

# To Complete a Financial Statement

*Please read these instructions carefully.*

***You may not have to complete this form at all.  
Or, you may only have to complete parts of it.***

**DO** fill out this form if:

- there is a claim, either by you or against you, for spousal support, or variation of an existing order or agreement,
- there is a claim, either by you or against you, for child support or variation of an existing order or agreement and one or more of the following applies:
  - you are the person being asked to pay.
  - the claim is for an amount other than the amount set out in the Child Support Guidelines.
  - there is an undue hardship claim.
  - there is a claim for special or extraordinary expenses.
  - the parents have split custody (that is, there are 2 or more children and each parent has sole custody of at least one child).
  - the parents have shared custody (that is, the child or children actually live with each parent at least 40% of the time during the year).
  - one or more of the children for whom support is claimed is the age of majority (19 in B.C.) or older.
  - the person being asked to pay has acted as a parent to a child, but is not the child's natural or adoptive parent.
  - the income of the person being asked to pay is more than \$150,000.

Read carefully and fill out ONLY those sections that apply to you.

**CONFIDENTIALITY OF FINANCIAL INFORMATION:** The Provincial Court (Family)

Rule 20(9) says:

A person must not disclose any information contained in a record filed under Rule 4 (*financial information*) except to the extent necessary for the purposes of an application under the *Family Law Act*.

## AFFIDAVIT

Complete the affidavit after you complete the rest of the financial statement.

Before you sign the affidavit:

- check the boxes to indicate the parts of the financial statement you have completed.
- cross out the statement that **does not** apply to you. If the second statement applies, briefly explain the changes you are expecting in the space provided.

Take the financial statement to a Commissioner for Taking Affidavits, who will take your oath or affirmation that the information in your financial statement is complete and true. All lawyers, notaries public and certain staff at the court registry are Commissioners. No fee is charged at the court registry for this service.

**Remember to sign the affidavit in the presence of a Commissioner.**

## FILING

This is the last step. Follow these instructions after you have completed the financial statement and affidavit.

**If you are the applicant, you must:**

- make 3 photocopies of your financial statement and of each document listed on page 2 that applies to you.
- attach the documents together to make 4 sets: a set of originals and 3 sets of copies.
- file the 4 sets of documents (financial statement and attached documents) at the registry when you file your application.
- have a copy of the financial statement and attached documents served on the respondent, with a copy of your application.

**If you are the respondent, you must:**

- make 3 photocopies of your financial statement and of each document listed on page 2 that applies to you.
- attach the documents together to make 4 sets: a set of originals and 3 sets of copies.
- file the 4 sets of documents (financial statement and attached documents) at the registry when you file your reply.

# FINANCIAL STATEMENT

In the Provincial Court of British Columbia

Court File Number:
Court Location:
FMEP Number:

**In the case between:**  
NAME \_\_\_\_\_

**And:**  
NAME \_\_\_\_\_

## AFFIDAVIT

I \_\_\_\_\_ NAME  
*(Set out the street address of the address for service. One or both of a fax number and an e-mail address may be given as additional addresses for service.)*  
ADDRESS FOR SERVICE \_\_\_\_\_ CITY \_\_\_\_\_  
PROVINCE \_\_\_\_\_ POSTAL CODE \_\_\_\_\_ PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_ FAX \_\_\_\_\_

swear or affirm that

1. The information in this financial statement is true, to the best of my knowledge.
2. I have made complete disclosure in this financial statement of *[check applicable boxes]*
  - my income, including benefits and adjustments, if any, in Part 1
  - my expenses, in Part 2
  - my assets and debts, in Part 3
3. I do not anticipate any significant changes in the information set out in this financial statement.

OR

I anticipate the following significant changes in the information set out in this financial statement:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sworn or affirmed before me  
at \_\_\_\_\_ British Columbia  
on \_\_\_\_\_

\_\_\_\_\_

A Commissioner for taking Affidavits in British Columbia

\_\_\_\_\_

Signature

## INCOME

Check the boxes to indicate your employment status and how often you are paid.



