STATE OF MAINE

SUPERIOR COURT		DISTRICT COURT
Docket No.		LOCATION: Docket No
·		
	Plaintiff	T DY A DAMPIEE'S T DEEPEND A NOTES
		□ PLAINTIFF'S □ DEFENDANT'S FINANCIAL STATEMENT
		[M.R.Civ.P. 108(c)]
	Defendant	
	INSTRU	CTIONS
Expenses. You must comthe items you list. If you	plete Parts I and II. Complete Part III onled need additional space, attach the inform	Statement; Part II, Inventory of Assets and Debts; and Part III, y if alimony or attorney fees are involved. In each section, number ation, and identify all attachments by completing the information lved, check here and complete a Child Support Affidavit, form
21 days of the Family Div file a Financial Statemen	ision Scheduling Order or before mediati t as required by the rules, the Court r	e filed with the Court and a copy provided to the other party within on, whichever is earlier. See M.R.Civ.P. 108(c). If a party fails to nay make such orders in regard to such failure as are just, .R.Civ.P. 37(b)(2). See M.R.Civ.P. 108(f).
	FINANCIAL S	
I make this Financial State	ement based on my personal knowledge, is	nformation and belief. It consists of the following:
☐ III. (Check this box in This Financial Statement in ☐ A ☐ B and attachments for each of ☐ A ☐ B1 I have furnished the oppose a. A copy of ear the opposing		d.) ving sections of Part II:
This Financial Statement i information, I believe such		nowledge, information, and belief, and to the extent it is based on
Dated:		Signature
State of		County of
	pove named ☐ plaintiff ☐ defendant and	•
Dated:		
Dated.		□ Notary Public □ Attorney
	DADEL CENED	·
In this case, the following	PART I. GENERAL Categories of property and property interest	STATEMENT sts are involved. (Check all items that apply.)
☐ A. Real Estate	eategories of property and property intere	☐ E. Stocks, bonds, and other securities
☐ B. Vehicles		☐ F. Life and disability insurance
	l property (Household furniture	☐ G. Business interests
	jewelry, art objects, antiques, tools,	☐ H. Other assets (Any assets not listed in any other
recreation equip D. Cash, bank account	ment, etc.) ints, pensions, and retirement accounts	category.) I. Debts (Personal and business debts, credit card payments, unpaid medical expenses, and other debts whether or not secured by lien or mortgage.)

Pursuant to M.R.Civ.P. 108(d)(3), the information on this form is not subject to public inspection.

PART II. ASSETS AND DEBTS

I and/or my spouse own the following property and property interests and owe the following debts. List all the property and property interests owned, and the debts owed by you and/or your spouse. If you claim any asset or debt item to be nonmarital, check it in the Nonmarital column and attach a full statement of the facts you rely on to support your claim.

A. REAL ESTATE. List any interest in real estate (land, land and buildings) owned by you or your spouse. If there is a debt secured by the real estate (a mortgage), check in the debt column and list the debt/mortgage in Section I, Debts, on page 4. If you need more space, check here \Box and add attachments as necessary.

*You must include the Registry of Deeds information (book and page) for the deed to any real estate. You can obtain this information at the Registry of Deeds in the county where the property is located.

Address of Property	Percent of	County Recorded	Date	Current	Debt owed on	Non-
	Ownership	Book and Page*	Purchased	Value	real estate	marital
1.						

B. VEHICLES. List all vehicles (cars, trucks, snowmobiles, ATVs, boats, airplanes, etc.) owned by your or your spouse. Give your best estimate of the current market value, not replacement cost, of each vehicle. Do not deduct debts secured by a vehicle. If there is a debt, check in the debt column and list the debt in Section I, Debts, on page 4. If you need more space, check here here □ and add attachments as necessary.

Year, make, model and description of each vehicle	Date Acquired	Current Value	Debt	Non- marital
1.				

C. TANGIBLE PERSONAL PROPERTY. List all items of tangible personal property having a value in excess of \$100 each, giving your best estimate of the current market value, not the replacement cost. Examples are household furniture and furnishings, jewelry, art objects, antiques, tools, recreation equipment, etc. Do not deduct debts secured by any item. If there is a debt, check in the debt column and list the debt in Section I, Debts, on page 4. If you need more space, check here □ and add attachments as necessary.

