



**TO BE FILED IN CHILD SUPPORT AGENCY CASE S ONLY**  
**STATE OF RHODE ISLAND**  
**AND**  
**PROVIDENCE PLANTATIONS**

**FAMILY COURT**  
**STATEMENT OF ASSETS**  
**LIABILITIES - INCOME - EXPENSE S**

**NAME:** Plaintiff \_\_\_\_\_ Defendant \_\_\_\_\_

**CIVIL ACTION - FILE NUMBER:** \_\_\_\_\_

**Weekly:** \_\_\_\_\_ **GROSS** \_\_\_\_\_ **NET** \_\_\_\_\_

**BiWeekly:** \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

**Monthly:** \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

| GROSS INCOME                               | Weekly, BiW, Monthly | TAXES AND INCOME DEDUCTIONS      |       |
|--|----------------------|----------------------------------|-------|
| 1. Salary, Wages                           | _____                | 1. Federal Income Tax            | _____ |
| 2. Cash                                    | _____                | 2. Self Employment Tax           | _____ |
| 3. Self Employment, IRS Schedule C         | _____                | (IRS form SE)                    | _____ |
| 4. Commissions, Overtime, Bonus            | _____                | 3. State Income Tax              | _____ |
| 5. Pensions or Retirement                  | _____                | 4. Social Security - HI          | _____ |
| 6. Social Security / SSI / SSDI            | _____                | 5. Social Security - OASDI       | _____ |
| 7. Worker Comp / TDI / Unemployment        | _____                | 6. State Disability (TDI)        | _____ |
| 8. Public Assistance                       | _____                | 7. Medical Ins. Premiums         | _____ |
| 9. Child Support Received                  | _____                | 8. Employer Sponsored Retirement | _____ |
| 10. Dividends & Interest                   | _____                | 9. Garnishment                   | _____ |
| 11. Rental Income                          | _____                | 10. Union Dues                   | _____ |
| (Receipts less expenses)                   | _____                | 11. Other Deductions             | _____ |
| 12. Contributions from others to Household | _____                | <b>12. TOTAL DEDUCTIONS:</b>     | _____ |
| 13. Alimony                                | _____                | <b>13. NET INCOME:</b>           | _____ |
| 14. Income from other Sources              | _____                | (Total Gross Income              | _____ |
| <b>15. TOTAL GROSS INCOME:</b>             | _____                | Less Deductions)                 | _____ |

**MEDICAL INSURANCE:** (circle one) Family Plan? Yes No Plan Name: \_\_\_\_\_

**DENTAL INSURANCE:** (circle one) Yes No Plan Name: \_\_\_\_\_

Does RiteCare, RiteShare, or Medicaid provide insurance for any child in this case? (circle one) Yes No

**CHILD CARE ASSISTANCE:** Does any child in the household receive Child Care Assistance through the State? (circle one) Yes No

| <b>PROPERTY UNDER APPLICANT'S CONTROL - Keep Current - Attach Supporting Detail As Needed</b> |   |       |           |          |                   |
|---|---|-------|-----------|----------|-------------------|
|   | Name of Institution / Property Location / Description |       |           |          | Present Value     |
| A. Cash   | _____   |       |           |          | _____             |
| B. Checking Accounts  | _____   |       |           |          | _____             |
| C. Savings Accounts   | _____   |       |           |          | _____             |
| D. Retirement / 401K  | _____   |       |           |          | _____             |
| E. Other Accounts   | _____   |       |           |          | _____             |
| F. Stocks / Bonds   | _____   |       |           |          | _____             |
| G. Vehicles   | _____   |       |           |          | _____             |
| H. Boat /   | _____   |       |           |          | _____             |
| Other Tangible Pers. Prop.  | _____   |       |           |          | _____             |
| OTHER PROPERTY  | Name of Institution / Property Location               | FMV   | Loan Bal. | Interest | Equity            |
| A. Real Estate  | _____   | _____ | _____     | _____    | _____             |
| B. Life Insurance   | _____   | _____ | _____     | _____    | _____             |
| C. Other  | _____   | _____ | _____     | _____    | _____             |
| <b>TOTAL OF ALL PROPERTY.....</b>   |   |       |           |          | <b>: \$</b> _____ |

**LIABILITIES - EXPENSES List only ONCE in either Weekly OR Monthly Column**

**Weekly**

**Monthly**

|       |   |                 |
|-------|---|-----------------|
| _____ | 1. Groceries                                  | _____           |
| _____ | 2. Heating & Propane                          | _____           |
| _____ | 3. Electricity                                | _____           |
| _____ | 4. Telephone / Cell Phone                     | _____           |
| _____ | 5. Cable / Internet                           | _____           |
| _____ | 6. Clothing & Laundry                         | _____           |
| _____ | 7. Uninsured Medical, Medicines, Dental       | _____           |
| _____ | 8. Personal Needs & Spending Money            | _____           |
| _____ | 9. Cigarettes                                 | _____           |
| _____ | 10. Car Insurance, Registration               | _____           |
| _____ | 11. Gas / Auto Maintenance                    | _____           |
| _____ | 12. Traveling / Commuting Expenses            | _____           |
| _____ | 13. Life Insurance                            | _____           |
| _____ | 14. Health Ins. Premium not through employer  | _____           |
| _____ | 15. Court Fines, Costs                        | _____           |
| _____ | 16. Work Related Child Care                   | _____           |
| _____ | 17. Child Support Order (this case)           | _____           |
| _____ | 18. Child Support Order (any other case)      | _____           |
| _____ | 19. Cash Medical Order                        | _____           |
| _____ | 20. Arrears Order for Support                 | _____           |
| _____ | 21. Alimony Orders Paid                       | _____           |
|       | <b>Housing</b>                                |                 |
| _____ | 22. Rent                                      | _____           |
| _____ | 23. Mortgage                                  | _____           |
| _____ | 24. Property Taxes not included in mortgage   | _____           |
| _____ | 25. Home / Renter Insurance                   | _____           |
| _____ | 26. Sewer / Water / Upkeep                    | _____           |
| _____ | 27. _____                                     | _____           |
|       | <b>Loans &amp; Obligations</b>                |                 |
| _____ | 28. Auto Loan: Balance _____                  | _____           |
| _____ | 29. Credit Card: Balance _____                | _____           |
| _____ | 30. Other Loan: Balance _____                 | _____           |
|       | <b>Miscellaneous</b>                          |                 |
| _____ | 31. Retirement / 401K not deducted from wages | _____           |
| _____ | 32. Savings                                   | _____           |
| _____ | 33. Other _____                               | _____           |
| _____ | <b>34. Weekly Total Lines 1-33 Monthly</b>    | <b>\$ _____</b> |
|       | 35. Weekly Total from Line 34                 | \$ _____        |
|       | 36. Monthly Total divided by 4.3              | \$ _____        |
|       | <b>37. TOTAL EXPENSES WEEKLY</b>              | <b>\$ _____</b> |
|       | <b>(add lines 35 &amp; 36)</b>                |                 |

Under penalty of perjury, I hereby swear the Statements contained in this Statement of Assets, Liabilities, Income & Expenses and any attachments are true and correct. Check if any schedule is attached.

Print Name: \_\_\_\_\_ Signature of Party: \_\_\_\_\_

Sworn to me before this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Notary Public Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Notary Public for the State of \_\_\_\_\_ Commission Expires: \_\_\_\_\_

Form of ID: State \_\_\_\_\_ Gov't \_\_\_\_\_ Driver's Lic. \_\_\_\_\_ Passport \_\_\_\_\_ Personally Known \_\_\_\_\_ Other \_\_\_\_\_

