STATE OF RHODE ISLAND



STATEMENT OF ASSETS, LIABILITIES, INCOME, AND EXPENSES

FAMILY COURT

_____, S.C

DR-6/FINANCIAL STATEMENT
Case Number

A DR-6 shall be filed with Complaints for Divorce, Bed and Board Divorce, Miscellaneous Complaints, or Child Support Complaints. A DR-6 shall be filed with Answers or Counterclaims or Modifications of Prior (Support) Orders.

	VS.			
Plaintiff		Ľ	Defendant	
Plaintiff's Attorney/Bar Number		Defendant's	Attorney/Bar Number	
Attorney's Telephone Number		Attorney's	Telephone Number	
1. PERSONAL INFORMATION				
Name:		Teleph	ione:	
Address:				
City/Town, State:			Zip Code:	
Number of Children Living With You:				
Employer:		Occupa	tion:	
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:				
DR-6 Name of Insurance Provider:				

3. TOTAL ASSETS	(From Page 7)	\$	TOTAL LIABILITIES (From Page 8)		\$
Total <u>Monthly</u> Gross	s Income (From Page 2)	\$	Total Monthly Expenses (From Page 5)		\$
4. GROSS INCOM	E FROM ALL SOURCES				
		Weekly	Bi-Weekly	Monthly	Annual
a) Base Pay from	Salary/Wages				\$
b) Overtime					\$
c) Part-Time Jobd) Self-Employmentfrom your latest tax	(Attach a completed Schedule C return)				\$ \$
e) Tips					\$
f) Commissions					\$
g) Bonuses					\$
	Subtotal:	\$	\$	\$	\$
h) Dividends					\$
i) Interest					\$
j) Trusts					\$
k) Annuities					\$
l) Pensions					\$
m) Retirement Fu	inds				\$
n) Social Security					\$
o) Disability					\$
p) Unemploymen	t Insurance				\$
q) Worker's Com	pensation				\$
r) Public Assistan	ce (welfare, etc.)				\$
s) Child Support					\$
t) Alimony u) Rental from Incon	ne Producing Property (Attach a				\$
completed Schedule	A on Page 9)				\$
v) Royalties and c	other rights				\$
w) Contributions fro	om household members				\$
x) Income from S-C	Corps, C-Corps, LLCs, etc.				\$
y) Capital Gains					\$
z) Other Income (Specify below):				\$
Other:					\$
Other:					\$
Other:					\$
	Total Gross Income:	Ś	Ś	Ś	Ś

5. EXPENSES (pages 3, 4, and 5)

5. EXPENSES (pages 3, 4, and 5)	Weekly	Bi-Weekly	Monthly	Annual
1. Housing				
Rent				\$
Mortgage Payment (Principle and 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 Telephone				\$
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:	\$	\$	\$	\$

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Expenses Continued to page 5

5. EXPENSES (continued)

5. EXPENSES (continued)		1		
	Weekly	Bi-Weekly	Monthly	Annual
8. Other Expenses (For example, ungarnished	child support or alim	ony). <i>Specify belov</i>	<i>v.</i>	
				\$
				\$
				\$
				\$
				\$
				\$
Total Other Expenses:	\$	\$	\$	\$
9. Deductions from Paycheck				
Federal Income Tax				\$
Number of				
exemptions:				\$
State Income Tax <i>Number of</i>				\$
exemptions:				\$
Social Security				\$
Medicare				\$
Local TDI				\$
State Retirement				\$
Union Dues				\$
Garnishments				\$
401(k)				\$
Other Retirement Plans				\$
Other:				\$
Total Deductions from Paycheck:	\$	\$	\$	\$
10. Financial		1	1	
Loan Payments				\$
Other Debts				\$
Savings				\$
IRA				\$
Other:				\$
Total Financial:	\$	\$	\$	\$

DR-6 FC-5 (Revised November 2017)

