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| --- |
| ONTARIO |
|  |  |  | Court File Number      |
| (Name of Court) | Form 13: Financial Statement (Support Claims) sworn/affirmed |
| **at** |       |
|  | Court office address |
|  |  |  |       |
| Applicant(s) |  | **Applicant(s) Lawyer** |
| Full legal name: |       |  | Full legal name: |       |
| Address: |       |  | Address: |       |
| Phone & fax: |       |  | Phone & fax: |       |
| Email: |       |  | Email: |       |
| **Respondent(s)** |  | **Respondent(s) Lawyer** |
| Full legal name: |       |  | Full legal name: |       |
| Address: |       |  | Address: |       |
| Phone & fax: |       |  | Phone & fax: |       |
| Email: |       |  | Email: |       |
| This form is filed by: |
| [ ]  | applicant | [ ]  | respondent |
| 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)* |
|  |  |       |

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| Form 13:  | Financial Statement (Support Claims) | (page 2) | Court file number |
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| **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) *(\*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:** | **$** |       |

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| Form 13:  | Financial Statement (Support Claims) | (page 3) | Court file number |
|  |  |  |  |
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| 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** |  | **Expense** | **Monthly Amount** |
| **Automatic Deductions** |  | **Transportation** |
| CPP contributions | **$** |       |  | Public transit, taxis | **$** |       |
| EI premiums | **$** |       |  | Gas and oil | **$** |       |
| Income taxes | **$** |       |  | Car insurance and license | **$** |       |
| Employee pension contributions | **$** |       |  | Repairs and maintenance | **$** |       |
| Union dues | **$** |       |  | Parking | **$** |       |
| **SUBTOTAL** | **$** |       |  | Car Loan or Lease Payments | **$** |       |
| **Housing** |  | **SUBTOTAL** | **$** |       |
| Rent or mortgage | **$** |       |  | **Health** |
| Property taxes | **$** |       |  | Health insurance premiums | **$** |       |
| Property insurance | **$** |       |  | Dental expenses | **$** |       |
| Condominium fees | **$** |       |  | Medicine and drugs | **$** |       |
| Repairs and maintenance | **$** |       |  | Eye care | **$** |       |
| **SUBTOTAL** | **$** |       |  | **SUBTOTAL** | **$** |       |
| **Utilities** |  | **Personal** |
| Water | **$** |       |  | Clothing | **$** |       |
| Heat | **$** |       |  | Hair care and beauty | **$** |       |
| Electricity | **$** |       |  | Alcohol and tobacco | **$** |       |

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| Form 13:  | Financial Statement (Support Claims) | (page 4) | Court file number |
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|  |
| **Utilities, continued** |  | **Personal, continued** |
| Telephone | **$** |       |  | Education (*specify*)  | **$** |       |
| Cell phone | **$** |       |  | Entertainment/recreation (including children) | **$** |       |
| Cable | **$** |       |  | Gifts | **$** |       |
| Internet | **$** |       |  | **SUBTOTAL** | **$** |       |
| **SUBTOTAL** | **$** |       |  | **Other expenses** |
| **Household Expenses** |  | Life Insurance premiums | **$** |       |
| Groceries | **$** |       |  | RRSP/RESP withdrawals | **$** |       |
| Household supplies | **$** |       |  | Vacations | **$** |       |
| Meals outside the home | **$** |       |  | School fees and supplies | **$** |       |
| Pet care | **$** |       |  | Clothing for children | **$** |       |
| Laundry and Dry Cleaning | **$** |       |  | Children’s activities | **$** |       |
| **SUBTOTAL** | **$** |       |  | Summer camp expenses | **$** |       |
| **Childcare Costs** |  | Debt payments | **$** |       |
| Daycare expense | **$** |       |  | Support paid for other children | **$** |       |
| Babysitting costs | **$** |       |  | Other expenses not shown above *(specify)*  | **$** |       |
| **SUBTOTAL** | **$** |       |  | **SUBTOTAL** | **$** |       |
|  |
|  | Total Amount of Monthly Expenses | $ |       |
|  | Total Amount of Yearly Expenses | $ |       |
| PART 3: ASSETS |
| **Type** | **Details** | **Value or Amount** |
| State Address of Each Property and Nature of Ownership |
| Real Estate | 1 |       | **$** |       |
| 2 |       | **$** |       |
| 3 |       | **$** |       |
| Year and Make |
| Cars, Boats, Vehicles | 1 |       | **$** |       |
| 2 |       | **$** |       |
| 3 |       | **$** |       |