If you are required to complete Part 1 of this form, you must include copies of certain documents with your financial statement in order to comply with section 21 of the Child Support Guidelines. Read the list carefully and check the boxes that apply to you. Once you have completed the financial statement, attach a copy of each of those documents to your financial statement.



If you fail to file these documents, the other party may make an application under section 22 of the Guidelines,  
(a) to have the application for a child support order set down for a hearing, or move for judgment; or  
(b) for an order requiring you to provide the court and the other party with the required documents.

For the purposes of this form:

“**social assistance**” includes assistance within the meaning of the *Employment and Assistance Act* and the *Employment and Assistance for Persons with Disabilities Act*;

“**support**” includes maintenance.

## PART 1 – INCOME

You must complete Part 1 if:

- (a) there is a claim, either by you or against you, for spousal support
- (b) there is a claim, either by you or against you, for child support and you are required by the Child Support Guidelines to provide income information.

1. I am

employed as OCCUPATION \_\_\_\_\_  
by NAME AND ADDRESS OF EMPLOYER \_\_\_\_\_  
\_\_\_\_\_

self-employed  
NAME AND ADDRESS OF BUSINESS \_\_\_\_\_  
\_\_\_\_\_

unemployed since  
DATE \_\_\_\_\_  
\_\_\_\_\_

2. I am paid

every 2 weeks                       twice a month                       monthly  
 other (specify) \_\_\_\_\_

3. I have attached a copy of each of the applicable documents to my financial statement

(check applicable boxes):

- every personal income tax return I have filed for each of the three most recent taxation years, together with any attachments
- every income tax notice of assessment or reassessment I have received for each of the three most recent taxation years
- (if you are an employee)** my most recent statement of earnings indicating the total earnings paid in the year to date, including overtime, or where such a statement is not provided by my employer, a letter from my employer setting out that information, including my rate of annual salary or remuneration
- (if you are receiving Employment Insurance benefits)** my three most recent EIC benefit statements
- (if you are receiving Worker's Compensation benefits)** my three most recent WCB benefit statements
- (if you are receiving Social Assistance )** a statement confirming the amount that I receive
- (if you are self-employed)** for the three most recent taxation years:
- (i) the financial statements of my business or professional practice, other than a partnership, and
  - (ii) a statement showing a breakdown of all salaries, wages, management fees or other payments or benefits paid to, or on behalf of, persons or corporations with whom I do not deal at arm's length
- (if you are a partner in a partnership)** confirmation of my income and draw from, and capital in, the partnership for its three most recent taxation years
- (if you control a corporation)** for its three most recent taxation years:
- (i) the financial statements of the corporation and its subsidiaries, and
  - (ii) a statement showing a breakdown of all salaries, wages, management fees or other payments or benefits paid to, or on behalf of, persons or corporations with whom the corporation, and every related corporation does not deal at arm's length
- (if you are a beneficiary under a trust)** the trust settlement agreement and the trust's three most recent financial statements.

## ANNUAL INCOME

If line 150 (total income) of your most recent federal income tax return sets out what you expect your income to be for this year, skip to total income (line A) and record the amount from line 150 on line A. Otherwise, record what you expect your income for this year to be from each source of income that applies to you.

Remember to record these as ANNUAL, or YEARLY amounts. (For example, if you are paid every two weeks, multiply that amount by 26. If you are paid monthly, multiply by 12).

Except where the word “net” appears, use gross **annual** amounts.

Leave blank any lines that do not apply to you.

- 10. Child support:** Record the total yearly amounts of child support you receive in the boxes labelled “total amount.” If you are required to include any child support as income on your income tax return, record that amount in the boxes labelled “taxable amount.”



Do **not** add lines 10a and 10b when calculating the total in line A.

- 16. Total social assistance payments:** Record the total amount you receive including any amounts you receive for other members of your household.



- A. Total Income:** After recording the annual amount of each type of income you receive, add them and record the total here.

## TOTAL BENEFITS

Record all money or non-monetary benefits you receive that are not already included in Total Income (line A). An inheritance or large lottery winning are examples of amounts to be recorded here. Describe the benefit(s) on the lines provided.

You do not have to include here any Child Tax Benefit or BC Family Bonus that you receive for your children.

- B. Total Benefits:** After recording the yearly amount of all benefits you receive, add them and record the total here.



