

Court File Number

.....
(Name of Court)

**Form 13: Financial
Statement (Support Claims)
sworn/affirmed**

at
Court office address

Applicant(s)

Full legal name & address for service — street & number, municipality, postal code, telephone & fax numbers and e-mail address (if any).

Lawyer's name & address — street & number, municipality, postal code, telephone & fax numbers and e-mail address (if any).

Respondent(s)

Full legal name & address for service — street & number, municipality, postal code, telephone & fax numbers and e-mail address (if any).

Lawyer's name & address — street & number, municipality, postal code, telephone & fax numbers and e-mail address (if any).

INSTRUCTIONS

You must complete this form if you are making or responding to a claim for child or spousal support or a claim to change support, unless your only claim for support is a claim for child support in the table amount under the *Child Support Guidelines*.

You may also be required to complete and attach additional schedules based on the claims that have been made in your case or your financial circumstances:

- If you have income that is not shown in Part I of the financial statement (for example, partnership income, dividends, rental income, capital gains or RRSP income), you must also complete **Schedule A**.
- If you have made or responded to a claim for child support that involves undue hardship or a claim for spousal support, you must also complete **Schedule B**.
- If you or the other party has sought a contribution towards special or extraordinary expenses for the child(ren), you must also complete **Schedule C**.

*NOTES: You must **fully and truthfully** complete this financial statement, including any applicable schedules. Failure to do so may result in serious consequences.*

If you are making or responding to a claim for property, an equalization payment or the matrimonial home, you must complete Form 13.1: Financial Statement (Property and Support Claims) instead of this form.

1. **My name is** (full legal name) _____
I live in (municipality & province) _____
and I swear/affirm that the following is true:

PART 1: INCOME

2. I am currently
- employed by (name and address of employer)
 - self-employed, carrying on business under the name of (name and address of business)
 - unemployed since (date when last employed)

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3. I attach proof of my year-to-date income from all sources, including my most recent (*attach all that are applicable*):
- pay cheque stub social assistance stub pension stub workers' compensation stub
 - employment insurance stub and last Record of Employment
 - statement of income and expenses/ professional activities (for self-employed individuals)
 - other (e.g. a letter from your employer confirming all income received to date this year)
4. Last year, my gross income from all sources was \$ _____ (*do not subtract any taxes that have been deducted from this income*).
5. I am attaching all of the following required documents to this financial statement as proof of my income over the past three years, if they have not already been provided:
- . a copy of my personal income tax returns for each of the past three taxation years, including any materials that were filed with the returns. (*Income tax returns must be served but should NOT be filed in the continuing record, unless they are filed with a motion to refrain a driver's license suspension.*)
 - . a copy of my notices of assessment and any notices of reassessment for each of the past three taxation years;
 - . where my notices of assessment and reassessment are unavailable for any of the past three taxation years, an Income and Deductions printout from the Canada Revenue Agency for each of those years, whether or not I filed an income tax return.
- Note: An Income and Deductions printout is available from Canada Revenue Agency. Please call customer service at 1-800-959-8281.*

OR

- I am an Indian within the meaning of the *Indian Act* (Canada) and I have chosen not to file income tax returns for the past three years. I am attaching the following proof of income for the last three years (*list documents you have provided*):

(In this table you must show all of the income that you are currently receiving.)

Income Source	Amount Received/Month
1. Employment income (before deductions)	\$
2. Commissions, tips and bonuses	\$
3. Self-employment income (Monthly amount before expenses: \$)	\$
4. Employment Insurance benefits	\$
5. Workers' compensation benefits	\$
6. Social assistance income (including ODSP payments)	\$
7. Interest and investment income	\$
8. Pension income (including CPP and OAS)	\$
9. Spousal support received from a former spouse/partner	\$
10. Child Tax Benefits or Tax Rebates (e.g. GST)	\$
11. Other sources of income (e.g. RRSP withdrawals, capital gains) (<i>*attach Schedule A and divide annual amount by 12</i>)	\$
12. Total monthly income from all sources:	\$
13. Total monthly income X 12 = Total annual income:	\$

14. Other Benefits

Provide details of any non-cash benefits that your employer provides to you or are paid for by your business such as medical insurance coverage, the use of a company car, or room and board.

Item	Details	Yearly Market Value
		\$
		\$
		\$
		\$

PART 2: EXPENSES

Expense	Monthly Amount
Automatic Deductions	
CPP contributions	\$
EI premiums	\$
Income taxes	\$
Employee pension contributions	\$
Union dues	\$
SUBTOTAL	\$
Housing	
Rent or mortgage	\$
Property taxes	\$
Property insurance	\$
Condominium fees	\$
Repairs and maintenance	\$
SUBTOTAL	\$
Utilities	
Water	\$
Heat	\$
Electricity	\$

Expense	Monthly Amount
Transportation	
Public transit, taxis	\$
Gas and oil	\$
Car insurance and license	\$
Repairs and maintenance	\$
Parking	\$
Car Loan or Lease Payments	\$
SUBTOTAL	\$
Health	
Health insurance premiums	\$
Dental expenses	\$
Medicine and drugs	\$
Eye care	\$
SUBTOTAL	\$
Personal	
Clothing	\$
Hair care and beauty	\$
Alcohol and tobacco	\$

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Utilities, continued	
Telephone	\$
Cell phone	\$
Cable	\$
Internet	\$
SUBTOTAL	\$
Household Expenses	
Groceries	\$
Household supplies	\$
Meals outside the home	\$
Pet care	\$
Laundry and Dry Cleaning	\$
SUBTOTAL	\$
Childcare Costs	
Daycare expense	\$
Babysitting costs	\$
SUBTOTAL	\$

