

Court file number

(Name of Court)

**Form 27B: Statement of
Income from Income
Source**

at _____
Court office address

Recipient(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).

Payor

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).

1. My name is (full legal name) _____

2. ☐ I am ☐ an income source of the payor.
☐ an employee of an income source of the payor.
☐ (Other; specify.) _____

OR

☐ Neither I nor the organization for which I work is an income source of the payor for the following reasons:

- ☐ there is no money owed to the payor on any basis mentioned in paragraph 3 below.
☐ the payor has never worked for me or my organization.
☐ the payor has worked for me or my organization but stopped working on (date) _____
☐ (Other; specify.) _____

Strike out paragraph 3 if you are not an income source.

3. I owe money to the payor on the following basis: (check one or more boxes below)

- ☐ wages or salary of \$ _____ per _____
☐ overtime that, over the past 6 months, has amounted to \$ _____
☐ commission, bonus, piece-work allowance or other performance-related payment that, over the past 6 months, has amounted to \$ _____
☐ benefits under an accident, disability or sickness plan that, over the past 6 months, has amounted to \$ _____
☐ a disability, retirement or other pension of \$ _____ per _____
☐ an annuity paying \$ _____ per _____
☐ vacation pay/severance pay of \$ _____
☐ (Other; specify.) _____

Signature

Date of signature