

MALISSET NATION JUDICIAL SYSTEM

_____ Plaintiff

TRIBAL COURT
Location: Littleton, ME
Docket No: _____

v.

_____ Defendant

PLAINTIFF'S DEFENDANT'S
FINANCIAL AFFIDAVIT

PLEASE NOTE: If either party wishes to keep an address confidential, that party may complete an Affidavit for Confidential Address (FM-057).

INSTRUCTIONS

This financial statement consists of three parts: Part I, Assets and Debts of Both Parties; and Part 2, Income and Expenses (of the party completing this statement). You must complete Part 1. Complete Part 2 only if spousal support (alimony) or attorneys fees are involved in your case. You must sign and file the original version of this financial statement with the court and send a copy to the other party three (3) nosiness days before mediation, or as otherwise ordered by the Court.

IMPORTANT: If you intentionally or recklessly enter inaccurate or misleading information on this form, the court may order penalties and sanctions, including court costs and attorney fees.

Check here if you have attached additional page(s) because you need more space to continue one or more sections of this form.

PART 1 - ASSETS AND DEBTS OF BOTH PARTIES

1. Parties' Assets

a. Real Estate (Enter information about real estate held by parties together or individually):

	Address	Name(s) on Title	County, Recorded, Book and Page	Date Acquired (mm/dd/yyyy)	Fair Market Value	Debt Owed	Non-Marital
1.					\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N
2.					\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N
3.					\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N
4.					\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N

b. Motor Vehicles (Enter information about your and your spouse's motor vehicles, including cars, boats, trailers, motorcycles, aircrafts, etc.):

	Year, Make, and Model	Name on Title	County, Recorded, Book and Page	Date Acquired (mm/dd/yyyy)	Fair Market Value	Balance Due	Non-Marital
1.					\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N
2.					\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N
3.					\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N
4.					\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N

c. Tangible personal property with a value over \$500 each (Enter information about personal property of you and your spouse. Examples may include televisions, laptops, furniture, jewelry):

	Address	Name(s) on Title	County, Recorded, Book and Page	Date Acquired (mm/dd/yyyy)	Fair Market Value	Debt Owed	Non-Marital
1.					\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N
2.					\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N
3.					\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N
4.					\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N
5.					\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N
6.					\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N
7.					\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N
8.					\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N
9.					\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N
10.					\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N

d. **Cash amount** (Enter the amount of cash you and your spouse have in your possession that is not in a bank account): \$ _____

e. **Bank Accounts** (Enter information about savings and checking accounts, money market accounts, certificates of deposit, etc. held by you and your spouse):

	Name of Bank	Name(s) on Account	Account Number	Type of Account	Balance	Non-Marital
1.					\$	<input type="checkbox"/> Y <input type="checkbox"/> N
2.					\$	<input type="checkbox"/> Y <input type="checkbox"/> N
3.					\$	<input type="checkbox"/> Y <input type="checkbox"/> N
4.					\$	<input type="checkbox"/> Y <input type="checkbox"/> N
5.					\$	<input type="checkbox"/> Y <input type="checkbox"/> N
6.					\$	<input type="checkbox"/> Y <input type="checkbox"/> N
7.					\$	<input type="checkbox"/> Y <input type="checkbox"/> N
8.					\$	<input type="checkbox"/> Y <input type="checkbox"/> N
9.					\$	<input type="checkbox"/> Y <input type="checkbox"/> N
10.					\$	<input type="checkbox"/> Y <input type="checkbox"/> N

f. **Retirement Benefits and Deferred Compensation** (Enter information about vested and non-vested retirement benefits, including plans, annuities, IRAs, 401(k)s, 403(b)s, and SEPs held by you and your spouse):

	Name of Plan	Name of Account Holder	Type of Plan	Fair Market Value	Non-Marital
1.				\$	<input type="checkbox"/> Y <input type="checkbox"/> N
2.				\$	<input type="checkbox"/> Y <input type="checkbox"/> N
3.				\$	<input type="checkbox"/> Y <input type="checkbox"/> N
4.				\$	<input type="checkbox"/> Y <input type="checkbox"/> N

g. **Investment/Brokerage Accounts, Mutual Funds, Securities Stocks, Bonds, Options, ESOPs, and Secured and Unsecured Notes** (Enter information about those held by you and your spouse):

