ONTARIO

	Superior Court of Justice Family Court		Court File Number
at	(Name of court)		Form 13.1: Financial Statement (Property and
	Court office address		Support Claims) sworn/affirmed
Appli	cant(s)	Applicant(s) Lawyer	
Full le	gal name:	Full legal name:	
Addre	SS:	Address:	
Phone	e & fax:	Phone & fax:	
Email:		Email:	
Resp	ondent(s)	Respondent(s) Lawyer	
	gal name:	Full legal name:	
Addre		Address:	
Phone	e & fax:	Phone & fax:	
Email:		Email:	
This	form is filed by:		
	applicant respondent		
other p	 USE THIS FORM IF: you are making or responding to a claim for proposition contents; or you are making or responding to a claim for proposition contents together with other claims for relief. USE FORM 13 INSTEAD OF THIS FORM IF: you are making or responding to a claim for sup exclusive possession of the matrimonial home and lifty you have income that is not shown in Part I or dividends, rental income, capital gains or RRSP incomesting you or the other party has sought a contribution tow must also complete Schedule B. You must fully and truthfully complete this financial statement with documents relating to support and property and a Creative with doc	perty or exclusive possession opert but NOT making or respond its contents. If the financial statement (forme), you must also complete wards special or extraordinary opens, including any applicable so certificate of Financial Disclosure	on of the matrimonial home and its conding to a claim for property or example, partnership income, Schedule A . expenses for the child(ren), you chedules. You must also provide the expenses for the child the expense of the expense of the child the expense of the child the expense of the child the expense of the e
1.			
	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 na	ame of (name and address of bo	usiness)
	unemployed since (date when last employed)		

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	13.1: Financial Statement (Property and Support Claims)	(page 2)	Court file number	
3. 4. 5.	Support Claims) I attach proof of my year-to-date income from all pay cheque stub social assistance employment insurance stub and last Record statement of income and expenses/ profess other (e.g. a letter from your employer confined ast year, my gross income from all sources was deducted from this income). □ I am attaching all of the following required the past three years, if they have not already a copy of my personal income tax return that were filed with the returns. (Income record, unless they are filed with a motion to a copy of my notices of assessment and re or where I have not filed a return for any from the Canada Revenue Agency for early 1-800-959-8281.	I sources, including my most recent stub pension stub of Employment ional activities (for self-employed in rming all income received to date the content of the past three taxation and provided: In section of the past three taxation and provided in the past three taxation years, and pack of those years, whether or not I	a (attach all that are applicable): workers' compensation stub adividuals) his year) subtract any taxes that have been ent as proof of my income over on years, including any materials and NOT be filed in the continuing n of the past three taxation years; y of the past three taxation years Income and Deductions printout filed an income tax return.	
	OR I am an Indian within the meaning of the <i>Indian Act</i> (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 (<i>list documents you have provided</i>): In this table you must show all of the income that you are currently receiving whether taxable or not.)			
(In this	table you must show all of the income that you are curr	rently receiving whether taxable or not.,		
(In this	table you must show all of the income that you are curr Income Source	rently receiving whether taxable or not.,	Amount Received/Month	
(In this		rently receiving whether taxable or not.,		
	Income Source	rently receiving whether taxable or not.,		
1.	Income Source Employment income (before deductions)	Collusii		
1.	Income Source Employment income (before deductions) Commissions, tips and bonuses	Collusii		
1. 2. 3.	Income Source Employment income (before deductions) Commissions, tips and bonuses Self-employment income (Monthly amount before	Collusii		
1. 2. 3. 4.	Income Source Employment income (before deductions) Commissions, tips and bonuses Self-employment income (Monthly amount before Employment Insurance benefits	re expenses: \$)		
1. 2. 3. 4.	Income Source Employment income (before deductions) Commissions, tips and bonuses Self-employment income (Monthly amount before Employment Insurance benefits Workers' compensation benefits	re expenses: \$)		
1. 2. 3. 4. 5.	Income Source Employment income (before deductions) Commissions, tips and bonuses Self-employment income (Monthly amount before Employment Insurance benefits Workers' compensation benefits Social assistance income (including ODSP payment)	re expenses: \$)		
1. 2. 3. 4. 5. 6.	Income Source Employment income (before deductions) Commissions, tips and bonuses Self-employment income (Monthly amount before Employment Insurance benefits Workers' compensation benefits Social assistance income (including ODSP payre Interest and investment income	re expenses: \$)		
1. 2. 3. 4. 5. 6. 7. 8.	Income Source Employment income (before deductions) Commissions, tips and bonuses Self-employment income (Monthly amount before Employment Insurance benefits Workers' compensation benefits Social assistance income (including ODSP payre Interest and investment income Pension income (including CPP and OAS)	re expenses: \$)		

