

**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
STATEMENT OF ASSETS, LIABILITIES, INCOME AND EXPENSES**

FAMILY COURT  
Family Court , S.C

DR-6 / FINANCIAL STATEMENT  
Case # 44-32323

A DR-6 shall be filed with Complaints for Divorce, Bed & Board Divorce, Miscellaneous Complaints or Child Support Complaints. A DR-6 shall be filed with Answers or Counterclaims; Modifications of Prior [Support] Orders.

George J Jones vs Marianne P Jones  
Plaintiff Defendant

\_\_\_\_\_  
Plaintiff's Attorney/Bar Number

\_\_\_\_\_  
Defendant's Attorney / Bar Number

\_\_\_\_\_  
Attorney's Phone Number

\_\_\_\_\_  
Attorney's Phone Number

**1. PERSONAL INFORMATION**

Name: George J Jones Telephone: 610-444-5555  
Address: 17 Merion Ln  
City/Town, State: Merion, CO Zip Code: 19333  
No. of Children Living With You: 0  
Employer: Merry Builders, Inc Occupation: Building Contractor  
Employer's Address: 44 Latches Ln  
City/Town, State: Merion, PA Zip Code: 19333  
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: \_\_\_\_\_  
Name of Insurance Provider: \_\_\_\_\_

<b>3. TOTAL ASSETS</b>	<b>\$</b>	<b><u>390,600</u></b>	<b>TOTAL LIABILITIES</b>	<b>\$</b>	<b><u>11,206</u></b>
<b>Total <u>Monthly</u> Gross Income</b>	<b>\$</b>	<b><u>15,250</u></b>	<b>Total <u>Monthly</u> Expenses</b>	<b>\$</b>	<b><u>11,274</u></b>

**4. GROSS INCOME FROM ALL SOURCES**

	WEEKLY	BI-WEEKLY	MONTHLY	ANNUAL
a) Base Pay from Salary / Wages. ....	3,365	6,730	14,583	\$ 175,000
b) Overtime. ....				\$
c) Part-Time Job. ....				\$
d) Self-Employment (Attach a Completed Schedule C from your latest tax return)				\$
e) Tips. ....				\$
f) Commissions. ....				\$
g) Bonuses. ....	153	307	666	\$ 8,000
<b>Subtotal:</b>	<b>3,519</b>	<b>7,038</b>	<b>15,250</b>	<b>\$ 183,000</b>
h) Dividends. ....				\$
i) Interest. ....				\$
j) Trusts. ....				\$
k) Annuities. ....				\$
l) Pensions. ....				\$
m) Retirement Funds. ....				\$
n) Social Security. ....				\$
o) Disability. ....				\$
p) Unemployment Insurance. ....				\$
q) Worker's Compensation. ....				\$
r) Public Assistance (welfare, etc.). ....				\$
s) Child Support. ....				\$
t) Alimony. ....				\$
u) Rental from Income Producing Property. .... (Attach Completed Schedule A)				\$
v) Royalties and other rights. ....				\$
w) Contributions from household members. ....				\$
x) Income from S-Corps, C-Corps, LLCs, etc.. ....				\$
y) Capital Gains. ....				\$
z) Other: _____				\$
Other: _____				\$
Other: _____				\$
Other: _____				\$
<b>Total Gross Income:</b>	<b>3,519</b>	<b>7,038</b>	<b>15,250</b>	<b>\$ 183,000</b>