OTAL EXPENSES: S S S S 6. ASSETS						<u>^</u>
A Real Estate Primary Residence Address: (street address, city, state, zip) Title Held in Name of: Fair Market Value: Real Estate: Address: (street address, city, state, zip) Title Held in Name of: Fair Market Value: Real Estate: Address: (street address, city, state, zip) Title Held in Name of: Fair Market Value: Real Estate: Address: (street address, city, state, zip) Title Held in Name of: Fair Market Value: Real Estate: Address: (street address, city, state, zip) Title Held in Name of: Fair Market Value: Real Estate: Address: (street address, city, state, zip) Title Held in Name of: Fair Market Value: Real Estate: Address: (street address, city, state, zip) Title Held in Name of: Fair Market Value: Real Estate: Address: (street address, city, state, zip) Title Held in Name of: Fair Market Value: Real Estate: Address: (street address, city, state, zip) Total Estate Equity: S Company Name Value Company Name Value C		'ENSES:	\$	\$	\$	\$
Primary Residence	O. ASSETS					
Address: (street address, city, state, zip) Title Held in Name of: Fair Market Value: Real Estate: Address: (street address, city, state, zip) Title Held in Name of: Fair Market Value: Real Estate: Address: (street address, city, state, zip) Title Held in Name of: Fair Market Value: Real Estate: Address: (street address, city, state, zip) Title Held in Name of: Fair Market Value: Real Estate: Address: (street address, city, state, zip) Title Held in Name of: Fair Market Value: Real Estate: Address: (street address, city, state, zip) Title Held in Name of: Fair Market Value: Real Estate: Address: (street address, city, state, zip) Title Held in Name of: Fair Market Value: Real Estate: Address: (street address, city, state, zip) Title Held in Name of: Fair Market Value: Real Estate: Address: (street address, city, state, zip) Title Held in Name of: Fair Market Value: Real Estate: Address: (street address, city, state, zip) Title Held in Name of: Fair Market Value: Real Estate: Address: (street address, city, state, zip) Title Held in Name of: Fair Market Value: Real Estate: Address: (street address, city, state, zip) Title Held in Name of: Fair Market Value: Real Estate: Real Estate Equity: S Read Estate Equity: S Real Estat	A. Real Estate					
Title Held in Name of: Fair Market Value: Fair Market Value: Real Estate: Address: (street address, city, state, zip) Title Held in Name of: Fair Market Value: Real Estate: Address: (street address, city, state, zip) Title Held in Name of: Fair Market Value: Real Estate: Address: (street address, city, state, zip) Title Held in Name of: Fair Market Value: Real Estate: Address: (street address, city, state, zip) Title Held in Name of: Fair Market Value: Real Estate: Real Estate: Real Estate: Address: (street address, city, state, zip) Title Held in Name of: Fair Market Value: Real Estate: Real Estate: Real Estate: Real Estate: Real Estate: Rea	Primary Residence	ce				
Fair Market Value: - Mortgage Balance: Real Estate: - Address: (street address, city, state, zip) - Title Held in Name of: - Fair Market Value: - Mortgage Balance: - Real Estate: - - Address: (street address, city, state, zip) - - Title Held in Name of: - - Fair Market Value: - - Address: (street address, city, state, zip) - - Title Held in Name of: - - Fair Market Value: - - - Fair Market Value: - - - - Fair Market Value: -	Address: (street a	address, city, state, zip)				
Real Estate: Equity: \$ Address: (street address, city, state, zip)	Title Held in Nam	ne of:				
Real Estate:	Fair Market Value	e:		- Mortgage Balance:		I
Address: (street address, city, state, zip) Title Held in Name of: Fair Market Value: Real Estate: Address: (street address, city, state, zip) Title Held in Name of: Fair Market Value: Fair Market Value Fair Market					Equity:	\$
Title Held in Name of: Fair Market Value:	Real Estate:					
Fair Market Value: - Mortgage Balance: \$ Real Estate: - Equity: \$ Address: (street address, city, state, zip) - - - Title Held in Name of: - - - - Fair Market Value: - <td>Address: (street a</td> <td>address, city, state, zip)</td> <td></td> <td></td> <td></td> <td></td>	Address: (street a	address, city, state, zip)				
Real Estate:	Title Held in Nam	ne of:			1	I
Real Estate:	Fair Market Value	e:		- Mortgage Balance:	\$	
Address: (street address, city, state, zip) Title Held in Name of: Fair Market Value: Fair Market Value Fair Market Va					Equity:	\$