## ANNUAL INCOME

If line 150 (total income) of your most recent federal income tax return sets out what you expect your income to be for this year, skip to total income (line A) and record the amount from line 150 on line A. Otherwise, record what you expect your income for this year to be from each source of income that applies to you. Record gross annual amounts unless otherwise stated.

1.	Employment income (include wages, salaries, commissions, bonuses, tips, and overtime) .....		\$	_____
2.	Other employment income .....	+	\$	_____
3.	Pension income (include Old Age Security, CPP, disability, superannuation and other pensions) .....	+	\$	_____
4.	Employment insurance benefits .....	+	\$	_____
5.	Taxable dividends from Canadian corporations .....	+	\$	_____
6.	Interest and other investment income .....	+	\$	_____
7.	<b>Net</b> partnership income: limited or non-active partners only .....	+	\$	_____
8.	Rental income gross: \$ _____ .....	net: +	\$	_____
9.	Taxable capital gains.....	+	\$	_____
10.	Child support			
	(a) Total amount for children from another relationship or marriage	a.	\$	_____ *
	(b) Total amount for children from this relationship or marriage	b.	\$	_____ *
	(c) Taxable amount for children from another relationship or marriage .....	c.	+	\$ _____
	(d) Taxable amount for children from this relationship or marriage .....	d.	+	\$ _____
11.	Spousal support			
	(a) From another relationship or marriage.....	a.	+	\$ _____
	(b) From this relationship or marriage .....	b.	+	\$ _____
12.	Registered retirement savings plan income .....	+	\$	_____
13.	Other income (include any taxable income that is not included on lines 1-17) .....	+	\$	_____
14.	<b>Net</b> self-employment income (include business, professional, commission, fishing and farming income).....	+	\$	_____
15.	Workers' compensation benefits .....	+	\$	_____
16.	Total social assistance payments.....	+	\$	_____
17.	<b>Net</b> federal supplements .....	+	\$	_____
<b>A.</b>	<b>Total income</b> .....	<b>A.</b>	<b>\$</b>	<b>_____</b>

(\*Do not add these amounts into the total at A)

## TOTAL BENEFITS

List all allowances and amounts received and all non-monetary benefits from all sources, that are not included in total income [line A]. You do not have to include here any Child Tax Benefit or BC Family Bonus that you receive for your children

_____	\$	_____
_____	+	\$ _____
_____	+	\$ _____
_____	+	\$ _____
_____	+	\$ _____
<b>B.</b>	<b>Total benefits</b> .....	<b>B.</b>
		<b>\$ _____</b>

## ADJUSTMENTS TO INCOME

These amounts will be subtracted from or added to your total income for the purposes of determining child or spousal support.

### Deductions from income

1. **Taxable amount of child support:** If you recorded an amount in Annual Income, line 10(c) or (d), record that amount here.
2. **Spousal support:** If you recorded spousal support from this relationship in Annual Income, line 11(b), record that amount here.
4. **Other employment expenses:** If you have any of these employment expenses, identify the expense and record the amount here. Paragraph numbers refer to the sections of the Income Tax Act where the expenses are described.
  - teacher's exchange fund contribution [paragraph 8(1)(d)]
  - railway employee's expenses [paragraph 8(1)(e)]
  - sales expenses [paragraph 8(1)(f)]
  - transport employee's expenses [paragraph 8(1)(g)]
  - travel expenses [paragraph 8(1)(h)]
  - motor vehicle and aircraft costs [paragraph 8(1)(j)]
  - CPP contributions and EI premiums paid for another employee who acts as your assistant or substitute [paragraph 8(1)(i.1)]
  - salary reimbursement [paragraph 8(1)(n)]
  - forfeited amounts [paragraph 8(1)(o)]
  - musician's musical instrument costs [paragraph 8(1)(p)]
  - artist's employment expenses [paragraph 8(1)(q)]
5. **Social assistance received for any person other than yourself:** If you recorded an amount in Annual Income, line 16 that includes an amount for other members of your household, record the amount received for the others here.
6. **Prior period earnings:** Complete this line only if you have prior period earnings reported on Revenue Canada form T1139.

