime, Commission, or Bonus** should be listed separately.

For **Educational funds** include fellowships, stipends, grants, scholarships, etc.

In **Total Gross Income**, add the amounts in **7** together and enter the total.

In **8**, use information from your paystubs, tax records, and other sources to identify all properly calculated deductions.

- Pension and other retirement benefits \$ _____
- Annuity \$ _____
- Interest income \$ _____
- Dividend income \$ _____
- Trust income \$ _____
- Social Security: SSI SSDI retirement (check all that apply) \$ _____
- Unemployment benefits \$ _____
- Disability payment (not Social Security) \$ _____
- Workers' compensation \$ _____
- TANF and SNAP \$ _____
- Military allowances \$ _____
- Investment income \$ _____
- Rental income \$ _____
- Partnership income \$ _____
- Distributions and draws \$ _____
- Royalty income \$ _____
- Educational funds (include payments made directly to the school) \$ _____
- Maintenance \$ _____
- Child support for children of this relationship \$ _____
- Child support for children not of this relationship \$ _____
- Gifts of money \$ _____
- Other _____ \$ _____

Total gross weekly bi-weekly monthly other income \$ _____

8. My weekly bi-weekly monthly other: _____ **deductions are:**

- Federal tax \$ _____
- State tax \$ _____
- FICA (or Social Security equivalent) \$ _____
- Medicare tax \$ _____
- Mandatory retirement contributions (by law or condition of employment) \$ _____
- Union dues \$ _____
- Health insurance premiums (medical, dental, vision) \$ _____
- Life insurance premiums to secure child support \$ _____
- Child support actually paid under a court order in a different case \$ _____
- Maintenance actually paid under a court order in a different case \$ _____
- Maintenance actually paid or payable under a court order in this case \$ _____

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Expenditures for repayment of debts that represent reasonable and necessary expenses for the production of income including, but not limited to, student loans, medical expenditures necessary to preserve life or health, reasonable expenditures for the benefit of the child and other parent exclusive of gifts.

Foster care payments paid by DHHS

\$ _____
\$ _____

In **Total Monthly Deductions**, add the amounts from **8 together and enter the total.**

Total weekly bi-weekly monthly other deductions

\$ _____

In **9a**, enter the amount your household spends on each item each month.

9. My monthly living expenses are:

a. Household Expenses

- Mortgage or rent \$ _____
- Home equity (*HELOC*) and second mortgage \$ _____
- Real estate taxes \$ _____
- Homeowners or condo association dues and assessments \$ _____
- Homeowner or renter insurance \$ _____
- Gas \$ _____
- Electric \$ _____
- Telephone \$ _____
- Cable or satellite TV \$ _____
- Internet \$ _____
- Water and sewer \$ _____
- Garbage removal \$ _____
- Laundry and dry cleaning \$ _____
- House cleaning service \$ _____
- Necessary repairs and maintenance to my property \$ _____
- Pet care \$ _____
- Groceries, household supplies, and toiletries \$ _____
- Other _____ \$ _____

Subtotal monthly household expenses \$ _____

In **Subtotal Monthly Household Expenses**, add the amounts in **9a** together and enter the total.

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b. Transportation Expenses

In **9b**, enter the amount you spend monthly on each type of transportation expense.

Car payment	\$ _____
Repairs and maintenance	\$ _____
Insurance, license, and city stickers	\$ _____
Gasoline	\$ _____
Taxi, ride-share, bus, and train	\$ _____
Parking	\$ _____
Other: _____	\$ _____

If you have other transportation expenses not listed in **9b**, describe the expense in **Other** and enter the amount.

Subtotal monthly transportation expenses \$ _____

c. Personal expenses

In **9c**, enter the amount you spend monthly only for yourself on each type of expense. Do not include expenses you are reimbursed for through insurance or your employer.

Medical expenses (<i>out of pocket expenses</i>)	
Doctor visits	\$ _____
Therapy and counseling	\$ _____
Dental and orthodontia	\$ _____
Optical	\$ _____
Medicine	\$ _____
Life insurance (<i>not required by law to secure child support</i>)	
Life (<i>term</i>)	\$ _____
Life (<i>whole or annuity</i>)	\$ _____
Clothing	\$ _____
Grooming (hair, nails, spa, etc.)	\$ _____
Club membership dues	\$ _____
Other: _____	\$ _____
Other: _____	\$ _____

In **Subtotal Monthly Personal Expenses**, add the amounts in **9c** together and enter the total.

Subtotal monthly personal expenses \$ _____

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In **9d**, enter the amount spent monthly on the minor and dependent children of this relationship.

In **Medical**, do not include expenses you are reimbursed for through insurance or your employer.

If there are other child- related expenses not listed in **9d**, describe the expense in **Other** and enter the amount.

d. Minor and Dependent Children Expenses

Clothing	\$ _____
Education	
Tuition	\$ _____
Books, fees, and supplies	\$ _____
School lunch	\$ _____
Before and after school care	\$ _____
Tutoring	\$ _____
Other education: _____	\$ _____
Medical (<i>out of pocket expenses</i>)	
Doctor visits	\$ _____
Therapy or counseling	\$ _____
Dental or orthodontia	\$ _____
Optical	\$ _____
Medicine/prescriptions	\$ _____
Other medical: _____	\$ _____
Other: _____	\$ _____
Other: _____	\$ _____

Subtotal monthly children expenses \$ _____

TOTAL MONTHLY LIVING EXPENSES \$ _____
(add together subtotals from subsections a – d)

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I hereby certify that the information in this Financial Statement is complete and is based on my personal knowledge, information, and belief.

I certify that I will send the opposing party complete copies of this Financial Statement, my federal tax returns for the last two years, and my three most recent paystubs, **not later than three days before mediation.**

I swear under penalty of perjury that the above statements are true and correct. I understand that these statements are made for use as evidence in court and that I am subject to prosecution for perjury punishable by up to 5 years in prison and a fine of up to \$5,000 if I give false information to the court.

Date (mm/dd/yyyy): _____

▶ _____
Signature of Plaintiff Defendant

Attorney: _____
Address: _____

Name: _____
 Address is confidential (if so, leave blank below)

Address: _____

Telephone: _____

Telephone: _____

Email: _____

Email: _____

STATE OF MAINE

_____ County

Personally appeared the above-named party, _____, and made oath that the foregoing statements are true under penalty of perjury.

Before me,

Date (mm/dd/yyyy): _____

 Attorney at Law Notary Public Clerk

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