

MAINE JUDICIAL BRANCH

Plaintiff
V.

Defendant

DISTRICT COURT
Location (Town): _____
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 of Both Parties; and Part 2, Income and Expenses (of the party completing this statement). 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 (3) business days before mediation, or as otherwise ordered by the Court.

IMPORTANT: 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.

Check here if you have attached additional page(s) because you need more space to complete one or more sections of this form.

PART 1 – ASSETS AND DEBTS OF BOTH PARTIES

1. Parties' Assets

a. Real Estate (Enter information about real estate held by both parties together or individually):

	Address	Name(s) on Title	County Recorded, Book and Page	Date Acquired (mm/dd/yyyy)	Fair Market Value	Debt Owed	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

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b. **Motor Vehicles** (Enter information about your and your spouse's motor vehicles, including cars, boats, trailers, motorcycles, aircrafts, etc.):

	Year, Make, and Model	Name on Title	Date Acquired (mm/dd/yyyy)	Fair Market Value	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

c. **Tangible personal property with a value over \$500 each** (Enter information about personal property of you and your spouse. Examples may include televisions, laptops, furniture, jewelry):

	Description of each item	Date Acquired (mm/dd/yyyy)	Fair Market Value	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

d. **Cash amount** (Enter the amount of cash you and your spouse have in your possession that is not in a bank account): \$ _____

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e. **Bank Accounts** (Enter information about savings and checking accounts, money market accounts, certificates of deposit, etc. held by you and your spouse):

	Name of Bank	Name(s) on Account	Account Number	Type of Account	Balance	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

f. **Retirement Benefits and Deferred Compensation** (Enter information about vested and non-vested retirement benefits, including pension plans, annuities, IRAs, 401(k)s, 403(b)s, and SEPs held by you and your spouse):

	Name of Plan	Name of Account Holder	Type of Plan	Fair Market Value or Account Balance	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

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g. Investment/Brokerage Accounts, Mutual Funds, Securities Stocks, Bonds, Options, ESOPs, and Secured or Unsecured Notes *(Enter information about those held by you and your spouse):*

	Company Name	Type	Owner	Fair Market Value	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

h. Business Interests *(Enter information about you and your spouse's business interests. Under "Type," enter whether the business is a corporation, S Corp, LLC, etc.):*

	Name of Business	Type	% of Ownership	Debt	Fair Market Value	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

i. Life Insurance Policies *(Enter information about each life insurance policy you have for yourself, your spouse, or your children. Also enter information about policies held by your spouse.):*

	Name of Insurance Company	Type of Policy	Name of Insured/Owner	Beneficiary(ies)	Death Benefit	Cash Value	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

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j. **Lawsuits and Claims** (Enter information about lawsuits and claims you and your spouse have filed or intend to file. These can include, for example, claims for workers compensation, disability, etc. If you did not recover anything, enter \$0, or if your case is still pending or has not yet been filed, enter unknown.):

	Case Number	Who Filed the Claim?	Date Lawsuit or Claim Filed (mm/dd/yyyy)	Claim Pending or Final Decision Issued	Amount Recovered (if final decision has issued)	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

k. **Income Tax Refunds or Amounts Owed for the Last 2 Years** (Enter information about your and your spouse's **federal and state** tax returns for the last 2 years. Enter an amount under "Refund" if you received money or "Owed" if you owed additional taxes.):

	Tax Year (yyyy)	Federal Taxes: Joint or Individual?	Federal Tax Owed	Federal Refund	State Taxes: Joint or Individual?	State Tax Owed	State Refund
1.		<input type="checkbox"/> Joint <input type="checkbox"/> Individual	\$ <input type="checkbox"/> Paid <input type="checkbox"/> Not yet paid	\$ <input type="checkbox"/> Refund received <input type="checkbox"/> Refund not yet received	<input type="checkbox"/> Joint <input type="checkbox"/> Individual	\$ <input type="checkbox"/> Paid <input type="checkbox"/> Not yet paid	\$ <input type="checkbox"/> Refund received <input type="checkbox"/> Refund not yet received
2.		<input type="checkbox"/> Joint <input type="checkbox"/> Individual	\$ <input type="checkbox"/> Paid <input type="checkbox"/> Not yet paid	\$ <input type="checkbox"/> Refund received <input type="checkbox"/> Refund not yet received	<input type="checkbox"/> Joint <input type="checkbox"/> Individual	\$ <input type="checkbox"/> Paid <input type="checkbox"/> Not yet paid	\$ <input type="checkbox"/> Refund received <input type="checkbox"/> Refund not yet received

2. **Parties' Debts** (Enter your and your spouse's 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 (household goods, attorney fees, etc.)	Amount Owed	Monthly Payment Being Made	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

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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

Total Monthly Debt Payments: \$ _____

PART 2 - INCOME AND EXPENSES

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

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

4. My employment:

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

b. Employer name: _____

c. Employer address: _____
Street Address, Apt.

