
(Name of Court)

at

(Court office address)

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

Applicant(s)

<p><i>Full legal name & address for service — street & number, municipality, postal code, telephone & fax numbers and e-mail address (if any).</i></p>	<p><i>Lawyer's name & address — street & number, municipality, postal code, telephone & fax numbers and e-mail address (if any).</i></p>
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Respondent(s)

<p><i>Full legal name & address for service — street & number, municipality, postal code, telephone & fax numbers and e-mail address (if any).</i></p>	<p><i>Lawyer's name & address — street & number, municipality, postal code, telephone & fax numbers and e-mail address (if any).</i></p>
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INSTRUCTIONS

- YOU DO NOT NEED TO COMPLETE THIS FORM IF:
 - your only claim for support is for child support in the table amount specified under the Child Support Guidelines and you are not making or responding to a claim described in paragraph 3 below.
- USE THIS FORM IF:
 - you are making or responding to a claim for spousal support; or
 - you are responding to a claim for child support; or
 - you are making a claim for child support in an amount different from the table amount specified under the Child Support Guidelines.

You must complete all parts of the form **UNLESS** you are **ONLY** responding to a claim for child support in the table amount specified under the Child Support Guidelines **AND** you agree with the claim. In that case, only complete Parts 1, 2 and 3.
- DO NOT USE THIS FORM AND INSTEAD USE FORM 13.1 IF:
 - you are making or responding to a claim for property or exclusive possession of the matrimonial home and its contents; or
 - you are making or responding to a claim for property or exclusive possession of the matrimonial home and its contents together with other claims for relief.

1. **My name is** (full legal name) _____

I live in (municipality & province) _____

and I swear/affirm that the following is true:

My financial statement set out on the following (specify number) _____ pages is accurate to the best of my knowledge and belief and sets out the financial situation as of (give date for which information is accurate) _____ for

Check one or more boxes, as circumstances require. me

the following person(s): (Give name(s) and relationship to you.)

NOTE: When you show monthly income and expenses, give the current actual amount if you know it or can find out. To get a monthly figure you must multiply any weekly income by 4.33 or divide any yearly income by 12.

PART 1: INCOME

for the 12 months from (date) to (date)

Include all income and other money that you get from all sources, whether taxable or not. Show the gross amount here and show your deductions in Part 3.

CATEGORY		Monthly				
1.	Pay, wages, salary, including overtime (before deductions)			10.	Canada Child Tax Benefit	
2.	Bonuses, fees, commissions			11.	Support payments actually received	
3.	Social assistance			12.	Income received by children	
4.	Employment insurance			13.	G.S.T. refund	
5.	Workers' compensation			14.	Payments from trust funds	
6.	Pensions			15.	Gifts received	
7.	Dividends			16.	Other (Specify.)	
8.	Interest					
9.	Rent, board received			17.	INCOME FROM ALL SOURCES	\$0.00

PART 2: OTHER BENEFITS

Show your non-cash benefits – such as the use of a company car, a club membership or room and board that your employer or someone else provides for you or benefits that are charged through or written off by your business.

ITEM	DETAILS	Monthly Market Value
18. TOTAL		\$0.00

19. GROSS MONTHLY INCOME AND BENEFITS (Add [17] plus [18].) **\$0.00**

PART 3: AUTOMATIC DEDUCTIONS FROM INCOME

for the 12 months from (date) to (date)

TYPE OF EXPENSE		Monthly				
20.	Income tax deducted from pay			25.	Group insurance	
21.	Canada Pension Plan			26.	Other (Specify.)	
22.	Other pension plans					
23.	Employment insurance			27.	TOTAL AUTOMATIC DEDUCTIONS	\$0.00
24.	Union or association dues					

28. NET MONTHLY INCOME (Do the subtraction: [19] minus [27].) **\$0.00**

PART 4: TOTAL EXPENSES

for the 12 months from (date) _____ to (date) _____.

Note: If you need to complete this section (see instructions on page1), you must set out your TOTAL living expenses, including those expenses involving any children now living in your home. This part may also be used for a proposed budget. To prepare a proposed budget, photocopy Part 4, complete as necessary, change the title to "Proposed Budget" and attach it to this form.

