



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: Weekly: GROSS NET BiWeekly: Monthly:

Table with 3 columns: GROSS INCOME, Weekly, BiW, Monthly, TAXES AND INCOME DEDUCTIONS. Rows include Salary, Cash, Self Employment, etc.

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. Table with columns for Name of Institution / Property Location / Description, Present Value, FMV, Loan Bal., Interest, Equity.

**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>	\$ _____
	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 \_\_\_\_\_