Title Held in Name of: - Mortgage Balance: Equity: \$ Fair Market Value: - Equity: \$ S Total Real Estate Equity: \$ \$ S S B. Motor Vehicle: - Year Make Market Value Vehicle Loan Equity Vehicle 1 - - \$ S S Vehicle 2 - <						
Fair Market Value: - Mortgage Balance: Equity: \$ Total Real Estate Equity: \$ B. Motor Vehicle: Total Real Estate Equity: \$ Vehicle 1 Make Market Value Vehicle Loan Equity Vehicle 2 Image: Company Name Image: Company Name Image: Company Name Image: Company Name Value Image: Company Name Image: Company Name Image: Company Name Image: Company Name Image: Company Name Image: Company Name Image: Company Name Image: Company Name Image: Company Name Image: Company Name Image: Company Name Image: Company Name Image: Company Name Image: Company Name Image: Company Name Image: Company Name Image: Company Name Image: Company Name Image: Company Name Image: Company Name Image: Company Name Image: Company Name Image: Company Name Image: Company Name Image: Company Name Image: Company Name Image: Company Name Image: Company Name Image: Company Name Image: Company Name Image: Company Name Image: Company Name Image: Company Name Image: Company Name Image: Company Name Image: Company Name <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td></t<>						
Equity: \$ Total Real Estate Equity: \$ 8. Motor Vehicle: Year Year Make Market Value Vehicle Loan Equity. Vehicle 1 \$ \$ Vehicle 2 \$ Vehicle 3 C. List IRA, Keough, Pension Profit Sharing, 401k, other Retirement or Financial Plans, Financial Institution or Plan Names: Total: \$ Type Name Value						
Total Real Estate Equity: \$ B. Motor Vehicle: Year Make Market Value Vehicle Loan Equity Vehicle 1 Image: Colspan="2">Image: Colspan="2" Image: Colspan="2"	Fair Market Value	e:		- Mortgage Balance:		
B. Motor Vehicle: Year Make Market Value Vehicle Loan Equity Vehicle 1 \$ Vehicle 2 Vehicle 3 Vehicle 3 C. List IRA, Keough, Pension Profit Sharing, 401k, other Retirement or Financial Plans, Financial Institution or Plan Names: Total: \$ Type Name Value Type Name Value O. Annuity Plan(s): Company Name Value Total: \$ Total: \$						
Year Make Market Value Vehicle Loan Equity Vehicle 1 \$ \$ \$ Vehicle 2 \$ Vehicle 3 Vehicle 3 Vehicle 3 C. List IRA, Keough, Pension Profit Sharing, 401k, other Retirement or Financial Plans, Financial Institution or Plan Names: Total: \$ Type Name Value Image: Name Value D. Annuity Plan(s): Company Name Value Image: Name Value				Total F	Real Estate Equity:	\$
Vehicle 1 \$ Vehicle 2 \$ Vehicle 3 \$ Vehicle 3 \$ Total: \$ C. List IRA, Keough, Pension Profit Sharing, 401k, other Retirement or Financial Plans, Financial Institution or Plan Names: Type Name Value Type Name Value D. Annuity Plan(s): Total: \$ \$ Company Name Value Value Total: \$ Total: \$	B. Motor Vehicle	:	1	1	1	1
Vehicle 2 Image: Company Name		Year	Make	Market Value	Vehicle Loan	
Vehicle 3 Total: \$ Total: \$ \$ C. List IRA, Keough, Pension Profit Sharing, 401k, other Retirement or Financial Plans, Financial Institution or Plan Names: Value Type Name Value Type Name Value D. Annuity Plan(s): Total: \$ Company Name Value Value Total: \$ Total: \$ Name Value Value Value Value						\$
Total: \$ C. List IRA, Keough, Pension Profit Sharing, 401k, other Retirement or Financial Plans, Financial Institution or Plan Names: Type Name Value Image: Strain St						
C. List IRA, Keough, Pension Profit Sharing, 401k, other Retirement or Financial Plans, Financial Institution or Plan Names: Type Name Value Value ODE Val	Vehicle 3					
Financial Institution or Plan Names: Type Name Value Image: Imag					Total:	\$
Type Name Value Image: Strain Str)1k, other Retiremen	t or Financial Plans,		
Image: Company Name Value Company Name Value Total: \$		ution or Plan Names:			1	
D. Annuity Plan(s): Company Name Value Image: Company Name Value Image: Company Name Image: Company Name	Туре		Name		۱ ۱	/alue
D. Annuity Plan(s): Company Name Value Image: Company Name Value Image: Company Name Image: Company Name						
D. Annuity Plan(s): Company Name Value Image: Company Name Value Image: Company Name Image: Company Name						
D. Annuity Plan(s): Company Name Value Image: Company Name Value Image: Company Name Image: Company Name					— . •	<i>k</i>
Company Name Value Total: \$	D Amerika DI (۸.			Total:	\$
Total: \$	D. Annuity Plan(s		NI			/-
		Company	Name			/aiue
					-	¢
E Life Insurance: Bresent Cash Value		Drocont Cash Value			l otal:	Ş
E. Life Insurance: Present Cash Value	E. LITE INSURANCE:	rieseni Casii Value				