Personal, continued	
Education (<i>specify</i>)	\$
Entertainment/recreation (including children)	\$
Gifts	\$
SUBTOTAL	\$
Other expenses	
Life Insurance premiums	\$
RRSP/RESP withdrawals	\$
Vacations	\$
School fees and supplies	\$
Clothing for children	\$
Children's activities	\$
Summer camp expenses	\$
Debt payments	\$
Support paid for other children	\$
Other expenses not shown above (<i>specify</i>)	\$
SUBTOTAL	\$

Total Amount of Monthly Expenses	\$
Total Amount of Yearly Expenses	\$

PART 3: ASSETS

Type	Details		Value or Amount
<i>State Address of Each Property and Nature of Ownership</i>			
Real Estate	1		\$
	2		\$
	3		\$
<i>Year and Make</i>			
Cars, Boats, Vehicles	1		\$
	2		\$
	3		\$

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<i>Address Where Located</i>			
Other Possessions of Value (e.g. computers, jewellery, collections)	1		\$
	2		\$
	3		\$
<i>Type – Issuer – Due Date – Number of Shares</i>			
Investments (e.g. bonds, shares, term deposits and mutual funds)	1		\$
	2		\$
	3		\$
<i>Name and Address of Institution</i>		<i>Account Number</i>	
Bank Accounts	1		\$
	2		\$
	3		\$
<i>Type and Issuer</i>		<i>Account Number</i>	
Savings Plans R.R.S.P.s Pension Plans R.E.S.P.s	1		\$
	2		\$
	3		\$
<i>Type – Beneficiary – Face Amount</i>			<i>Cash Surrender Value</i>
Life Insurance	1		\$
	2		\$
	3		\$
<i>Name and Address of Business</i>			
Interest in Business <i>(*attach separate year-end statement for each business)</i>	1		\$
	2		\$
	3		\$
<i>Name and Address of Debtors</i>			
Money Owed to You <i>(for example, any court judgments in your favour, estate money and income tax refunds)</i>	1		\$
	2		\$
	3		\$
<i>Description</i>			
Other Assets	1		\$
	2		\$
	3		\$

Total Value of All Property	\$
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PART 4: DEBTS

Type of Debt	Creditor (name and address)	Full Amount Now Owing	Monthly Payments	Are Payments Being Made?
Mortgages, Lines of Credits or other Loans from a Bank, Trust or Finance Company		\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Outstanding Credit Card Balances		\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Unpaid Support Amounts		\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Debts		\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No

Total Amount of Debts Outstanding	\$
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PART 5: SUMMARY OF ASSETS AND LIABILITIES

Total Assets	\$
Subtract Total Debts	\$
Net Worth	\$

NOTE: This financial statement must be updated no more than 30 days before any court event by either completing and filing:

- a new financial statement with updated information, or
- an affidavit in Form 14A setting out the details of any minor changes or confirming that the information contained in this statement remains correct.

Sworn/Affirmed before me at _____
municipality

in _____
province, state or country

on _____
date

Commissioner for taking affidavits
 (Type or print name below if signature is illegible.)

Signature
 (This form is to be signed in front of a lawyer, justice of the peace, notary public or commissioner for taking affidavits.)

**Schedule A
Additional Sources of Income**

Line	Income Source	Annual Amount
1.	Net partnership income	\$
2.	Net rental income (Gross annual rental income of \$)	\$
3.	Total amount of dividends received from taxable Canadian corporations	\$
4.	Total capital gains (\$) less capital losses (\$)	\$
5.	Registered retirement savings plan withdrawals	\$
6.	Any other income (<i>specify source</i>)	\$

Subtotal:	\$
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**Schedule B
Other Income Earners in the Home**

Complete this part only if you are making or responding to a claim for undue hardship or spousal support. Check and complete all sections that apply to your circumstances.

1. I live alone.
2. I am living with (*full legal name of person you are married to or cohabiting with*)

3. I/we live with the following other adult(s):

4. I/we have (*give number*) _____ child(ren) who live(s) in the home.
5. My spouse/partner works at (*place of work or business*) _____ .
 does not work outside the home.
6. My spouse/partner earns (*give amount*) \$ _____ per _____ .
 does not earn any income.
7. My spouse/partner or other adult residing in the home contributes about \$ _____ per _____ towards the household expenses.

**Schedule C
Special or Extraordinary Expenses for the Child(ren)**

Child's Name	Expense	Amount/yr.	Available Tax Credits or Deductions*
1.		\$	\$
2.		\$	\$
3.		\$	\$
4.		\$	\$
5.		\$	\$
6.		\$	\$
7.		\$	\$
8.		\$	\$
9.		\$	\$
10.		\$	\$

Total Net Annual Amount	\$
Total Net Monthly Amount	\$

* Some of these expenses can be claimed in a parent's income tax return in relation to a tax credit or deduction (for example childcare costs). These credits or deductions must be shown in the above chart.

I attach proof of the above expenses.

I earn \$ _____ per year which should be used to determine my share of the above expenses.

NOTE:

Pursuant to the Child Support Guidelines, a court can order that the parents of a child share the costs of the following expenses for the child:

- . Necessary childcare expenses;
- . Medical insurance premiums and certain health-related expenses for the child that cost more than \$100 annually;
- . Extraordinary expenses for the child's education;
- . Post-secondary school expenses; and,
- . Extraordinary expenses for extracurricular activities.