C. **Total deductions from income:** After recording the annual amount of each of your deductions, add them and record the total here.



### Additions to income

2. **Payments to family members:** If you deducted salaries, wages or benefits to arrive at an amount of self-employment income recorded in Annual Income, line 14, record on line 2(a) the salaries, wages and benefits you paid to family members or other non-arm's length people and on line 2(b), record the portion of these payments necessary to earn your self-employment income.  
Subtract 2(b) from 2(a) and record the total here.



D. **Total additions to income:** After recording the annual amount of each of your additions to income, add them and record the total here.



### OTHER ADJUSTMENTS TO INCOME - Spousal Support



Complete **ONLY** if there is a claim, either by or against you, for spousal support.

E. **Total other adjustments:** After recording the annual amount of each adjustment, add them and record the total here.





## ADJUSTMENTS TO INCOME

You must complete this section if:

- (a) there is a claim, either by you or against you, for spousal support
- (b) there is a claim, either by you or against you, for child support and you are required by the Child Support Guidelines to provide income information

### Deductions from income

1.	Taxable amount of child support I receive.....		\$	
2.	Spousal support I receive from the other party .....		+	\$
3.	Union and professional dues.....		+	\$
4.	Other employment expenses [refer to Schedule III of the <i>Child Support Guidelines</i> ] Specify: _____		+	\$
5.	Social assistance I receive for other members of my household and included in my total income .....		+	\$
6.	Dividends from taxable Canadian corporations			
	Taxable amount of dividends.....	a.	\$	
	<i>subtract</i> Actual amount of dividends.....	b.	-	\$
	Excess portion of dividends ( a - b ) .....	=	\$	→ + \$
7.	Actual business investment losses during the year.....		+	\$
8.	Carrying charges and interest expenses paid and deductible under the <i>Income Tax Act (Canada)</i> .....		+	\$
9.	Prior period earnings			
	If net self-employment income included in total income includes an amount earned in a prior period, the amount earned in the prior period .	a.	\$	
	<i>subtract</i> Reserves.....	b.	-	\$
	Prior period earnings ( a - b ) .....	=	\$	→ + \$
10.	Portion of partnership and sole proprietorship income required to be reinvested.....		+	\$
<b>C.</b>	<b>Total deductions from income</b> .....			<b>C. \$</b>

### Additions to income

1.	Capital gains			
	Actual capital gains.....	a.	\$	
	<i>subtract</i> Actual capital losses .....	b.	-	\$
	<i>subtract</i> Taxable capital gains .....	c.	-	\$
	Total capital gains ( a - b - c)( <i>if amount is zero or less than zero, record "0" on this line</i> ) .....	=	\$	→ \$
2.	Payments to family members and other non-arm's length persons			
	Salaries, benefits, wages or other payments to family members or other non-arm's length persons, deducted from self-employment income .....	a.	\$	
	<i>subtract</i> Portion of payments necessary to earn self-employment income .....	b.	-	\$
	Non-arm's length payments ( a - b ) .....	=	\$	→ + \$
3.	Allowable capital cost allowance for real property.....		+	\$
4.	Employee stock options in Canadian-controlled private corporations exercised <i>(If some or all of the shares are disposed of in the same year you exercise the option, do not include those shares in the calculation.)</i>			
	Value of shares when options are exercised.....	a.	\$	
	<i>subtract</i> Amount paid for shares.....	b.	-	\$
	<i>subtract</i> Amount paid to acquire option to purchase shares .....	c.	-	\$
	Value of employee stock options ( a - b - c ) .....	=	\$	→ + \$
<b>D.</b>	<b>Total additions to income</b> .....			<b>D. \$</b>

### OTHER ADJUSTMENTS TO INCOME - Spousal Support

You must complete this section if there is a claim, either by you or against you, for spousal support.

1.	Total child support I receive .....		\$	
2.	Social assistance I receive for other members of my household .....		+	\$
3.	Child Tax Benefit .....		+	\$
4.	BC Family Bonus.....		+	\$
<b>E.</b>	<b>Total other adjustments</b> .....			<b>E. \$</b>

## INCOME SUMMARY

Complete this summary AFTER you have completed pages 2, 3 and 4.



