



STATEMENT OF ASSETS, LIABILITIES, INCOME AND EXPENSES

FAMILY COURT

DR-6/FINANCIAL STATEMENT

_____, S.C

Case # _____

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

Plaintiff's Attorney/Bar Number

Defendant's Attorney/Bar Number

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 No

If yes, single plan or family plan? Single Family

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)	\$	-
Total <u>Monthly</u> Gross Income (From Page 2)	\$	-	Total <u>Monthly</u> 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 a 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 (Specify below):				\$ -
Other: _____				\$ -
Other: _____				\$ -
Other: _____				\$ -
Total Gross Income:	\$ -	\$ -	\$ -	\$ -

5. EXPENSES (pages 3, 4, and 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
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

6. ASSETS (continued)

F.) Savings and Checking Accounts, Money Market Accounts, Certificates of Deposit -- Which are held individually, jointly, in the name of another person for your benefit, or held by you for the benefit of your minor child(ren):

Institutions	Type	Value
		Total:

G.) List Mutual Funds, Stocks, Bonds, Savings Bonds, Brokerage Accounts:

Firm	Type	Value
		Total:

H.) Financial Claims or Settlements from Any Source:

Description	Value
	Total: \$ -

I.) Deferred Compensation:

Description	Value
	Total:

J.) Additional Assets: (Ownership Interest in Corporation, LLC, Life Estate)

Type	Name	Value
		Total: \$ -
		TOTAL ASSETS: \$ -

7. LIABILITIES (For additional liabilities attach separate form)

	Creditor	Nature of Debt	Date Incurred	Amount Due	Monthly Payment
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**

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: \$ -