

THE QUEEN'S BENCH (FAMILY DIVISION)

_____ Centre

BETWEEN:

petitioner

- and -

respondent

FINANCIAL STATEMENT OF _____

SWORN/AFFIRMED: _____

(Name, address and telephone number of party filing)

THE QUEEN'S BENCH (FAMILY DIVISION)_____
Centre

BETWEEN:

petitioner

– and –

respondent

FINANCIAL STATEMENTFINANCIAL STATEMENT OF _____
(Petitioner/Respondent)I, _____, of the _____ of _____,
in the province of _____, SWEAR (or AFFIRM) THAT:

1. Attached are the following:
 - Part 1 — Annual Income
 - Part 2 — Monthly Expenses
 - Part 3 — Assets of Both Parties
 - Part 4 — Debts of Both Parties
2. To the best of my knowledge, information and belief, the information set out in this financial statement is true and complete.

SWORN (or affirmed) before me at the _____)
 _____ of _____,)
 in the Province of Manitoba,)
 this _____ day of _____, _____.)

 Deputy Registrar for Queen's Bench or
 A Commissioner for Oaths in and for
 The Province of Manitoba
 My Commission expires: _____

PART 1 – ANNUAL INCOME

1. I am

☐ employed as (*describe occupation*) _____by (*name and address of employer*) _____
_____.☐ self-employed, carrying on business under the name of (*name and address of business*)

_____.☐ unemployed since _____.2. (a) Attached are copies of my Canada Revenue Agency income and deduction computer printouts for each of the three most recent taxation years _____, _____, _____.
(years)(b) I cannot obtain the printouts for the years _____, _____, _____ because (*give reasons*)
(years)

_____.

3. (a) I expect my total income for this year to be as follows:

SOURCES OF INCOME

Employment income (<i>wages, salary, commissions, including overtime and bonuses</i>)			_____
Other employment income (<i>including tips and gratuities</i>)			_____
Old age security pension			_____
Canada or Quebec Pension Plan benefits			_____
Other pensions or superannuation			_____
Employment insurance benefits			_____
Taxable amount of dividends from taxable Canadian corporations			_____
Interest and other investment income			_____
Net partnership income			_____
Rental income	Gross	_____	Net _____
Taxable capital gains			_____
Spousal support			_____
Child support (<i>taxable only</i>)			_____
Registered Retirement Savings Plan income			_____
Business income	Gross	_____	Net _____
Professional income	Gross	_____	Net _____
Commission income	Gross	_____	Net _____
Farming income	Gross	_____	Net _____
Fishing income	Gross	_____	Net _____
Workers' Compensation benefits			_____
Social Assistance payments			_____
Net federal supplements			_____
Other income (<i>specify</i>)			_____

(A) TOTAL ANNUAL INCOME:

Total income as declared in most recent personal income tax return _____
(year) _____

ADJUSTMENTS TO INCOME

Additions:

Actual amount of dividends received from Canadian corporations		_____
Actual capital gains realized in excess of actual capital losses		_____
Salaries, benefits or other payments paid to non-arm's length persons, and deducted from self-employment income, unless necessary to earn self-employment income		_____
Allowable capital cost allowance for real property		_____
Employee stock options with a Canadian-controlled private corporation exercised (<i>Do not include if you dispose of the shares in the same year you exercise the option.</i>)		_____

Value of shares at the time the options are exercised		_____
Less: Amount paid for the shares		_____
Amount paid to acquire the options to purchase the shares		_____
=		_____

(B) TOTAL ADDITIONS:

Deductions:

Union, professional dues and other employment expenses allowed under Schedule III _____
Child support received and included in total income above _____
Spousal support received from the other parent and included in total income above _____
Social assistance received by the parent for other members of the household _____
Taxable amount of dividends from taxable Canadian corporations _____
Taxable capital gains _____
Actual amount of business investment losses _____
Carrying charges and interest expenses _____
Self-employment income, net of reserves, included in income for tax purposes in excess of the self-employment income for the 12 months ending on December 31 of the reporting year _____
Portion of partnership and sole proprietorship income that is required by the partnership to be re-invested _____

(C) TOTAL DEDUCTIONS: _____

Annual Income for Child Support Guidelines Table Amount
(Total income (A) plus additions (B) less deductions (C)) _____

Annual Income for Special or Extraordinary Expenses Amount
(Annual Income for Child Support Guidelines Table Amount less spousal support paid to the other parent, or, plus spousal support received from the other parent, as applicable) _____

(b) I receive child support for the following persons who are not the subject of this application:

Name	Annual amount	Taxable or not (indicate)
_____	_____	_____

(c) I receive the following non-taxable benefits, allowances or amounts: *(This includes items such as use of a vehicle and room and board. Where the benefit is not an amount, include an estimate of the value of the benefit on an annual basis.)*

Benefit	Benefit	Annual amount or value
_____	_____	_____
_____	_____	_____
_____	_____	_____

PART 2 – MONTHLY EXPENSES

4. My monthly expenses are as follows and are for me and the following members of my household:

(If the payment of an expense is shared with another person, insert only the amount that you pay. Convert all expenses incurred in a year, whether on a yearly, quarterly, weekly, or other basis, to monthly amounts. Give actual amounts where known or you can obtain the information. If this is impossible, give estimates.)

