

Court File Number
-------------------

.....  
(Name of Court)

at .....  
Court office address

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

**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. You must also provide the other party with documents relating to support and a Certificate of Financial Disclosure (Form 13A) as required by Rule 13 of the Family Law Rules.*

*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)

Court file number
-------------------

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 or where I have not filed a return 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 whether taxable or not.)

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> )	\$
<b>12. Total monthly income from all sources:</b>	<b>\$</b>
<b>13. Total monthly income X 12 = Total annual income:</b>	<b>\$</b>

**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
<b>Automatic Deductions</b>	
CPP contributions	\$
EI premiums	\$
Income taxes	\$
Employee pension contributions	\$
Union dues	\$
<b>SUBTOTAL</b>	\$
<b>Housing</b>	
Rent or mortgage	\$
Property taxes	\$
Property insurance	\$
Condominium fees	\$
Repairs and maintenance	\$
<b>SUBTOTAL</b>	\$
<b>Utilities</b>	
Water	\$
Heat	\$
Electricity	\$

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

Court file number
-------------------

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

<b>Personal, continued</b>	
Education ( <i>specify</i> )	\$
Entertainment/recreation (including children)	\$
Gifts	\$
<b>SUBTOTAL</b>	\$
<b>Other expenses</b>	
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> )	\$
<b>SUBTOTAL</b>	\$

<b>Total Amount of Monthly Expenses</b>	\$
<b>Total Amount of Yearly Expenses</b>	\$

**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		\$

Court file number
-------------------

<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	\$

<b>Total Value of All Property</b>	<b>\$</b>
------------------------------------	-----------

Court file number
-------------------

**PART 4: DEBTS**

Type of Debt	Creditor (name and address)	Full Amount Now Owning	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

<b>Total Amount of Debts Outstanding</b>	\$
--	----

**PART 5: SUMMARY OF ASSETS AND LIABILITIES**

<b>Total Assets</b>	\$
<b>Subtract Total Debts</b>	\$
<b>Net Worth</b>	\$

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.	Income from a Registered Retirement Income Fund or Annuity	\$
7.	Any other income ( <i>specify source</i> )	\$

<b>Subtotal:</b>	\$
------------------	----

**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.		\$	\$

<b>Total Net Annual Amount</b>	\$
<b>Total Net Monthly Amount</b>	\$

**\* 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 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.