TYPE OF EXPENSE		Monthly	Child(ren)		
Housing			57.	School activities (<i>field trips, etc.</i>)	
29.	Rent / Mortgage		58.	School lunches	
30.	Property taxes & municipal levies		59.	School fees, books, tuition, etc. (<i>for children</i>)	
31.	Condominium fees & common expenses		60.	Summer camp	
32.	Water		61.	Activities (<i>music lessons, clubs, sports</i>)	
33.	Electricity & heating fuel		62.	Allowances	
34.	Telephone		63.	Baby sitting	
35.	Cable television & pay television		64.	Day care	
36.	Home insurance		65.	Regular dental care	
37.	Home repairs, maintenance, gardening		66.	Orthodontics or special dental care	
Sub-total of items [29] to [37]		\$0.00	67.	Medicine & drugs	
Food, Clothing and Transportation etc.			68.	Eye glasses or contact lenses	
38.	Groceries		Sub-total of items [57] to [68] \$0.00		
39.	Meals outside home		Miscellaneous and Other		
40.	General household supplies		69.	Books for home use, newspapers, magazines, videos, compact discs	
41.	Hairdresser, barber & toiletries		70.	Gifts	
42.	Laundry & dry cleaning		71.	Charities	
43.	Clothing		72.	Alcohol & tobacco	
44.	Public transit		73.	Pet expenses	
45.	Taxis		74.	School fees, books, tuition, etc.	
46.	Car insurance		75.	Entertainment & recreation	
47.	Licence		76.	Vacation	
48.	Car loan payments		77.	Credit Cards (<i>but not for expenses mentioned elsewhere in the statement</i>)	
49.	Car maintenance and repairs		78.	R.R.S.P. or other savings plans	
50.	Gasoline & oil		79.	Support actually being paid in any other case	
51.	Parking		80.	Income tax and <i>Canada Pension Plan</i> (<i>not deducted from pay</i>)	
Sub-total of items [38] to [51]		\$0.00	81.	Other (<i>Specify.</i>)	
Health & Medical (<i>do not include child(ren)'s expenses</i>)			Sub-total of items [69] to [81] \$0.00		
52.	Regular dental care		82. Total of items [29] to [81] \$0.00		
53.	Orthodontics/special dental care				
54.	Medicine & drugs				
55.	Eye glasses or contact lenses				
56.	Life or term insurance premiums				
Sub-total of items [52] to [56]		\$0.00			

SUMMARY OF INCOME AND EXPENSES

Net monthly income (item [28] above)	=	\$0.00
Subtract actual monthly expenses (item [82] above)	-	\$0.00
ACTUAL MONTHLY SURPLUS / (DEFICIT)	=	\$0.00

PART 5: OTHER INCOME INFORMATION

1. I am 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) _____
2. I attach the following required information (if you are filing this statement to update or correct an earlier statement, then you do not need to attach income tax returns that have already been filed with the court):
- a copy of my income tax returns that were filed with the Canada Revenue Agency for the past 3 taxation years, together with a copy of all material filed with the returns and a copy of any notices of assessment or re-assessment that I have received from the Canada Revenue Agency for those years; or
- a statement from the Canada Revenue Agency that I have not filed any income tax returns for the past 3 years; or
- a direction in Form 13A signed by me to the Taxation Branch of the Canada Revenue Agency for the disclosure of my tax returns and notices of assessment to the other party for the past 3 years.

I attach proof of my current income, including my most recent

- pay cheque stub. employment insurance stub. worker's compensation stub.
- pension stub. other (Specify.) _____

3. (check if applicable) I am an Indian within the meaning of the *Indian Act* (Canada) and all my income is tax exempt and I am not required to file an income tax return. I have therefore not attached an income tax return for the past three years.

PART 6: 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. Indicate at paragraph 1 or 2, whether you are living with another person (for example, spouse, roommate or tenant). If you complete paragraph 2, also complete paragraphs 3 to 6.

1. I live alone.
2. I am living with (full legal name of person) _____
3. This person has (give number) _____ child(ren) living in the home.
4. This person works at (place of work or business) _____
- does not work outside the home.
5. This person earns (give amount) \$ _____ per _____.
- does not earn anything.
6. This person contributes about \$ _____ per _____ towards the household expenses.
- contributes no money to the household expenses.

PART 7: PROPERTY**LAND**

Kind of Property	Address of Property	Type of Ownership (Give your percentage of interest)	Estimated Market Value of Your Interest
83. TOTAL VALUE			\$0.00

GENERAL ITEMS AND VEHICLES (including household goods and furniture, jewellery, cars, boats, tools, sports and hobby equipment.)

Description (including where located, year and make)	Estimated Market Value (not replacement cost)
84. TOTAL VALUE	
\$0.00	

BANK ACCOUNTS, SAVINGS, SECURITIES AND PENSIONS (including R.R.S.P's, other savings plans, cash, accounts in financial institutions, stocks, bonds, term deposits and controlling interest in an incorporated business.)

Item/Type	Institution (include location)/ Description (including issuer and due date)	Account Number	Date of Maturity	Amount/ Estimated Market Value
85. TOTAL VALUE				\$0.00

LIFE AND DISABILITY INSURANCE (list all policies now in existence.)

Company, Type & Policy Number	Beneficiary	Face Amount	Today's Cash Surrender Value
86. TOTAL VALUE			\$0.00

BUSINESS INTEREST (show any interest in an unincorporated business owned today.)

