

Superior Court of Justice Family Court Branch

(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. 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) Province of Ontario
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)
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 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.)*

<b>Income Source</b>	<b>Amount Received/Month</b>
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)	
<b>12. Total monthly income from all sources:</b>	
<b>13. Total monthly income X 12 = Total annual income:</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.*

<b>Item</b>	<b>Details</b>	<b>Yearly Market Value</b>

		<b>Total</b>

**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	
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>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	
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		
	<b>SUBTOTAL</b>		<b>\$0.00</b>
<i>Year and Make</i>			
Cars, Boats, Vehicles	1		
	2		
	3		
	<b>SUBTOTAL</b>		<b>\$0.00</b>
<i>Address Where Located</i>			
Other Possessions of Value (e.g. computers, jewellery, collections)	1		
	2		
	3		
	<b>SUBTOTAL</b>		<b>\$0.00</b>
<i>Type – Issuer – Due Date – Number of Shares</i>			
Investments (e.g. bonds, shares, term deposits and mutual funds)	1		
	2		
	3		
	<b>SUBTOTAL</b>		<b>\$0.00</b>
<i>Name and Address of Institution - Account Number</i>			
Bank Accounts	1		
	2		
	3		
	<b>SUBTOTAL</b>		<b>\$0.00</b>
<i>Type and Issuer - Account Number</i>			
Savings Plans R.R.S.P.s Pension Plans R.E.S.P.s	1		
	2		
	3		
	<b>SUBTOTAL</b>		<b>\$0.00</b>
<i>Type – Beneficiary – Face Amount</i>			<i>Cash Surrender Value</i>
Life Insurance	1		
	2		
	3		
	<b>SUBTOTAL</b>		<b>\$0.00</b>
<i>Name and Address of Business</i>			
Interest in Business (*attach separate year-end statement for each business)	1		
	2		
	3		
	<b>SUBTOTAL</b>		<b>\$0.00</b>
<i>Name and Address of Debtors</i>			
Money Owed to You (for example, any court judgments in your favour, estate money and income tax refunds)	1		
	2		
	3		
	<b>SUBTOTAL</b>		<b>\$0.00</b>
<i>Description</i>			
Other Assets	1		

	2		
	3		
<b>SUBTOTAL</b>			<b>\$0.00</b>

<b>Total Value of All Property</b>	<b>\$0.00</b>
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**PART 4: DEBTS**

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

<b>Total Amount of Debts Outstanding</b>	<b>\$0.00</b>
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**PART 5: SUMMARY OF ASSETS AND LIABILITIES**

<b>Total Assets</b>	<b>\$0.00</b>
<b>Subtract Total Debts</b>	<b>\$0.00</b>
<b>Net Worth</b>	<b>\$0.00</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 of Ontario

.....  
*(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.)*

**PART 2: EXPENSES  
PROPOSED BUDGET**

EXPENSE	Monthly Amount
<b>Automatic Deductions</b>	
CPP contributions	
El premiums	
Income taxes	
Employee pension contributions	
Union dues	
<b>SUBTOTAL</b>	<b>\$0.00</b>
<b>Housing</b>	
Rent or mortgage	
Property taxes	
Property insurance	
Condominium fees	
Repairs and maintenance	
<b>SUBTOTAL</b>	<b>\$0.00</b>
<b>Utilities</b>	
Water	
Heat	
Electricity	
Telephone	
Cell phone	
Cable	
Internet	
<b>SUBTOTAL</b>	<b>\$0.00</b>
<b>Household Expenses</b>	
Groceries	
Household supplies	
Meals outside the home	
Pet care	
Laundry and Dry Cleaning	
<b>SUBTOTAL</b>	<b>\$0.00</b>
<b>Childcare Costs</b>	
Daycare expense	
Babysitting costs	
<b>SUBTOTAL</b>	<b>\$0.00</b>
<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>\$0.00</b>
<b>Health</b>	
Health insurance premiums	
Dental expenses	
Medicine and drugs	
Eye care	
<b>SUBTOTAL</b>	<b>\$0.00</b>
<b>Personal</b>	
Clothing	
Hair care and beauty	
Alcohol and tobacco	
Education ( <i>specify</i> )	
Entertainment/recreation (including children)	
Gifts	
<b>SUBTOTAL</b>	<b>\$0.00</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>\$0.00</b>

<b>Total Amount of Monthly Expenses:</b>	<b>\$0.00</b>
<b>Total Amount of Yearly Expenses:</b>	<b>\$0.00</b>

**Schedule A  
Additional Sources of Income**

<b>Line</b>	<b>Income Source</b>	<b>Annual Amount</b>
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> )	

<b>Subtotal</b>	<b>\$0.00</b>
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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)* ..... of 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>\$0.00</b>
<b>Total Net Monthly Amount</b>	<b>\$0.00</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 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.