	Company Name	Type	Owner	Fair Market Value	Non-Marital
1.				\$	<input type="checkbox"/> Y <input type="checkbox"/> N
2.				\$	<input type="checkbox"/> Y <input type="checkbox"/> N
3.				\$	<input type="checkbox"/> Y <input type="checkbox"/> N
4.				\$	<input type="checkbox"/> Y <input type="checkbox"/> N

h. **Business Interest** (Enter information about you and your spouse's business interests, Under "Type," enter whether the business is a corporation, S Corp, LLC, etc.):

	Name of Business	Type	% of Ownership	Debt	Fair Market Value	Non-Marital
1.					\$	<input type="checkbox"/> Y <input type="checkbox"/> N
2.					\$	<input type="checkbox"/> Y <input type="checkbox"/> N
3.					\$	<input type="checkbox"/> Y <input type="checkbox"/> N
4.					\$	<input type="checkbox"/> Y <input type="checkbox"/> N

i. **Life Insurance Policies** (Enter information about each life insurance policy you have for yourself, your spouse, or your children. Also enter information about policies held by your spouse.):

	Name of Insurance Company	Type of Policy	Name of Insured/owner	Beneficiary(ies)	Death Benefit	Cash Value	Non-Marital
1.					\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N
2.					\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N
3.					\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N

- j. **Lawsuits and Claims** (Enter information about lawsuits and claims you and your spouse have filed or intend to file. These can include, for example, claims for workers compensation, disability, etc. If you did not recover anything, enter \$0, or if your case is still pending or has not yet been filed, enter unknown.):

	Case Number	Who filed the Claim	Date Lawsuit or Claim filed (mm/dd/yyyy)	Claim Pending Or Final Decision Issued	Amount Recovered (if final decision has issued)	Non-Marital
1.					\$	<input type="checkbox"/> Y <input type="checkbox"/> N
2.					\$	<input type="checkbox"/> Y <input type="checkbox"/> N
3.					\$	<input type="checkbox"/> Y <input type="checkbox"/> N
4.					\$	<input type="checkbox"/> Y <input type="checkbox"/> N

- k. **Income Tax Refunds or Amounts Owed for the Last 2 years** (Enter information about your and your spouse's **federal and state** tax returns for the last 2 years. Enter an amount under "Refund" if you received money or "Owed" if you owed additional taxes.):

	Tax Year (yyyy)	Federal Takes: Joint or Individual?	Federal Tax Owed	Federal Refund	State Taxes: Joint or Individual?	State Tax Owed	State Refund
1.		<input type="checkbox"/> Joint <input type="checkbox"/> Individual	<input type="checkbox"/> Paid <input type="checkbox"/> Not yet paid	<input type="checkbox"/> Refund received <input type="checkbox"/> Refund not yet received	<input type="checkbox"/> Joint <input type="checkbox"/> Individual	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Refund received <input type="checkbox"/> Refund not yet received
2.		<input type="checkbox"/> Joint <input type="checkbox"/> Individual	<input type="checkbox"/> Paid <input type="checkbox"/> Not yet paid	<input type="checkbox"/> Refund received <input type="checkbox"/> Refund not yet received	<input type="checkbox"/> Joint <input type="checkbox"/> Individual	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Refund received <input type="checkbox"/> Refund not yet received

2. **Parties' Debts** (Enter your and your spouse's debts including credit cards and past due bills. Do not include debt payments previously listed in 1 above, such as your mortgage or car payment. In "Total Monthly Debt Payments," add the monthly amounts together and enter the total. If you have to add an additional page with information, make sure to include those amounts, as well.):

	Creditor Name	Describe Nature of Debt (household Goods, attorney fees, etc.)	Amount Owed	Monthly Payment Being Made	Non-Marital
1.			\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N
2.			\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N
3.			\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N

4.			\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N
5.			\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N
6.			\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N
7.			\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N
8.			\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N
9.			\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N
10.			\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N

Total Monthly Debt Payments: \$ _____

PART 2 – INCOME AND EXPENSES

In 4, check all that apply. Provide all information requested about your jobs, including all full-time, part-time, temporary contract or other work.

