ONTARIO

Superior Court of Justice Family Court
(Name of court)

at
Court office address

Court File Number

Form 13.1: Financial Statement (Property and Support Claims) sworn/affirmed

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

1. USE THIS FORM 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.

2. USE FORM 13 INSTEAD OF THIS FORM IF:
- you are making or responding to a claim for support but NOT making or responding to a claim for property or exclusive possession of the matrimonial home and its contents.

3. 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**.

4. If you or the other party has sought a contribution towards special or extraordinary expenses for the child(ren), you must also complete **Schedule B**.

*NOTE: 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 property and a Certificate of Financial Disclosure (Form 13A) as required by Rule 13 of the* Family Law Rules*.*

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) *(*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:**	

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
Automatic Deductions	
CPP contributions	
EI premiums	
Income taxes	
Employee pension contributions	
Union dues	
SUBTOTAL	
Housing	
Rent or mortgage	
Property taxes	
Property insurance	
Condominium fees	
Repairs and maintenance	
SUBTOTAL	
Utilities	
Water	
Heat	
Electricity	

Expense	Monthly Amount
Transportation	
Public transit, taxis	
Gas and oil	
Car insurance and license	
Repairs and maintenance	
Parking	
Car Loan or Lease Payments	
SUBTOTAL	
Health	
Health insurance premiums	
Dental expenses	
Medicine and drugs	
Eye care	
SUBTOTAL	
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: 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.

Court file number

PART 4: ASSETS IN AND OUT OF ONTARIO

If any sections of Parts 4 to 9 do not apply, do not leave blank, print "NONE" in the section.

The date of marriage is: *(give date)*

The valuation date is: *(give date)*

The date of commencement of cohabitation is (if different from date of marriage): *(give date)*

PART 4(a): LAND

*Include any interest in land **owned** on the dates in each of the columns below, including leasehold interests and mortgages. Show estimated market value of your interest, but do not deduct encumbrances or costs of disposition; these encumbrances and costs should be shown under Part 5, "Debts and Other Liabilities".*

Nature & Type of Ownership *(Give your percentage interest where relevant.)*	**Address of Property**	**Estimated Market Value of YOUR Interest**		
		on date of marriage	**on valuation date**	**today**
		15. TOTAL VALUE OF LAND		

PART 4(b): GENERAL HOUSEHOLD ITEMS AND VEHICLES

Show estimated market value, not the cost of replacement for these items owned on the dates in each of the columns below. Do not deduct encumbrances or costs of disposition; these encumbrances and costs should be shown under Part 5, "Debts and Other Liabilities".

Item	**Description**	**Indicate if NOT in your possession**	**Estimated Market Value of YOUR Interest**		
			on date of marriage	**on valuation date**	**today**
Household goods & furniture					
Cars, boats, vehicles					
Jewellery, art, electronics, tools, sports & hobby equipment					
Other special items					
			16. TOTAL VALUE OF GENERAL HOUSEHOLD ITEMS AND VEHICLES		

PART 4(c): BANK ACCOUNTS, SAVINGS, SECURITIES AND PENSIONS

Show the items owned on the dates in each of the columns below by category, for example, cash, accounts in financial institutions, pensions, registered retirement or other savings plans, deposit receipts, any other savings, bonds, warrants, options, notes and other securities. Give your best estimate of the market value of the securities if the items were to be sold on the open market.

Category	**INSTITUTION** *(including location)*/ **DESCRIPTION** *(including issuer and date)*	Account number	Amount/Estimated Market Value		
			on date of marriage	on valuation date	today
17. TOTAL VALUE OF ACCOUNTS, SAVINGS, SECURITIES AND PENSIONS					

PART 4(d): LIFE AND DISABILITY INSURANCE

List all policies in existence on the dates in each of the columns below.