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	Туре	Value
		Total: \$

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

Firm	Туре	V	′alue
		Total:	\$

H.) Financial Claims or Settlements from Any Source:

Description Value		/alue
	Total:	\$

I.) Deferred Compensation:

Description	Value
	Total: \$

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

Туре	Name	Value
DB 6		

Total:	\$
TOTAL ASSETS:	\$

7. LIABILITIES (For additional liabilities attach separate form)

	1		1		
	Creditor	Nature of Debt	Date Incurred	Amount Due	Monthly Payment
	· · · · ·		TOTAL LIABILITIES:	\$	\$
Total Assets Minu				s Total Liabilities:	\$
Date	2		2		
	NC		ON		
On this	day of	, 20_	, before me per	sonally appeared	
through satisfac and deed.	; h ctory evidence of identification		known to me and/o and acknowledged		
	Notary Signature:				
	My Commission Expires:				
	FORM OF IDENTIFICATION:				
	Driver's License/State:		License Number		
	State of RI Identification				
DB-6	Passport				

	Birth Certificate				
	Other ID:				
		SCHEI	DULE A		
		RENT FROM INCO	ME PRODUCING PRO	PERTY	
Gross Annua	l Rent Received:				
Property Add	dress:				
Annual Rent	al Expenses:				
Advertising:					
Motor Vehicl	le and Travel:				
Insurance:					
Cleaning and	Maintenance:				
Commissions	5:				
Interest on M	Nortgage to Banks:				
Other Interes	st (Specify):				
		:			
		:			
Legal and Pro	ofessional Services:				
Repairs:					
Supplies:					
Taxes:					
Utilities:					
Wages:					
Other Expens	ses:				
		:			
		:			
			· · · · · · · · · · · · · · · · · · ·		
	Total Annual Rental	Expenses:	\$		
т	otal Net Annual Renta	al Income:		\$	

Total Net Monthly Rental Income:

\$