Date Acquired	Current Value	Debt	Non- marital
	Date Acquired	Date Acquired Current Value	Date Acquired Current Value Debt

E. STOCKS, BONDS, AN securities. Give your best es debt, check in the debt column attachments as necessary.	timate of the current ma	rket value	of each item. Do 1	iot deduct de	ebts secured	d by any iten	n. If ther	re is a
Name	Description and Number	r of Units	Date Acquired	Current V	Value	Debt		Non- marital
1.								
F. LIFE AND DISABILI' debt, check in the debt column attachments as necessary.	and list the debt in Sec	ction I, Del	bts, on page 4.If y					re is a
Company and Policy Number	Гуре of Policy	Beneficia	ary	Death Benefit	Current Surrend	Cash er Value	Debt	Non- marital
1.								
G. BUSINESS INTERES: associates, accounts received there are debts, check in the add attachments as necessary	ble, inventory, and assets debt column, and list the	s. Give you	ur best estimate of	the current	market valı	ie of the bus	iness/ass	sets. If
Name of Firm or Company	Extent and Type of Int	terest	Date Acquired	Current V	Value	Debt		Non- marital
1.								
Pursuant to 1	M.R.Civ.P. 108(d)(3), tl	he informs	ation on this form	is not subia	ect to nubli	ic inspection	n.	

D. CASH, BANK ACCOUNTS, PENSIONS, AND RETIREMENT ACCOUNTS. List cash, all savings and checking accounts,

Date Acquired

Account Number

Current Value

Nonmarital

money market accounts, certificates of deposit, profit sharing plans, pension plans, IRAs, Keoughs, annuities, etc. Give current market value of each item. If you need more space, check here \square and add attachments as necessary.

Description of Account

Name of Institution

1.

H. OTHER ASSETS. List all other property, having a value in	n excess of \$100 for	each item, which has	not been listed in	any other
category above. Give your best estimate of current market value.	Examples: any rig	ght to sue, lump sum s	ettlement of perso	nal
injury, workers compensation, patents, income tax payments or d	eductions for curren	nt year, anticipated ind	come tax refunds,	etc. Do
not deduct debts secured by any item. If there is a debt, check in	the debt column and	l list the debt in Sectio	on I, Debts, below.	If you
need more space, check here \square and add attachments as necessary	<i>I</i> .			
Itam	Data Agguired	Current Value	Doht	Mon

Item	Date Acquired	Current Value	Debt	Non-
				marital
1.				

I. DEBTS. List all personal and business debts, credit card accounts, unpaid medical expenses, and other debts. If the debt is secured by a mortgage, lien, or other security interest on property listed in this Part, write in the "Security" column the section and item number where the properly is listed in this Part, e.g., A1, B1, etc. . If you need more space, check here \Box and add attachments as necessary.

Name and Address of Creditor	Date Incurred	Name of Person(s) Liable	Account Now Owed	Security	Non- marital
1.					

PART III. INCOME AND EXPENSES

This part must be completed in any case which involves alimony and/or attorney fees. If you need additional space, attach separate sheets.

A. INCOME AND MONEY RECEIVED. Include all gross income and other money from all sources, whether taxable or not. Give current actual amount if known. If you do not know or cannot obtain actual amounts, give your best estimate.

Use applicable period, either:	Weekly	Monthly	Yearly
1. Wages/Self-employment (Show deductions in B1 below)	\$	\$	\$
2. Bonuses	\$	\$	\$
3. Commissions/Tips	\$	\$	\$
4. Unemployment Payments	\$	\$	\$
5. Workers' Compensation/Disability Payments	\$	\$	\$
6. Public Assistance	\$	\$	\$
7. Pensions/Annuities	\$	\$	\$
8. Interest/Dividends/Investment income	\$	\$	\$
9. Partnerships/Trusts/Royalties	\$	\$	\$
10. Rental income	\$	\$	\$
11. Military Reserve/National Guard income	\$	\$	\$
12. Employer furnished benefits (e.g., car, room, insurance)	\$	\$	\$
13. Other (specify)	\$	\$	\$
TOTAL INCOME	\$	\$	\$

B. EXPENSES AND DEDUCTIONS. List all expenses paid and amounts deducted from gross income from wages and self-employment. If any payment you list is a payment on a debt, show the section and item number where that debt is listed in Part II, Section I, Debts, on page 4.

1. DEDUCTIONS FROM WAGES AND SELF-EMPLOYMENT INCOME.

Use applicable period, either Section and Item	Monthly	Yearly
a) Federal income tax (Number of exemptions)	\$ \$	\$
b) State income tax	\$ \$	\$
c) F.I.C.A.	\$ \$	\$
d) Self-employment tax	\$ \$	\$
e) Medical insurance	\$ \$	\$
f) Union dues	\$ \$	\$
g) Payment on loans	\$ \$	\$
h) Savings/Bonds	\$ \$	\$
i) Retirement	\$ \$	\$
j) Support payments/Alimony	\$ \$	\$
k) Other (Specify)	\$ \$	\$
TOTALS	\$ \$	\$

2. **HOUSING EXPENSES.** List all housing expenses. If any payment you list is a payment on a debt, show the section and item number where that debt is listed in Part II, Section I, Debts, on page 4.

