

at _____
(Court office address)

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

Applicant(s)

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

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

1. 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.
2. 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.
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)* _____, Province of Ontario

and I swear/affirm that the following is true:

My financial statement set out on the following _____ pages is accurate to the best of my knowledge and belief and sets out the financial situation as of *(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 <i>(before deductions)</i>		
2. Bonuses, fees, commissions		
3. Social assistance		
4. Employment insurance		
5. Workers' compensation		
6. Pensions		
7. Dividends		
8. Interest		
9. Rent, board received		
10. Canada Child Tax Benefit		
11. Support payments actually received		
12. Income received by children		
13. G.S.T. refund		
14. Payments from trust funds		
15. Gifts received		
16. Other <i>(Specify.)</i>		
17. INCOME FROM ALL SOURCES		\$

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		\$

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

PART 3: AUTOMATIC DEDUCTIONS FROM INCOME

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

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

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

PART 4: TOTAL EXPENSES

For the 12 months from (date) to (date) .

Note: If you need to complete this section (see instructions on p.1), 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, bicycles</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
			67.	Medicine & drugs
			68.	Eye glasses or contact lenses
Sub-total of items [29] to [37]		\$	Sub-total of items [57] to [68]	
			\$	
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]		\$	Sub-total of items [69] to [81]	
			\$	
Health & Medical (<i>do not include child(ren)'s expenses</i>)			82. Total of items [29] to [81]	
52.	Regular dental care		\$	
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]		\$		

SUMMARY OF INCOME AND EXPENSES

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

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 Customs and 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 Customs and Revenue Agency for those years; or
 - a statement from the Canada Customs and 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 Customs and 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 a claim for undue hardship or spousal support. Indicate at paragraph 1 or 2, whether you are living with another person (for example, spouse, same sex partner, 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			\$

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	

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				\$

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			\$

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			\$

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	

OTHER PROPERTY

Type of Property	Description and Location	Estimated Market Value
89. TOTAL VALUE OF OTHER PROPERTY		\$ _____

90. VALUE OF ALL PROPERTY <i>Add items [83] to [89]</i>	\$ _____
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PART 8: DEBTS AND OTHER LIABILITIES

Debts and other liabilities may include any money owed to the Canada Customs and 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 Owing
Bank, trust or finance company or credit union loans Amounts owed to credit card companies Other Debts				
91. TOTAL OF DEBTS AND OTHER LIABILITIES:				\$ _____

PART 9: SUMMARY OF ASSETS AND LIABILITIES

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

- 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 of Ontario

(province, state or country)

on _____

(date)

*Commissioner for taking affidavits
(Type or print below if signature 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 4: TOTAL EXPENSES
PROPOSED BUDGET**

	TYPE OF EXPENSE	Monthly
Housing		
29.	Rent / Mortgage	
30.	Property taxes & municipal levies	
31.	Condominium fees & common expenses	
32.	Water	
33.	Electricity & heating fuel	
34.	Telephone	
35.	Cable television & pay television	
36.	Home insurance	
37.	Home repairs, maintenance, gardening, snow removal, etc.	
	Sub-total of items [29] to [37]	\$
Food, Clothing and Transportation etc.		
38.	Groceries	
39.	Meals outside home	
40.	General household supplies	
41.	Hairdresser, barber & toiletries	
42.	Laundry & dry cleaning	
43.	Clothing	
44.	Public transit	
45.	Taxis	
46.	Car insurance	
47.	Licence	
48.	Car loan payments	
49.	Car maintenance and repairs	
50.	Gasoline & oil	
51.	Parking	
	Sub-total of items [38] to [51]	\$
Health & Medical <i>(do not include child(ren)'s expenses)</i>		
52.	Regular dental care	
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]	\$

	Child(ren)	
57.	School activities <i>(field trips, etc.)</i>	
58.	School lunches	
59.	School fees, books, tuition, etc. <i>(for children)</i>	
60.	Summer camp	
61.	Activities <i>(music lessons, clubs, sports, bicycles)</i>	
62.	Allowances	
63.	Baby sitting	
64.	Day care	
65.	Regular dental care	
66.	Orthodontics or special dental care	
67.	Medicine & drugs	
68.	Eye glasses or contact lenses	
	Sub-total of items [57] to [68]	\$
Miscellaneous and Other		
69.	Books for home use, newspapers, magazines, videos, compact discs	
70.	Gifts	
71.	Charities	
72.	Alcohol & tobacco	
73.	Pet expenses	
74.	School fees, books, tuition, etc.	
75.	Entertainment & recreation	
76.	Vacation	
77.	Credit cards <i>(but not for expenses mentioned elsewhere in the statement)</i>	
78.	R.R.S.P. or other savings plans	
79.	Support actually being paid in any other case	
80.	Income tax and <i>Canada Pension Plan</i> <i>(not deducted from pay)</i>	
81.	Other <i>(specify.)</i>	
	Sub-total of items [69] to [81]	\$
82.	Total of items [29] to [81]	\$

PROPOSED BUDGET'S SUMMARY OF INCOME AND EXPENSES

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