**5. EXPENSES**

	WEEKLY	BI-WEEKLY	MONTHLY	ANNUAL
<b>1. Housing</b>				
Rent. ....	276	553	1,200	\$ 14,400
Mortgage Payment (Principal & Interest). ....				\$
Property Tax. ....				\$
Condo Fee. ....				\$
Home Maintenance. ....	86	173	375	\$ 4,500
Snow Removal / Lawn Care. ....				\$
Other: _____				\$
<b>Total Housing:</b>	<b>363</b>	<b>726</b>	<b>1,575</b>	<b>\$ 18,900</b>
<b>2. Utilities</b>				
Heating Oil. ....	23	46	100	\$ 1,200
Wood / Coal / Pellets. ....	16	32	70	\$ 840
Propane and Natural Gas. ....				\$
Telephone / Cell Phone. ....				\$
Electricity. ....	17	34	75	\$ 900
Cable Television / Internet. ....	27	55	120	\$ 1,440
Water and Sewer. ....				\$
Trash Collection. ....				\$
Other: _____				\$
<b>Total Utilities:</b>	<b>84</b>	<b>168</b>	<b>365</b>	<b>\$ 4,380</b>
<b>3. Insurance</b>				
Homeowner. ....	15	30	66	\$ 800
Renter. ....				\$
Vehicle. ....	276	553	1,200	\$ 14,400
Health / Dental / Vision. ....	27	55	120	\$ 1,440
Life. ....				\$
Disability. ....				\$
Other: _____				\$
<b>Total Insurance:</b>	<b>320</b>	<b>640</b>	<b>1,386</b>	<b>\$ 16,640</b>
<b>4. Uninsured Health Care Expenses</b>				
Medical. ....				\$
Dental. ....	23	46	100	\$ 1,200
Orthodontics. ....	19	38	83	\$ 1,000
Eye Care / Glasses / Contact Lenses. ....				\$
Prescription Drugs. ....	20	40	87	\$ 1,044
Therapy and Counseling. ....				\$
Other: _____	10	20	43	\$ 520
<b>Total Uninsured Health Care Expenses:</b>	<b>72</b>	<b>144</b>	<b>313</b>	<b>\$ 3,764</b>

**5. Transportation**

Primary Vehicle Payment	115	230	500	\$	6,000
Other Vehicle Payments				\$	
Vehicle Maintenance	17	34	75	\$	900
Gas and Oil	30	60	130	\$	1,560
Registration and Tax	11	23	50	\$	600
Other:				\$	
<b>Total Transportation:</b>	<b>174</b>	<b>348</b>	<b>755</b>	<b>\$</b>	<b>9,060</b>

**6. General and Personal Expenses**

Groceries	50	100	216	\$	2,600
Meals Eaten Out or Taken Out	30	60	130	\$	1,560
Tobacco / Alcohol Products				\$	
Clothing and Shoes	92	184	400	\$	4,800
Hair Care	6	13	30	\$	360
Toiletries and Cosmetics	20	40	86	\$	1,040
Pet Food and Care				\$	
Church and Charities	19	38	83	\$	1,000
Laundry and Dry Cleaning	0	1	3	\$	36
Gifts	9	19	41	\$	500
Newspapers and Magazines	18	36	80	\$	960
Education (personal)				\$	
Dues and Memberships	19	38	83	\$	1,000
Vacations	38	76	166	\$	2,000
Entertainment and Recreation	20	40	86	\$	1,040
Other:	56	112	243	\$	2,920
<b>Total General and Personal Expenses:</b>	<b>381</b>	<b>762</b>	<b>1,651</b>	<b>\$</b>	<b>19,816</b>

**7. Children's Expenses and Activities**

Children's Clothing				\$	
Diapers				\$	
Day Care				\$	
School Supplies				\$	
School Lunches	23	46	100	\$	1,200
Tuition and Lessons				\$	
Sports and Camps				\$	
Other:				\$	
<b>Total Children's Expenses and Activities</b>	<b>23</b>	<b>46</b>	<b>100</b>	<b>\$</b>	<b>1,200</b>

**8. Other Expenses (For example, ungarnished child support or alimony).**

<b>Total Other Expenses.</b>				<b>\$</b>	
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**9. Deductions from Paycheck**

Federal Income Tax. . . . .	789	1,578	3,421	\$	41,052
number of exemptions <u>3</u>					
State Income Tax. . . . .	137	275	596	\$	7,159
number of exemptions <u>3</u>					
Social Security. . . . .	135	271	587	\$	7,049
Medicare. . . . .	51	102	221	\$	2,654
Local TDI. . . . .				\$	
State Retirement. . . . .				\$	
Union Dues. . . . .				\$	
Garnishments. . . . .	46	92	200	\$	2,400
401(k). . . . .				\$	
Other Retirement Plans. . . . .				\$	
Other: _____				\$	
<b>Total Deductions from Paycheck:</b>	<b>1,159</b>	<b>2,319</b>	<b>5,026</b>	<b>\$</b>	<b>60,314</b>