	Use applicable period, either: Section and Item No	Weekly	Monthly	Yearly
a) Mortgage		\$	\$	\$
b) Rent		\$	\$	\$
c) Taxes on residence		\$	\$	\$
d) Home/Furnishings insurance		\$	\$	\$
e) Repairs and maintenance		\$	\$	\$
f) Water and sewer		\$	\$	\$
g) Electricity		\$	\$	\$
h) Heating and cooking fuel/Gas		\$	\$	\$
i) Telephone		\$	\$	\$
j) Cable TV		\$	\$	\$
k) Other (Specify)		\$	\$	\$
TOTALS		\$	\$	\$

3. **HOUSEHOLD EXPENSES.** List all household expenses. If any payment you list is a payment on a debt, show the section and item number where that debt is listed in Part II, Section I, Debts, on page 4.

	Use applicable period, either: Section and Item No	Weekly	Monthly	Yearly
a) Groceries		\$	\$	\$
b) Clothing (self and children)		\$	\$	\$
c) Laundry and dry cleaning		\$	\$	\$
d) Toiletries and sundries		\$	\$	\$
e) Grooming		\$	\$	\$
f) General household supplies		\$	\$	\$
g) Other (Specify)		\$	\$	\$
TOTALS		\$	\$	\$

4. **TRANSPORTATION EXPENSES.** List all your transportation expenses. If any payment you list is a payment on a debt, show the section and item number where that debt is listed in Part II, Section I, Debts, on page 4.

	Use applicable period, either: Section and Item No	Weekly	Monthly	Yearly
a) Vehicle payments		\$	\$	\$
b) Vehicle insurance		\$	\$	\$
c) License, registration, taxes		\$	\$	\$
d) Maintenance		\$	\$	\$
e) Gasoline, oil, inspections		\$	\$	\$
f) Parking, tolls		\$	\$	\$
g) Other (Specify)		\$	\$	\$
TOTALS		\$	\$	\$

5. **HEALTH AND MEDICAL EXPENSES.** List all health and medical expenses. If any payment you list is a payment on a debt, show the section and item number where that debt is listed in Part II, Section I, Debts, on page 4.

	Use applicable period, either: Section and Item No	Weekly	Monthly	Yearly
a) Doctors		\$	\$	\$
b) Hospital expenses		\$	\$	\$
c) Dentists/Orthodontist		\$	\$	\$
d) Therapist		\$	\$	\$
e) Medical/Dental insurance		\$	\$	\$
f) Prescriptions		\$	\$	\$
g) Other (Specify)		\$	\$	\$
TOTALS		\$	\$	\$

6. **CREDIT CARD, CHARGE ACCOUNT, AND LOAN PAYMENTS.** List all credit card, charge account, and loan payments. Show the section and item number where that debt is listed in Part II, Section I, Debts, on page 4

U	se applicable period, either: Section and Item No	Weekly	Monthly	Yearly
a)		\$	\$	\$
b)		\$	\$	\$
c)		\$	\$	\$
d)		\$	\$	\$
e)		\$	\$	\$
f)		\$	\$	\$
g)		\$	\$	\$
TOTALS		\$	\$	\$

7. **MISCELLANEOUS EXPENSES.** List all miscellaneous expenses. If any payment you list is a payment on a debt, show the section and item number where that debt is listed in Part II, Section I, Debts, on page 4.

	Use applicable period, either: Section and Item No	Weekly	Monthly	Yearly
a) Life insurance premiums		\$	\$	\$
b) Entertainment/Recreation		\$	\$	\$
c) Vacation expenses		\$	\$	\$
d) Child care expenses		\$	\$	\$
e) Support/Alimony payments		\$	\$	\$
f) Newspapers/Periodicals		\$	\$	\$
g) Other (Specify)		\$	\$	\$
TOTALS		\$	\$	\$

8. **OTHER EXPENSES NOT LISTED ELSEWHERE ON THIS FORM.** *If you have other expenses, e.g., allowances for children, gifts, charities, etc., check here* \square *and list them on an attachment.*

Important Notice

This Financial Statement must be updated and the updated statement filed with the court 7 days before trial. M.R.Civ.P. 108(d)(4).