Company, Type & Policy No.	Owner	Beneficiary	Face Amount	Cash Surrender Value		
				on date of marriage	on valuation date	today
18. TOTAL CASH SURRENDER VALUE OF INSURANCE POLICIES						

PART 4(e): BUSINESS INTERESTS

Show any interest in an unincorporated business owned on the dates in each of the columns below. An interest in an incorporated business may be shown here or under "BANK ACCOUNTS, SAVINGS, SECURITIES, AND PENSIONS" in Part 4(c). Give your best estimate of the market value of your interest.

Name of Firm or Company	Interest	Estimated Market Value of YOUR Interest		
		on date of marriage	on valuation date	today
19. TOTAL VALUE OF BUSINESS INTERESTS				

PART 4(f): MONEY OWED TO YOU

Give details of all money that other persons owe to you on the dates in each of the columns below, whether because of business or from personal dealings. Include any court judgments in your favour, any estate money and any income tax refunds owed to you.

Details	Amount Owed to You		
	on date of marriage	on valuation date	today
20. TOTAL OF MONEY OWED TO YOU			

PART 4(g): OTHER PROPERTY

Show other property or assets owned on the dates in each of the columns below. Include property of any kind not listed above. Give your best estimate of market value.

Category	Details	Estimated Market Value of YOUR interest		
		on date of marriage	on valuation date	today
	21. TOTAL VALUE OF OTHER PROPERTY			
	22. VALUE OF ALL PROPERTY OWNED ON THE VALUATION DATE *(Add items* **[15]** *to* **[21]***.)*			

PART 5: DEBTS AND OTHER LIABILITIES

Show your debts and other liabilities on the dates in each of the columns below. List them by category such as mortgages, charges, liens, notes, credit cards, and accounts payable. Don't forget to include:

- *any money owed to the Canada Revenue Agency;*
- *contingent liabilities such as guarantees or warranties given by you (but indicate that they are contingent); and*
- *any unpaid legal or professional bills as a result of this case.*

Category	Details	Amount Owing		
		on date of marriage	on valuation date	today
	23. TOTAL OF DEBTS AND OTHER LIABILITIES			

PART 6: PROPERTY, DEBTS AND OTHER LIABILITIES ON DATE OF MARRIAGE

Show by category the value of your property, debts and other liabilities, calculated as of the date of your marriage. (In this part, do not include the value of a matrimonial home or debts or other liabilities directly related to its purchase or significant improvement, if you and your spouse ordinarily occupied this property as your family residence at the time of separation.)

Category and details	**Value on date of marriage**	
	Assets	**Liabilities**
Land		
General household items & vehicles		
Bank accounts, savings, securities & pensions		
Life & disability insurance		
Business interests		
Money owed to you		
Other property *(Specify.)*		
Debts and other liabilities *(Specify.)*		
TOTALS		
24. NET VALUE OF PROPERTY OWNED ON DATE OF MARRIAGE *(From the total of the "Assets" column, subtract the total of the "Liabilities" column.)*		
25. VALUE OF ALL DEDUCTIONS *(Add items* **[23]** *and* **[24]**.)		

PART 7: EXCLUDED PROPERTY

Show by category the value of property owned on the valuation date that is excluded from the definition of "net family property" (such as gifts or inheritances received after marriage).

Category	**Details**	**Value on valuation date**
	26. TOTAL VALUE OF EXCLUDED PROPERTY	

PART 8: DISPOSED-OF PROPERTY

Show by category the value of all property that you disposed of during the two years immediately preceding the making of this statement, or during the marriage, whichever period is shorter.

Category	Details	Value
	27. TOTAL VALUE OF DISPOSED-OF PROPERTY	

PART 9: CALCULATION OF NET FAMILY PROPERTY

	Deductions	BALANCE
Value of all property owned on valuation date *(from item* **[22]** *above)*		
Subtract value of all deductions *(from item* **[25]** *above)*		
Subtract total value of excluded property *(from item* **[26]** *above)*		
28. NET FAMILY PROPERTY		

NOTE: *This financial statement must be updated before any court event* *<u>if it is:</u>*

- *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.*

<u>You may update this financial statement by either completing and filing:</u>

- *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 *(specify source)*	

Subtotal:	

Schedule B: 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.