3. Information amount other household members:

I currently live with another adult who is not the plaintiff or defendant in this case who helps pay my expenses: Yes No

4. My employment:

a. I am unemployed self-unemployed employed by someone else retired

b. Employer name: _____

c. Employer address: _____

d. Number of paychecks per year: 12 (monthly)
 24 (two times a month)
 26 (every two weeks)
 52 (weekly)
 I am paid in cash

e. Gross income (before taxes and deductions) so far this year: \$ _____ as of _____

5. My gross income and taxes from last year:

a. Tax filing status (check only one): Married (Joint) Single
 Married (Separate) Did not file
 Head of Household

In **5a-d**, enter the information you submitted on last year's IRS tax return. If you did not file a tax return for last year, check **Did not file**, leave **a-d** blank.

- b. Number of dependent exemptions claimed: _____
- c. Total number of exemptions claimed: _____
- d. Gross income (before taxes and deductions) last year: \$ _____
Year: _____

6. **Bankruptcy in the last 5 years:**
I filed for bankruptcy in the last 5 years: Yes No

7. My gross weekly bi-weekly monthly other: _____ income (before taxes and deductions) is:

In **7, Regular employment earnings** mean the gross income you receive on a regular basis from employment.

- Employment earnings (salary, wages, self-employed income, etc.) \$ _____
- Overtime \$ _____
- Commission \$ _____
- Tips \$ _____
- Bonus \$ _____
- Pension and other retirement benefits \$ _____
- Annuity \$ _____
- Interest income \$ _____
- Dividend income \$ _____
- Trust income \$ _____
- Social Security (check all that apply): SSI SSDI retirement \$ _____
- Unemployment benefits \$ _____
- Disability payment (not Social Security) \$ _____
- Workers' compensation \$ _____
- Military allowance \$ _____
- Investment income \$ _____
- Rental income \$ _____
- Partnership income \$ _____
- Distributions and draws \$ _____
- Royalty income \$ _____
- Educational funds (include payments made directly to the school) \$ _____
- Spousal support \$ _____
- Gifts of money \$ _____
- Other: _____ \$ _____

Income other than **Regular employment earnings**, such as **Overtime, Commission, or Bonus** should be listed separately.

Total Gross Weekly Bi-weekly Monthly Other income: \$ _____

Other Weekly Bi-weekly Monthly (not calculated as income):
 TANF (Temporary assistance for needy families) \$ _____
 Child support for children of this relationship \$ _____
 Child support for children not of this relationship \$ _____
 Foster care payments from DHHS \$ _____

For **Educational funds**, include fellowships, stipends, grants, scholarships,

In **Total Gross Income**, add the amounts in **7** together and

8 My weekly bi-weekly monthly other: _____ deductions are:

In 8, use information from your paystubs, tax records, and other sources to identify all properly calculated deductions.

Federal tax	\$ _____
State tax	\$ _____
FICA (or Social Security equivalent)	\$ _____
Medicare tax	\$ _____
Union dues	\$ _____
Health insurance premiums (medical, dental, vision)	\$ _____
Child support actually paid under a court order in a different case	\$ _____
Spousal support actually paid under a court order in a different case	\$ _____
Spousal support actually paid or payable under a court order in this case	\$ _____
Expenditures for repayment of debts that represent reasonable and necessary Expenses for the production of income including, but not limited to, student loans, medical expenditures necessary to preserve life or health, reasonable expenditures for the benefit of the child and other parent exclusive gifts.	\$ _____
Other: _____	\$ _____

In **Total Monthly Deductions**, add the amounts from **8** together and enter the total.

Total Weekly Bi-weekly Monthly Other Deductions: \$ _____

9. My monthly living expenses are:

a. Household Expenses

Mortgage	\$ _____
Rent	\$ _____
Home equity (<i>HELOC</i>) and second mortgage	\$ _____
Real estate taxes	\$ _____
Homeowners or condo association dues and assessments	\$ _____
Homeowner or renter insurance	\$ _____
Water and sewer line repair insurance	\$ _____
Gas	\$ _____
Heating fuel or oil	\$ _____
Electricity	\$ _____
Telephone (landline)	\$ _____
Cell phone	\$ _____
Cable or satellite TV	\$ _____
Streaming services	\$ _____
Internet	\$ _____
Water and sewer	\$ _____
Garbage removal	\$ _____
Laundry and dry cleaning	\$ _____
House cleaning service	\$ _____
Necessary repairs and maintenance to my property	\$ _____
Pet care	\$ _____
Groceries, household supplies, and toilets	\$ _____
Other: _____	\$ _____
Subtotal Monthly Household Expenses:	\$ _____

In **9a**, enter the amount your household spends on each item each month. If you have more than one household for which you pay expenses, attach an additional page listing the expenses for each additional household.