## EXPENSES, ASSETS AND DEBTS

The next 2 pages ask for information about your expenses, assets and debts.

Complete the next 2 pages, titled “Part 2 - Expenses” and “Part 3 - Assets and Debts” **ONLY** if:

- there is a claim, either by or against you, for spousal support **OR**
- there is a claim, either by or against you, for child support and one or more of the following applies:
  - the claim includes a claim for a child 19 years or older
  - the person who is being asked to pay has a yearly income higher than \$150,000
  - the parents share custody (that is, the child or children actually live with each parent at least 40% of the time over the course of a year)
  - there is a claim for special or extraordinary expenses for a child or children (also complete schedule 1)
  - there is a claim of undue hardship (also complete schedule 2)
  - the person being asked to pay has acted as a parent to the child but is not the child’s natural or adoptive parent

If you fall into one of these categories, turn to page 6 and continue filling out the form.

Otherwise, go back to page 1 now and follow the instructions for completing the affidavit and filing and serving the financial statement.

**Annual Income for a Child Support Claim**

TOTAL INCOME [from line A] .....	\$ _____
<i>subtract</i> Total deductions from income [from line C].....	- \$ _____
<i>add</i> Total additions to income [from line D].....	+ \$ _____

**Annual income to be used for a Child Support Table amount.....** **\$ \_\_\_\_\_**

<i>add</i> Spousal support received from the other party (if any) .....	<b>+ \$ _____</b>
<i>subtract</i> Spousal support paid to the other party (if any) .....	- \$ _____

**Annual income to be used for a special or extraordinary expenses claim .....** **\$ \_\_\_\_\_**

**Annual Income for a Spousal Support Claim**

TOTAL INCOME [from line A].....	\$ _____
<i>subtract</i> Total deductions from income [from line C] .....	- \$ _____
<i>add</i> Total additions to Income [from line D] .....	+ \$ _____
<i>add</i> Total other adjustments [from line E] .....	+ \$ _____

**Annual income to be used for a spousal support claim. ....** **\$ \_\_\_\_\_**

**Total Benefits [from line B].....** **\$ \_\_\_\_\_**

## Annual Expenses

Remember to record your expenses as annual or yearly amounts.

If you are claiming **special or extraordinary expenses** as part of a child support claim, you must also complete Schedule 1.

**F. Total expenses:** After recording the annual amount of each expense, add them and record the total here.



**PART 2 - EXPENSES**

You do not have to complete Part 2 if the only support claimed is child support in the amount set out in the Child Support Tables and all children for whom support is claimed are under the age of majority (19 years in B.C.).

**Annual Expenses:**

Estimate your **annual** expenses

**Compulsory deductions**

CPP contributions .....	\$ _____
Employment insurance premiums.....	\$ _____
Income taxes.....	\$ _____
Employee pension contributions to a Registered Pension Plan .....	\$ _____
Other (specify) _____	\$ _____

**Housing**

Rent or mortgage .....	\$ _____
Property taxes.....	\$ _____
Homeowners / tenants insurance.....	\$ _____
Water, sewer and garbage.....	\$ _____
Strata fees.....	\$ _____
House repairs and maintenance .....	\$ _____
Other (specify) _____	\$ _____

**Utilities**

Heat .....	\$ _____
Electricity.....	\$ _____
Telephone .....	\$ _____
Cable TV .....	\$ _____
Other (specify) _____	\$ _____

**Household expenses**

Food .....	\$ _____
Household supplies.....	\$ _____
Meals outside the home .....	\$ _____
Furnishings and equipment.....	\$ _____
Other (specify) _____	\$ _____

**Transportation**

Public transit, taxis .....	\$ _____
Gas and oil .....	\$ _____
Car insurance and licence.....	\$ _____
Parking .....	\$ _____
Repairs and maintenance .....	\$ _____
Lease payments.....	\$ _____
Other (specify) _____	\$ _____

**Health <sup>a</sup>**

MSP premiums.....	\$ _____
Extended health plan premiums.....	\$ _____
Dental plan premiums .....	\$ _____
Health care (net of coverage).....	\$ _____
Drugs (net of coverage) .....	\$ _____
Dental care (net of coverage).....	\$ _____
Other (specify) _____	\$ _____