Compulsory Deductions

Income Tax _____
 Employment insurance _____
 Canada Pension Plan _____
 Employer pension _____
 Union dues _____
 Insurance _____
 Other (specify) _____

SUB-TOTAL _____

Household Expenses

Groceries and household supplies _____
 Meals outside the home _____
 Telephone _____
 Cable television _____
 Laundry and dry cleaning _____
 Newspapers, publications _____
 Stationery, computer supplies _____
 Vacation _____
 Pet care _____

Housing (primary residence)

Rent or mortgage _____
 Taxes _____
 Home Insurance _____
 Heat _____
 Water _____
 Hydro _____
 House repairs and maintenance _____
 Yard maintenance _____
 Other (specify) _____

Health

Medical Insurance _____
 Drugs (Net of coverage) _____
 Dental Care (Net of coverage) _____
 Optical Care (Net of coverage) _____
 Other (specify) _____

Transportation

Public transit, taxis, etc. _____
 Car Operation _____
 Gas and Oil _____
 Insurance and licence _____
 Maintenance _____
 Parking _____

Adult Household Members

Clothing _____
 Hair care _____
 Toiletries, cosmetics _____
 Education fees, supplies _____
 Entertainment and recreation _____
 Fitness _____
 Insurance _____
 Charitable donations _____
 Gifts to others _____
 Alcohol, tobacco _____

Children

Child care _____
 Babysitting _____
 Clothing _____
 Hair care _____
 Allowances _____
 School fees and supplies _____
 Entertainment and recreation _____
 Insurance _____
 Gifts (toys, books, etc) _____
 Activities, lessons and supplies _____
 Camp _____
 Gifts to other children _____

Savings for the future

RRSP _____
 RESP _____
 Other _____

Debt (other than mortgage repayment) (calculated as in Part 4)**Lease payments (specify)****Support payments to others (specify)*****Reserve for income taxes**

Other (specify) _____

TOTAL _____

SUBTOTAL _____

* List only persons whose support is not at issue in this application. Specify the person who is supported, whether the payments are tax deductible to you, and whether they are voluntary or pursuant to a court order or agreement.

5. (Complete only if claiming child support and special or extraordinary expenses.)

I have the following special or extraordinary expenses for the named children:

(a) Child care expenses

Name of child _____	Gross annual cost	Net annual cost
_____	_____	_____
(specify expense)	_____	_____
_____	_____	_____

(b) Health-related expenses that exceed insurance reimbursement by at least \$100 annually:

Name of child _____	Gross annual cost	Net annual cost
_____	_____	_____
(specify expense)	_____	_____
_____	_____	_____

(c) Extraordinary expenses for primary or secondary school education or for any educational programs that meet the child's particular needs

Name of child _____	Gross annual cost	Net annual cost
_____	_____	_____
(specify expense)	_____	_____
_____	_____	_____

(d) Post-secondary education

Name of child _____	Gross annual cost	Net annual cost
_____	_____	_____
(specify expense)	_____	_____
_____	_____	_____

(e) Extraordinary expenses for extracurricular activities

Name of child _____	Gross annual cost	Net annual cost
_____	_____	_____
(specify expense)	_____	_____
_____	_____	_____

PART 3 — ASSETS OF BOTH PARTIES

6. Our assets are as follows:

(Include all assets, whether or not shareable under The Family Property Act, including jointly owned assets. Where there is a claim under The Family Property Act, identify with an asterisk () those assets alleged to be non-shareable. Do not complete the column headed "Market Value at Date of Separation" if there is no claim under The Family Property Act.)*

	Asset in Possession of Petitioner (P) or Respondent (R)	Present Market Value	Market Value at Date of Separation
Real estate (municipal address)			
Cars, boats, vehicles (year, make, model)			
Household goods, furniture and appliances			
Tools, sports and hobby equipment			
Bank accounts and cash on hand			
R.R.S.P.			
Bonds, shares, term deposits, investment certificates, mutual funds			

Money owed to us

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Life Insurance (cash value)

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Pension plans

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Business assets

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Other (specify)

TOTAL

_____	_____
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PART 4 — DEBTS AND OTHER LIABILITIES OF BOTH PARTIES

7. Our debts and liabilities are as follows:

(List all your debts and liabilities as well as any joint debts and liabilities. Identify joint liabilities with an asterisk (). Do not complete the column headed “Amount Outstanding at Date of Separation” if there is no claim under The Family Property Act.)*

	Debt of Petitioner (P) or Respondent (R) or Joint (*)	Present Amount Outstanding	Amount Outstanding at Date of Separation	Present Monthly Payments
Mortgage				
Loans (specify)				
Credit cards				
Other (specify)				
TOTAL				