ONTARIO

		Court File Number
	(Name of court)	
at	(Name of court)	Form 13.1: Financial Statement (Property and
at	Court office address	Support Claims)
		sworn/affirmed
Appli	cant(s)	
Full leg	gal name & address for service — street & number, municipality, 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).
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Resp	ondent(s)	
Full leg	gal name & address for service — street & number, municipality, 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).
4		CTIONS
1.	USE THIS FORM IF: you are making or responding to a claim for p	roperty or exclusive possession of the matrimonial home and
	its contents; or	
	its contents together with other claims for relief.	roperty or exclusive possession of the matrimonial home and
2.	USE FORM 13 INSTEAD OF THIS FORM IF:	
	 you are making or responding to a claim for su exclusive possession of the matrimonial home 	pport but NOT making or responding to a claim for property or and its contents.
3.	If you have income that is not shown in Part I o dividends, rental income, capital gains or RRSP income	f the financial statement (for example, partnership income, ne), you must also complete Schedule A .
4.	If you or the other party has sought a contribution town must also complete Schedule B .	ards special or extraordinary expenses for the child(ren), you
other µ		nent, including any applicable schedules. You must also provide the Certificate of Financial Disclosure (Form 13A) as required by Rule 13
1.	My name is (full legal name)	
	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 na	me of (name and address of business)
	unemployed since (date when last employed)	

FLR 13.1 (January 6, 2015) Page 1 of 1

Form	13.1:	Financial Statement (Property and Support Claims)	(page 2)	Court file number
3.	l att	ach proof of my year-to-date income from all s	ources, including my most rece	ent (attach all that are applicable):
		pay cheque stub		workers' compensation stub
		statement of income and expenses/ professio	nal activities (for self-employed	individuals)
		other (e.g. a letter from your employer confirm	ning all income received to date	this year)
4.		year, my gross income from all sources was sucted from this income).	\$ (do no	t subtract any taxes that have been
5.		I am attaching all of the following required do the past three years, if they have not already b		ement as proof of my income over
		 a copy of my personal income tax returns that were filed with the returns. (Income record, unless they are filed with a motion to r 	tax returns must be served but s	hould NOT be filed in the continuing
		. a copy of my notices of assessment and any	y notices of reassessment for each	ch of the past three taxation years;
		 where my notices of assessment and reas or where I have not filed a return for any of from the Canada Revenue Agency for each 	of the past three taxation years,	an Income and Deductions printout
		Note: An Income and Deductions printout is at 1-800-959-8281.	available from Canada Revenue /	Agency. Please call customer service
	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*

(In this table you must show all of the income that you are currently receiving whether taxable or not.)

have provided):

	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) (*attach Schedule A and divide annual amount by 12)	\$
12.	Total monthly income from all sources:	\$
13.	Total monthly income X 12 = Total annual income:	\$

FLR 13.1 (January 6, 2015) Page 2 of 2

Court file number

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	\$	
El 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	\$	

FLR 13.1 (January 6, 2015) Page 3 of 3

Form 13.1:	Financial Statement (Property and
	Support Claims)

(page 4)

Court file number

\$	
\$	
\$	
\$	
\$	
\$	
\$	
\$	
\$	
\$	
\$	
Childcare Costs	
\$	
\$	
\$	

Personal, continued	
Education (specify)	\$
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 (specify)	\$
SUBTOTAL	\$

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

PART 3: 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
7.	My spouse/partner or other adult residing in the home contributes about \$ per
	towards the household expenses.

FLR 13.1 (January 6, 2015) Page 4 of 4

orm 13.1:	Financial Statement (Property and
	Support Claims)

(page 5)

Court file number

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If any sections of Parts 4 to 9 do not apply, do not leave blank, print "NONE" in the section.
The date of marriage is: (give date)
The valuation date is: (give date)
The date of commencement of cohabitation is (if different from date of marriage): (give date)

PART 4(a): LAND

Include any interest in land **owned** on the dates in each of the columns below, including leasehold interests and mortgages. Show estimated market value of your interest, but do not deduct encumbrances or costs of disposition; these encumbrances and costs should be shown under Part 5, "Debts and Other Liabilities".

Nature & Type of		Estimated Ma	arket Value of Y	OUR Interest
Ownership (Give your percentage interest where relevant.)	Address of Property	on date of marriage	on valuation date	today
		\$	\$	\$
	15. TOTAL VA	ALUE OF LAND	\$	\$

PART 4(b): GENERAL HOUSEHOLD ITEMS AND VEHICLES

Show estimated market value, not the cost of replacement for these items owned on the dates in each of the columns below. Do not deduct encumbrances or costs of disposition; these encumbrances and costs should be shown under Part 5, "Debts and Other Liabilities".

		Indicate if NOT in	Estimated Ma	arket Value of Y	OUR Interest
Item	Description	your possession	on date of marriage	on valuation date	today
Household goods & furniture			\$	\$	\$
Cars, boats, vehicles			\$	\$	\$
Jewellery, art, electronics, tools, sports & hobby equipment			\$	\$	\$
Other special items			\$	\$	\$
16. TO	TAL VALUE OF GENERAL H	OUSEHOLD ITEMS A	AND VEHICLES	\$	\$

FLR 13.1 (January 6, 2015) Page 5 of 5

Form 13.1: Financial Statement (Property and Support Claims)

(page 6)

Court file number

PART 4(c): BANK ACCOUNTS, SAVINGS, SECURITIES AND PENSIONS

Show the items owned on the dates in each of the columns below by category, for example, cash, accounts in financial institutions, pensions, registered retirement or other savings plans, deposit receipts, any other savings, bonds, warrants, options, notes and other securities. Give your best estimate of the market value of the securities if the items were to be sold on the open market.

	egory INSTITUTION (including location)/ DESCRIPTION (including issuer and date) Account number	Amount/	Estimated Market Value		
Category			on date of marriage	on valuation date	today
			\$	\$	\$
17.	TOTAL VALUE OF ACCOUNTS, SAVINGS, S	\$	\$		

PART 4(d): LIFE AND DISABILITY INSURANCE

List all policies in existence on the dates in each of the columns below.