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| Form 13:  | Financial Statement (Support Claims) | (page 5) | Court file number |
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| Address Where Located |
| Other Possessions of Value (e.g. computers, jewellery, collections) | 1 |       | **$** |       |
| 2 |       | **$** |       |
| 3 |       | **$** |       |
| Type – Issuer – Due Date – Number of Shares |
| Investments (e.g. bonds, shares, term deposits and mutual funds) | 1 |       | **$** |       |
| 2 |       | **$** |       |
| 3 |       | **$** |       |
| Name and Address of Institution |  | Account Number |
| Bank Accounts | 1 |       |       | **$** |       |
| 2 |       |       | **$** |       |
| 3 |       |       | **$** |       |
| Type and Issuer |  | Account Number |
| Savings Plans R.R.S.P.s Pension Plans R.E.S.P.s | 1 |       |       | **$** |       |
| 2 |       |       | **$** |       |
| 3 |       |       | **$** |       |
| Type – Beneficiary – Face Amount |  | Cash Surrender Value |
| Life Insurance | 1 |       | **$** |       |
| 2 |       | **$** |       |
| 3 |       | **$** |       |
| Name and Address of Business |
| Interest in Business *(\*attach separate year-end statement for each business)* | 1 |       | **$** |       |
| 2 |       | **$** |       |
| 3 |       | **$** |       |
| Name and Address of Debtors |
| Money Owed to You *(for example, any court judgments in your favour, estate money and income tax refunds)* | 1 |       | **$** |       |
| 2 |       | **$** |       |
| 3 |       | **$** |       |
| Description |
| Other Assets | 1 |       | **$** |       |
| 2 |       | **$** |       |
| 3 |       | **$** |       |
|  |
|  | Total Value of All Property | $ |       |

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| Form 13:  | Financial Statement (Support Claims) | (page 6) | Court file number |
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| PART 4: DEBTS |
|  |
| **Type of Debt** | **Creditor** *(name and address)* | **Full AmountNow Owing** | **Monthly Payments** | **Are PaymentsBeing Made?** |
| Mortgages, Lines of Credits or other Loans from a Bank, Trust or Finance Company |       | **$** |       | **$** |       | [ ]  | Yes | [ ]  | No |
|       | **$** |       | **$** |       | [ ]  | Yes | [ ]  | No |
|       | **$** |       | **$** |       | [ ]  | Yes | [ ]  | No |
| Outstanding Credit Card Balances |       | **$** |       | **$** |       | [ ]  | Yes | [ ]  | No |
|       | **$** |       | **$** |       | [ ]  | Yes | [ ]  | No |
|       | **$** |       | **$** |       | [ ]  | Yes | [ ]  | No |
| Unpaid Support Amounts  |       | **$** |       | **$** |       | [ ]  | Yes | [ ]  | No |
|       | **$** |       | **$** |       | [ ]  | Yes | [ ]  | No |
|       | **$** |       | **$** |       | [ ]  | Yes | [ ]  | No |
| Other Debts |       | **$** |       | **$** |       | [ ]  | Yes | [ ]  | No |
|       | **$** |       | **$** |       | [ ]  | Yes | [ ]  | No |
|       | **$** |       | **$** |       | [ ]  | Yes | [ ]  | No |
|  |
|  | Total Amount of Debts Outstanding | $ |       |
| PART 5: SUMMARY OF ASSETS AND LIABILITIES |
|  | **Total Assets** | **$** |       |  |
| **Subtract Total Debts** | **$** |       |
| **Net Worth** | **$** |       |
|  |
| NOTE: This financial statement must be updated before any court event if it is: |
| **·** | more than 60 days old by the time of the case conference,  |
| **·** | more than 30 days old by the time the motion is heard, or |
| **·** | more than 40 days old by the start of the trial or the start of the trial sitting, whichever comes first. |
| You may update this financial statement 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 |  |  | Signature |
| on |       |  |  |  |  | (This form is to be signed in front of a lawyer, justice of the peace, notary public or commissioner for taking affidavits.) |
|  | date |  | Commissioner for taking affidavits |  |  |
| (Type or print name below if signature is illegible.) |

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| Schedule AAdditional 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:** | **$** |       |
| Schedule BOther 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. |

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| Schedule CSpecial 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 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. |