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

_____ *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)

5. My gross income and taxes from last year:

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

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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.

- b. Number of dependent exemptions claimed: _____
- c. Total number of exemptions claimed: _____
- d. Gross income (*before taxes and deductions*) last year: \$ _____
Year: _____

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:

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

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.

- Employment earnings (*salary, wages, self-employed income, etc.*) \$ _____
- Overtime \$ _____
- Commission \$ _____
- Tips \$ _____
- Bonus \$ _____
- Pension and other retirement benefits \$ _____
- Annuity \$ _____
- Interest income \$ _____
- Dividend income \$ _____
- Trust income \$ _____
- Social Security (*check all that apply*): SSI SSDI retirement \$ _____
- Unemployment benefits \$ _____
- Disability payment (*not Social Security*) \$ _____
- Workers' compensation \$ _____
- Military allowances \$ _____
- Investment income \$ _____
- Rental income \$ _____
- Partnership income \$ _____
- Distributions and draws \$ _____
- Royalty income \$ _____
- Educational funds (*include payments made directly to the school*) \$ _____
- Spousal support \$ _____
- Gifts of money \$ _____
- Other: _____ \$ _____

Total Gross Weekly Bi-weekly Monthly Other Income: \$ _____

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

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Other weekly bi-weekly monthly (not calculated as income):

TANF (Temporary assistance for needy families)	\$	_____
Child support for children of this relationship	\$	_____
Child support for children not of this relationship	\$	_____
Foster care payments from DHHS	\$	_____
TOTAL:	\$	_____

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

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

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)	\$	_____
Child support actually paid under a court order in a different case	\$	_____
Spousal support actually paid under a court order in a different case	\$	_____
Spousal support actually paid or payable under a court order in this case	\$	_____
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.	\$	_____
Other: _____	\$	_____

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

Total Weekly Bi-weekly Monthly Other Deductions: \$ _____

9. My monthly living expenses are:

In **9a**, enter the amount your household spends on each item each month. If you have more than one household for which you pay expenses, attach an additional page listing the expenses for each additional household.

a. Household Expenses

Mortgage	\$	_____
Rent	\$	_____
Home equity (HELOC) and second mortgage	\$	_____
Real estate taxes	\$	_____
Homeowners or condo association dues and assessments	\$	_____
Homeowner or renter insurance	\$	_____
Water and sewer line repair insurance	\$	_____
Gas	\$	_____
Heating fuel or oil	\$	_____
Electricity	\$	_____
Telephone (landline)	\$	_____
Cell phone	\$	_____
Cable or satellite TV	\$	_____
Streaming services	\$	_____
Internet	\$	_____
Water and sewer	\$	_____

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

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

b. Transportation Expenses

Vehicle payment	\$ _____
Vehicle repairs	\$ _____
Vehicle maintenance	\$ _____
Insurance	\$ _____
License	\$ _____
Gasoline	\$ _____
Taxi, ride share, bus, and train	\$ _____
Parking	\$ _____
Registration	\$ _____
Other: _____	\$ _____
Other: _____	\$ _____
Subtotal Monthly Transportation Expenses:	\$ _____

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

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.

c. Personal expenses

Medical expenses (<i>out of pocket expenses</i>)	
Doctor visits	\$ _____
Therapy and counseling	\$ _____
Dental and orthodontia	\$ _____
Optical	\$ _____
Medicine (<i>including prescribed and over-the-counter</i>)	\$ _____
Life insurance	
Life (<i>term</i>)	\$ _____
Life (<i>whole or annuity</i>)	\$ _____
Clothing	\$ _____
Grooming (<i>hair, nails, spa, etc.</i>)	\$ _____
Club membership dues	\$ _____
Periodical/Newspaper subscription(s)	\$ _____
Other: _____	\$ _____
Other: _____	\$ _____
Subtotal Monthly Personal Expenses:	\$ _____

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

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d. Minor and Dependent Children Expenses

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

- Child care (including before and after school care)
Clothing
Education
Tuition
Books, fees, and supplies
School lunch
Tutoring
Other education:
Medical (out of pocket expenses)
Doctor visits
Therapy or counseling
Dental or orthodontia
Optical
Medicine/prescriptions
Other medical:
Extra-curricular activities/lessons/sports fees
Other:
Other:

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.

Subtotal Monthly Children Expenses: \$

TOTAL MONTHLY LIVING EXPENSES: \$
(add together subtotals from subsections a - d)

e. Miscellaneous/Lump Sum Expenses (costs in past 12 months)

- Vacation
Gifts
Other:

Total Miscellaneous Expenses for Past 12 Months: \$

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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 \$5,000.00 for giving false information to the court.

Date (mm/dd/yyyy):



Signature of Plaintiff Defendant

Attorney:

Name:

Bar No.:

Address is confidential (if so, leave blank below)

Address:

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.

Date (mm/dd/yyyy):



Attorney at Law Notary Public Clerk

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