TO BE FILED IN CHILD SUPPORT AGENCY CASES ONLY

STATE OF RHODE ISLAND
AND
PROVIDENCE PLANTATIONS

FAMILY COURT
STATEMENT OF ASSETS
LIABILITIES - INCOME - EXPENSES

NAME: _____ Plaintiff Defendant

CIVIL ACTION - FILE NUMBER: _____

	GROSS	NET
Weekly:	_____	_____
BiWeekly:	_____	_____
Monthly:	_____	_____

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

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

PROPERTY UNDER APPLICANT'S CONTROL - Keep Current - Attach Supporting Detail As Needed

	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	_____	_____	_____	_____	_____

TOTAL OF ALL PROPERTY..... : $ _____

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	_____
	Housing	
_____	22. Rent	_____
_____	23. Mortgage	_____
_____	24. Property Taxes not included in mortgage	_____
_____	25. Home / Renter Insurance	_____
_____	26. Sewer / Water / Upkeep	_____
_____	27. _____	_____
	Loans & Obligations	
_____	28. Auto Loan: Balance_____	_____
_____	29. Credit Card: Balance _____	_____
_____	30. Other Loan: Balance_____	_____
	Miscellaneous	
_____	31. Retirement / 401K not deducted from wages	_____
_____	32. Savings	_____
_____	33. Other _____	_____
_____	**34. Weekly Total Lines 1-33 Monthly**	$_____
	35. Weekly Total from Line 34	$_____
	36. Monthly Total divided by 4.3	$_____
	37. TOTAL EXPENSES WEEKLY (add lines 35 & 36)	**$_____**

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 _____

STATE OF RHODE ISLAND
AND
PROVIDENCE PLANTATIONS

FAMILY COURT
STATEMENT OF ASSETS
LIABILITIES - INCOME - EXPENSES

SCHEDULE

NAME:_____

Plaintiff Defendant

CIVIL ACTION - FILE NUMBER: _____

Additional details concerning Income:

_____

_____

_____

Additional details concerning Taxes and Income Deductions:

_____

_____

_____

Additional details concerning Property under Applicant's Control:

_____

_____

_____

Additional comments:

_____

_____

_____

Date: _____ Signature of Party: _____

Sworn to me before this _____ day of_____, 20___.

Notary Name: _____

State of: _____

Notary Signature: _____

My Commission Expires: _____

Form of ID: State _____ Gov't _____ Driver's Lic. _____ Passport _____ Personally Known _____Other _____