Name of Firm or Company	Nature and Location of Business	Interest	Estimated Market Value of Your Interest
87. TOTAL VALUE			\$0.00

MONEY OWED TO YOU (including any court judgments in your favour and any estate money and any income tax refunds owed to you.)

Details (including name of debtors)	Amount Owed To You
88. TOTAL OF MONEY OWED TO YOU	
\$0.00	

OTHER PROPERTY

Type of Property	Description and Location	Estimated Market Value
89. TOTAL VALUE OF OTHER PROPERTY		\$0.00
90. VALUE OF ALL PROPERTY <i>Add items [83] to [89]</i>		\$0.00

PART 8: DEBTS AND OTHER LIABILITIES

Debts and other liabilities may 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), any unpaid legal or professional bills as a result of this case, mortgages, charges, liens, notes, credit cards and accounts payable.

Type of Debt	Creditor	Details	Monthly Payments	Full Amount Now Owning
Bank, trust or finance company or credit union loans Amounts owed to credit card companies Other Debts				
91. TOTAL OF DEBTS AND OTHER LIABILITIES:				\$0.00

PART 9: SUMMARY OF ASSETS AND LIABILITIES

TOTAL ASSETS <i>(from item [90] above)</i>	\$0.00
Subtract TOTAL DEBTS <i>(from item [91] above)</i>	\$0.00
92. NET WORTH	\$0.00

- I do not expect changes in my financial situation.
- I do expect changes in my financial situation as follows:

- I attach a proposed budget in the format of Part 4 of this form.

NOTE: As soon as you find out that the information in this financial statement is incorrect or incomplete, or there is a material change in your circumstances that affects or will affect the information in this financial statement, you **MUST** serve on every other party to this case and file with the court:

- a new financial statement with updated information, or
- if changes are minor, an affidavit in Form 14A setting out the details of these changes.

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

**PART 4: TOTAL EXPENSES
PROPOSED BUDGET**

TYPE OF EXPENSE		Monthly		
Housing			Child(ren)	
29.	Rent / Mortgage		57.	School activities (<i>field trips, etc.</i>)
30.	Property taxes & municipal levies		58.	School lunches
31.	Condominium fees & common expenses		59.	School fees, books, tuition, etc. (<i>for children</i>)
32.	Water		60.	Summer camp
33.	Electricity & heating fuel		61.	Activities (<i>music lessons, clubs, sports</i>)
34.	Telephone		62.	Allowances
35.	Cable television & pay television		63.	Baby sitting
36.	Home insurance		64.	Day care
37.	Home repairs, maintenance, gardening, snow removal, etc.		65.	Regular dental care
			66.	Orthodontics or special dental care
			67.	Medicine & drugs
			68.	Eye glasses or contact lenses
Sub-total of items [29] to [37]		\$0.00	Sub-total of items [57] to [68]	
			\$0.00	
Food, Clothing and Transportation etc.			Miscellaneous and Other	
38.	Groceries		69.	Books for home use, newspapers, magazines, videos, compact discs
39.	Meals outside home		70.	Gifts
40.	General household supplies		71.	Charities
41.	Hairdresser, barber & toiletries		72.	Alcohol & tobacco
42.	Laundry & dry cleaning		73.	Pet expenses
43.	Clothing		74.	School fees, books, tuition, etc.
44.	Public transit		75.	Entertainment & recreation
45.	Taxis		76.	Vacation
46.	Car insurance		77.	Credit cards (<i>but not for expenses mentioned elsewhere in the statement</i>)
47.	Licence		78.	R.R.S.P. or other savings plans
48.	Car loan payments		79.	Support actually being paid in any other case
49.	Car maintenance and repairs		80.	Income tax and <i>Canada Pension Plan</i> (<i>not deducted from pay</i>)
50.	Gasoline & oil		81.	Other (<i>specify.</i>)
51.	Parking			
Sub-total of items [38] to [51]		\$0.00	Sub-total of items [69] to [81]	
			\$0.00	
Health & Medical (<i>do not include child(ren)'s expenses</i>)			82. Total of items [29] to [81]	
52.	Regular dental care		\$0.00	
53.	Orthodontics/special dental care			
54.	Medicine & drugs			
55.	Eye glasses or contact lenses			
56.	Life or term insurance premiums			
Sub-total of items [52] to [56]		\$0.00		

PROPOSED BUDGET'S SUMMARY OF INCOME AND EXPENSES

Net monthly income (item [28] above)	=	<u>\$0.00</u>
Subtract proposed monthly expenses (item [82] above)	-	<u>\$0.00</u>
PROPOSED MONTHLY SURPLUS / (DEFICIT)	=	<u>\$0.00</u>