**10. Financial**

Loan Payments. . . . .	22	45	97	\$	1,171
Other Debts. . . . .				\$	
Savings. . . . .				\$	
IRA. . . . .				\$	
Other: _____	0	1	4	\$	50
<b>Total Financial:</b>	<b>23</b>	<b>46</b>	<b>101</b>	<b>\$</b>	<b>1,221</b>
<b>TOTAL EXPENSES:</b>	<b>2,601</b>	<b>5,203</b>	<b>11,274</b>	<b>\$</b>	<b>135,295</b>

6. ASSETS

A. Real Estate

Primary Residence Address: 40 Winding Way  
Title Held in Name of: Marianne P Jones  
Fair Market Value: 450,000 Mortgage Balance: 320,000  
Equity: \$ 130,000

Real Estate Address: Vacation Home  
Title Held in Name of: George J Jones  
Fair Market Value: 100,000 Mortgage Balance: 18,750  
Equity: \$ 81,250

Real Estate Address: \_\_\_\_\_  
Title Held in Name of: \_\_\_\_\_  
Fair Market Value: \_\_\_\_\_ Mortgage Balance: \_\_\_\_\_  
Equity: \$ \_\_\_\_\_

**Total Real Estate Equity: \$ 211,250**

B. Motor Vehicle:

	Year	Make	Market Value	Vehicle Loan	Equity
Honda civic	2001	Toyota Corolla	21,000	0	21,000
Toyota Corolla	2010	Ford Pickup	24,000	0	24,000
				<b>Total:</b>	<b>\$ 45,000</b>

C. List IRA, Keogh, Pension, Profit Sharing, 401k, other Retirement or Financial Plans, Financial Institution or Plan Names:

Type	Name	Value
	Vanguard IRA	12,555
Pension	School district	46,673
		<b>Total: \$ 59,228</b>

D. Annuity Plan(s):

Company	Name	Value
_____	_____	_____
_____	_____	_____
		<b>Total: \$ 0</b>

**E. Life Insurance: Present Cash Value**

Company	Death Benefit	Cash Value
	<b>Total:</b>	<b>\$ 0</b>

**F. Savings & 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	Type	Value
	<b>Total:</b>	<b>\$ 0</b>

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

Firm	Type	Value
	<b>Total:</b>	<b>\$ 0</b>

**H. Financial Claims or Settlements from Any Source:**

Description	Value	
	<b>Total:</b>	<b>\$ 0</b>

**I. Deferred Compensation:**

Description	Value	
	<b>Total:</b>	<b>\$ 0</b>

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

Type	Name	Value
Business	Mary Kay franchise	0
Jewelry	Jewelry	1,500
Art	Paintings	700
	Paintings have sentimental value to Marianne	
	First Union	1,875
	Vanguard Index 500	12,755
	Bank of America	25,000
	Funds from Inheritance, kept separate. Value is as of most recent bank statement.	
	Nuveen Bond Fund	10,000
	Municipal Bonds	20,000
	Bank of America	3,292
	<b>Total:</b>	<b>\$ 75,122</b>
	<b>TOTAL ASSETS</b>	<b>\$ 390,600</b>

**7. LIABILITIES**

	Creditor	Nature of Debt	Date Incurred	Amount Due	Monthly Payment
	MasterCard Bank Two			3,456	75
	VISA Country Card			7,750	120
				<b>TOTAL LIABILITIES:</b>	<b>11,206</b>
					<b>195</b>

**TOTAL ASSETS MINUS TOTAL LIABILITIES \$ 379,394**

I certify under the pains and penalties of perjury, the information stated on the DR-6, my financial statement and the attached schedules, if any, is complete, true and accurate.

Date \_\_\_\_\_

Signature \_\_\_\_\_

**NOTARY CERTIFICATION**

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally appeared \_\_\_\_\_; he/she is personally known to me and/or he/she proved his/her identity through satisfactory evidence of identification; he/she executed and acknowledged said instrument to be his/her free act and deed.

Notary Signature: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

**FORM OF IDENTIFICATION:**

- Driver's License / State: \_\_\_\_\_ License Number \_\_\_\_\_
- State of RI Identification
- Passport
- Birth Certificate
- Other ID: \_\_\_\_\_