**Personal**

Clothing .....	\$ _____
Hair care.....	\$ _____
Toiletries, cosmetics.....	\$ _____
Education (specify) _____	\$ _____
Life insurance	
Dry cleaning / laundry .....	\$ _____
Entertainment, recreation.....	\$ _____
Alcohol, tobacco.....	\$ _____
Gifts .....	\$ _____
Other (specify) _____	\$ _____

**Children <sup>a</sup>**

Child care .....	\$ _____
Clothing .....	\$ _____
Hair care.....	\$ _____
School fees and supplies .....	\$ _____
Entertainment, recreation.....	\$ _____
Activities, lessons.....	\$ _____
Gifts .....	\$ _____
Insurance .....	\$ _____
Other (specify) _____	\$ _____

**Savings for the future**

RRSP .....	\$ _____
RESP .....	\$ _____
Other (specify) _____	\$ _____

**Support payments to others**

(specify) <sup>b</sup> _____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

**Debt Payments**

(specify) _____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

**Other**

Charitable donations .....	\$ _____
Vacation .....	\$ _____
Pet care .....	\$ _____
Newspapers, publications .....	\$ _____
<b>Reserve for income tax</b> .....	\$ _____

**F. Total expenses** ..... **F. \$** \_\_\_\_\_

[a If you claim child support and special or extraordinary expenses, you must also complete Schedule 1.

b List only the names of those for whom support is not claimed in this application. Indicate whether the payments are tax deductible to you and whether you make the payments under a court order or agreement.]

## Assets

Assets include property, money and investments, and money that is owed to you.

If you need more space, attach a separate list and indicate on the form that there is an attached list.

1. **Real estate equity** is the difference between market value and the amount owing on the mortgage. For **market value**, use the amount on your most recent assessment notice.
2. **Cars, boats, vehicles:** your equity is the difference between market value and the amount owing on your loan(s). Estimate the **market value** and be prepared to justify your estimate.

**G. Asset value total:** After recording asset values, add them and record the total here.



## Debts

Remember to record these as ANNUAL, or YEARLY amounts.

Do NOT record mortgage or car payments here, as they are included under Annual Expenses.

If you need more space, attach a separate list and indicate on the form that there is an attached list.

**H. Debt payment total:** After recording debt payments, add them and record the total here.



**PART 3 - ASSETS AND DEBTS**

You do not have to complete Part 3 if the only support claimed is child support in the amount set out in the Child Support Tables and all children for whom support is claimed are under the age of majority (19 years in B.C.).

**Assets**

Real estate equity..... \$ \_\_\_\_\_  
 Market value: \$ \_\_\_\_\_  
 Mortgage balance: \$ \_\_\_\_\_  
 Cars, boats, vehicles ..... + \$ \_\_\_\_\_  
 Make and year: \_\_\_\_\_  
 Market value: \$ \_\_\_\_\_  
 Loan balance: \$ \_\_\_\_\_  
 Pension plans ..... + \$ \_\_\_\_\_  
 Other property ..... + \$ \_\_\_\_\_  
 Bank or other account (include RRSPs)..... + \$ \_\_\_\_\_  
 Stocks and bonds..... + \$ \_\_\_\_\_  
 Life insurance (cash surrender value) ..... + \$ \_\_\_\_\_  
 Money owing to me ..... + \$ \_\_\_\_\_  
 Name of debtor \_\_\_\_\_  
 Other \_\_\_\_\_ + \$ \_\_\_\_\_  
 [attach list if necessary]  
**G. Asset value total** ..... **G. \$** \_\_\_\_\_