In **Subtotal Monthly Household Expenses**, add the amounts in **9a** together and enter the total.

In **9b**, enter the amount you spend monthly on each type of transportation

If you have other transportation expenses not listed in **9b**, describe in **Other** and enter the amount.

In **9c**, enter the amount you spend monthly only for yourself on each type of expense. Do not include expenses you are reimbursed for through insurance or your employer.

In **9d**, enter the amount spent monthly on the minor dependent children of this relationship.

b. **Transportation Expenses**

Vehicle payment	\$ _____
Vehicle repairs	\$ _____
Vehicle maintenance	\$ _____
Insurance	\$ _____
License	\$ _____
Gasoline	\$ _____
Taxi, ride share, bus, and train	\$ _____
Parking	\$ _____
Registration	\$ _____
Other: _____	\$ _____
Other: _____	\$ _____
Subtotal Monthly Household Expenses: \$ _____	

If you have other transportation expenses, not listed in **9b**, describe in **Other** and enter the amount.

c. **Personal expenses**

Medical expenses (*out of pocket expenses*)

Doctor visits	\$ _____
Therapy and counseling	\$ _____
Dental and orthodontia	\$ _____
Optical	\$ _____
Medicine (<i>including prescribed and over-the-counter</i>)	\$ _____
Life Insurance	
Life (<i>term</i>)	\$ _____
Life (<i>whole or annuity</i>)	\$ _____
Clothing	\$ _____
Grooming (<i>hair, nails, spa, etc.</i>)	\$ _____
Club membership dues	\$ _____
Periodical/Newspaper subscription(s)	\$ _____
Other: _____	\$ _____
Other: _____	\$ _____
Subtotal Monthly Personal Expenses: \$ _____	

In **Subtotal Monthly Personal Expenses**, add the amounts in **9c** together and enter the total.

d. **Minor and Dependent Children Expenses**

Child care (including before and after school care)	\$ _____
Clothing	\$ _____
Education	\$ _____
Tuition	\$ _____
Books, fees, and supplies	\$ _____
School lunch	\$ _____
Tutoring	\$ _____
Other education: _____	\$ _____

In Medical, do not include expenses you are reimbursed for through insurance or your employer.

If there are other child-related expenses not listed in 9d, describe the expense in **Other** and enter the amount.

Medical (*out of pocket expenses*)

Doctor visits \$ _____
Therapy or counseling \$ _____
Dental or orthodontia \$ _____
Optical \$ _____
Medicine/prescriptions \$ _____
Other medical: _____ \$ _____

Extra-curricular activities/lessons/sports fees \$ _____

Other: _____ \$ _____

Other: _____ \$ _____

Subtotal Monthly Children Expenses: \$ _____

TOTAL MONTHLY LIVING EXPENSES: \$ _____
(add together subtotals from subsections a-d)

e. Miscellaneous/Lump Sum Expenses (costs in past 12 months)

Vacation \$ _____

Gifts \$ _____

Other: _____ \$ _____

Total Miscellaneous Expenses for Past 12 Months: \$ _____

I hereby certify that the information in this Financial Statement is complete and is based on my personal knowledge, information, and belief.

I certify that I will send the opposing party complete copies of this Financial Statement, my federal tax returns for the last two years, and my three most recent paystubs, **not later than three days before mediation.**

I swear under penalty of perjury that the above statements are true and correct. I understand that these statements are made for use as evidence in court and that I am subject to prosecution for perjury punishable by up to 1 year in jail and a fine of up to \$5,000 for giving false information to the court.

Date (mm/dd/yyyy): _____

Signature of Plaintiff Defendant

Plaintiff Attorney: _____

Address: _____

Telephone: _____

Email: _____

Plaintiff: _____

Address is confidential (*if so, leave blank below*)

Address: _____

Telephone: _____

Email: _____

STATE OF MAINE

_____ County

Personally appeared the above named party, _____, and made oath that the foregoing statements are true under penalty of perjury.

Before me,

Date (mm/dd/yyyy): _____

 Attorney at Law Notary Public Clerk