

ONTARIO

Court File Number

(Name of Court)

at

Court office address

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

Full legal name:
Address:
Phone & fax:
Email:

Respondent(s)

Full legal name:
Address:
Phone & fax:
Email:

This form is filed by:
 applicant respondent
Applicant(s) Lawyer

Full legal name:
Address:
Phone & fax:
Email:

Respondent(s) Lawyer

Full legal name:
Address:
Phone & fax:
Email:

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)

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) (* <i>attach Schedule A and divide annual amount by 12</i>)	\$
12. Total monthly income from all sources:	\$
13. Total monthly income X 12 = Total annual income:	\$

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			
CPP contributions	\$	Transportation	
EI premiums	\$	Public transit, taxis	\$
Income taxes	\$	Gas and oil	\$
Employee pension contributions	\$	Car insurance and license	\$
Union dues	\$	Repairs and maintenance	\$
SUBTOTAL	\$	Parking	\$
Housing			
Rent or mortgage	\$	Car Loan or Lease Payments	\$
Property taxes	\$	SUBTOTAL	\$
Property insurance	\$	Health	
Condominium fees	\$	Health insurance premiums	\$
Repairs and maintenance	\$	Dental expenses	\$
SUBTOTAL	\$	Medicine and drugs	\$
Utilities			
Water	\$	Eye care	\$
Heat	\$	SUBTOTAL	\$
Electricity	\$	Personal	
		Clothing	\$
		Hair care and beauty	\$
		Alcohol and tobacco	\$

Utilities, continued	
Telephone	\$
Cell phone	\$
Cable	\$
Internet	\$
SUBTOTAL	\$
Household Expenses	
Groceries	\$
Household supplies	\$
Meals outside the home	\$
Pet care	\$
Laundry and Dry Cleaning	\$
SUBTOTAL	\$
Childcare Costs	
Daycare expense	\$
Babysitting costs	\$
SUBTOTAL	\$

Personal, continued	
Education (specify)	\$
Entertainment/recreation (including children)	\$
Gifts	\$
SUBTOTAL	\$
Other expenses	
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 (specify)	\$
SUBTOTAL	\$

Total Amount of Monthly Expenses	\$
Total Amount of Yearly Expenses	\$

PART 3: ASSETS

Type	Details		Value or Amount
<i>State Address of Each Property and Nature of Ownership</i>			
Real Estate	1		\$
	2		\$
	3		\$
<i>Year and Make</i>			
Cars, Boats, Vehicles	1		\$
	2		\$
	3		\$

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		\$

PART 4: DEBTS

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

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.)

Schedule A
Additional 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 (<i>specify source</i>)	\$

Subtotal:	\$
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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*) 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.		\$	\$

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.