

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