**Annual debt payments**

**Credit card** ..... \$ \_\_\_\_\_  
 Balance owing: \$ \_\_\_\_\_  
 Date of last payment: \_\_\_\_\_  
 Reason for borrowing: \_\_\_\_\_  
 \_\_\_\_\_  
**Bank or finance company** ..... + \$ \_\_\_\_\_  
*[do not include amount owing on mortgage]*  
 Balance owing: \$ \_\_\_\_\_  
 Date of last payment: \_\_\_\_\_  
 Reason for borrowing: \_\_\_\_\_  
 \_\_\_\_\_  
**Department store** ..... + \$ \_\_\_\_\_  
 Balance owing: \$ \_\_\_\_\_  
 Date of last payment: \_\_\_\_\_  
 Reason for borrowing: \_\_\_\_\_  
 \_\_\_\_\_  
**Other** *[attach list if necessary]* ..... + \$ \_\_\_\_\_  
 Balance owing: \$ \_\_\_\_\_  
 Date of last payment: \_\_\_\_\_  
 Reason for borrowing: \_\_\_\_\_  
 \_\_\_\_\_  
**H. Debt payment total** ..... **H. \$** \_\_\_\_\_

## SCHEDULES

**Complete a schedule only if it applies to you**

**Schedule 1:** You must complete this ONLY if you are claiming **special or extraordinary expenses** in a claim for child support.

**Schedule 2:** You must complete this ONLY if you are claiming **undue hardship** in a claim for child support.

**Schedule 3:** You must complete this ONLY if there is a claim, either by you or against you, for **undue hardship**, in a claim for child support.

If none of the schedules apply to you, go back to page 1 now and follow the instructions for completing the affidavit and filing and serving the financial statement.

### Schedule 1 - Special or Extraordinary Expenses

*Please read these instructions carefully.*

Complete this schedule if you are claiming **special or extraordinary expenses** in a claim for child support.

The form contains columns for recording special expenses for 4 children. If your claim is for more than 4 children, photocopy this form before you begin and use the photocopy for the additional children.

Remember to record the expenses as ANNUAL, or YEARLY amounts.

If your claim includes an expense for child care, health care or post secondary education, you must subtract from the gross or full amount, any related subsidies, income tax deductions or credits you are eligible to receive for the expense. After you subtract any subsidies, deductions or credits from the expense, record the result in the space labelled "net". Give details of the subsidy, deduction or credits in the space provided at the bottom of schedule 1.

After you record the annual amount of each expense, subtract the child's contribution. For example, a child may use money from a summer job to help pay university tuition.

**Total:** Add the special or extraordinary expenses claimed for each child. Subtract the child's contribution from the amount. Record the difference here.



If neither schedule 2 nor 3 applies to you, go back to page 1 now and follow the instructions for completing the affidavit and filing and serving the financial statement.





## **SCHEDULE 2**

Complete this schedule only if you are claiming undue hardship in a child support claim.



Schedule 2 lists 6 categories that may cause undue hardship. Choose the category that applies to your claim and provide the information requested.

## **SCHEDULE 3**

Complete this schedule if you or the other party claims undue hardship in a child support claim.

Record the name of each member of your household. Calculate the annual gross income of each of these people.

Now go back to page 1 and follow the instructions for completing the affidavit and filing and serving the financial statement.



### SCHEDULE 2 - UNDUE HARDSHIP

Complete if you plead undue hardship in respect of a child support claim.

<b>Responsibility for unusually high debts reasonably incurred to support the family prior to separation or to earn a living:</b>		
Owed to:	Terms of Debt:	Monthly Amount
_____	_____	\$ _____
_____	_____	\$ _____

<b>Unusually high expenses for exercising parenting time or contact with a child:</b>	Monthly Amount
Details of Expense: _____	\$ _____
_____	
_____	

<b>Legal duty under a court order or separation agreement to support another person:</b>			
Name of Person:	Relationship:	Nature of Duty:	Monthly Amount
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

<b>Legal duty to support a child, other than a child for whom support is claimed in this application:</b>			
Name of Person:	Relationship:	Nature of Duty:	Monthly Amount
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

<b>Legal duty to support a person who is unable to support himself or herself because of illness or disability:</b>			
Name of Person:	Relationship:	Nature of Duty:	Monthly Amount
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

<b>Other undue hardship circumstances:</b>	Monthly Amount
Details of other undue hardship circumstances: _____	\$ _____
_____	
_____	

### SCHEDULE 3 - INCOME OF OTHER PERSONS IN HOUSEHOLD

Complete this section if there is an undue hardship claim.

Other Person's name:	Annual Income
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____