Owner Beneficiary	Face	Cash Surrender Value			
	Beneficiary	Amount	on date of marriage	on valuation date	today
			\$	\$	\$
CV6H GIIBBI	ENDER VALUE	OE INGLIDA	NCE DOLICIES	œ.	e
			Amount	Owner Beneficiary Face Amount on date of marriage \$	Owner Beneficiary Amount on date of on valuation marriage date

PART 4(e): BUSINESS INTERESTS

Show any interest in an unincorporated business owned on the dates in each of the columns below. An interest in an incorporated business may be shown here or under "BANK ACCOUNTS, SAVINGS, SECURITIES, AND PENSIONS" in Part 4(c). Give your best estimate of the market value of your interest.

Name of Firm or Company	Interest	Estimated Market Value of YOUR Interest			
		on date of marriage	on valuation date	today	
		\$	\$	\$	
	\$	\$			

FLR 13.1 (January 6, 2015) Page 6 of 6

Form 13.1: Financial Statement (Property and Support Claims)

(page 7)

Court file number

PART 4(f): MONEY OWED TO YOU

Give details of all money that other persons owe to you on the dates in each of the columns below, whether because of business or from personal dealings. Include any court judgments in your favour, any estate money and any income tax refunds owed to you.

	Amount Owed to You			
Details	on date of marriage	on valuation date	today	
	\$	\$	\$	
20. TOTAL OF MONEY	OWED TO YOU	\$	\$	

PART 4(g): OTHER PROPERTY

Show other property or assets owned on the dates in each of the columns below. Include property of any kind not listed above. Give your best estimate of market value.

		Estimated Market Value of YOUR interest			
Category Details	Details	on date of marriage	on valuation date	today	
		\$	\$	\$	
21. TOTAL VALUE OF OTHER PROPERTY			\$	\$	
22. VALUE OF ALL PROPERTY OWNED ON THE VALUATION DATE				•	
	(Add it	tems [15] to [21].)	\$	\$	

PART 5: DEBTS AND OTHER LIABILITIES

Show your debts and other liabilities on the dates in each of the columns below. List them by category such as mortgages, charges, liens, notes, credit cards, and accounts payable. Don't forget to include:

- any money owed to the Canada Revenue Agency;
- · contingent liabilities such as guarantees or warranties given by you (but indicate that they are contingent); and
- any unpaid legal or professional bills as a result of this case.

Category Details		Amount Owing			
	on date of marriage	on valuation date	today		
		\$	\$	\$	
	23. TOTAL OF DEBTS AND OTHE	R LIABILITIES	\$	\$	

FLR 13.1 (January 6, 2015) Page 7 of 7

(page 8)

Court file number

PART 6: PROPERTY, DEBTS AND OTHER LIABILITIES ON DATE OF MARRIAGE

Show by category the value of your property, debts and other liabilities, calculated as of the date of your marriage. (In this part, do not include the value of a matrimonial home or debts or other liabilities directly related to its purchase or significant improvement, if you and your spouse ordinarily occupied this property as your family residence at the time of separation.)

Category and details		Value on date of marriage	
		Liabilities	
Land	\$	\$	
General household items & vehicles	\$	\$	
Bank accounts, savings, securities & pensions	\$	\$	
Life & disability insurance	\$	\$	
Business interests	\$	\$	
Money owed to you	\$	\$	
Other property (Specify.)	\$	\$	
Debts and other liabilities (Specify.)	\$	\$	
TOTALS	\$	\$	
24. NET VALUE OF PROPERTY OWNED ON DATE OF MARRIAGE (From the total of the "Assets" column, subtract the total of the "Liabilities" column.		\$	
25. VALUE OF ALL DEDUCTIONS (Add items [23] and [24].)	\$	\$	

PART 7: EXCLUDED PROPERTY

Show by category the value of property owned on the valuation date that is excluded from the definition of "net family property" (such as gifts or inheritances received after marriage).

Category	Details	Value on valuation date
		\$
	26. TOTAL VALUE OF EXCLUDED PROPERTY	\$

FLR 13.1 (January 6, 2015) Page 8 of 8

Court file number

PART 8: DISPOSED-OF PROPERTY

Show by category the value of all property that you disposed of during the two years immediately preceding the making of this statement, or during the marriage, whichever period is shorter.

Category	Details	Value
		\$
	27. TOTAL VALUE OF DISPOSED-OF PROPERTY	\$

PART 9: CALCULATION OF NET FAMILY PROPERTY

	Deductions	BALANCE
Value of all property owned on valuation date (from item [22] above)		\$
Subtract value of all deductions (from item [25] above)	\$	\$
Subtract total value of excluded property (from item [26] above)	\$	\$
28. NET FA	AMILY PROPERTY	\$

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/A	Affirmed before me at		
		municipality	
in			
		province, state or country	Signature
on			(This form is to be signed in front of a lawyer, justice of the peace, notary public
	date	Commissioner for taking affidavits (Type or print name below if signature is illegible.)	or commissioner for taking affidavits.)

FLR 13.1 (January 6, 2015) Page 9 of 9

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 (specify source)	\$

Subtotal:	\$
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Schedule B: 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	or
example childcare costs). These credits or deductions must be shown in the above chart.	

l earn \$	per	ear which should be used to determine m	y share of the above expenses
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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.

FLR 13.1 (January 6, 2015) Page 10 of 10