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Total monthly income from all sources:

Total monthly income X 12 = Total annual income:

12.

13.

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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	
El 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	

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towards the household expenses.

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	Daniel and and	
Utilities, continued	Personal, continued	
Telephone	Education (specify)	
Cell phone	Entertainment/recreation (including children)	
Cable	Gifts	
Internet	SUBTOTAL	
SUBTOTAL	Other expenses	
Household Expenses	Life Insurance premiums	
Groceries	RRSP/RESP withdrawals	
Household supplies	Vacations	
Meals outside the home	School fees and supplies	
Pet care	Clothing for children	
Laundry and Dry Cleaning	Children's activities	
SUBTOTAL	Summer camp expenses	
Childcare Costs	Debt payments	
Daycare expense	Support paid for other children	
Babysitting costs	Other expenses not shown above (specify)	
SUBTOTAL	SUBTOTAL	
	Total Amount of Monthly Expenses	
	Total Amount of Yearly Expenses	
DART 2: OTHER INC	COME EARNERS IN THE HOME	
	laim for undue hardship or spousal support. Check and complete all	
sections that apply to your circumstances.	iai 10. Grado hardonip or opododi dupport. Oriotik drid complete dil	
1. Ilive alone.		
2.		
3. \[\text{I/we live with the following other adult(s):} \]		
4. I/we have (give number) child(ren) who	o live(s) in the home.	
	ousiness)	
does not work outside the	home.	
6. My spouse/partner □ earns (give amount) \$ □ does not earn any income	per	
7. My spouse/partner or other adult residing in the home		

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PART 4: A	ASSETS	IN AND	OUT O	F ONTARIO
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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		Estimated Ma	OUR Interest	
Ownership (Give your percentage interest where relevant.)	Address of Property	on date of marriage	on valuation date	today
	15. TOTAL VA	LUE 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".

Indicate if NOT in Estimated			Estimated Ma	arket Value of YOUR Interest		
Item	Description	your possession	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.	16. TOTAL VALUE OF GENERAL HOUSEHOLD ITEMS AND VEHICLES					

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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	Amount/Estimated Market Value		
		number	on date of marriage	on valuation date	today
17.	TOTAL VALUE OF ACCOUNTS, SAVINGS, S	ECURITIES A	ND 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.			Face Cash Surrender Va			ue
	Owner Beneticiary L.	Amount	on date of marriage	on valuation date	today	
				ustice		
18. TOTAL	CASH SURRE	ENDER VALUE	OF INSURA	NCE 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	Y	Estimated Mark		
	Interest	on date of marriage	on valuation date	today
19. TOTAL VALUE OF BUSINESS INTERESTS				

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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.

		Estimated M	arket Value of YOUR interest	
Category	Details	on date of marriage	on valuation date	today
		Isiice		
	21. TOTAL VALUE OF OTH	ER PROPERTY		
22. VALUE OF AL	L PROPERTY OWNED ON THE VAI	_UATION DATE 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.

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

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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.)

Cotomorni and dataila	Value on date of marriage	
Category and details	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	

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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 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	worn/Affirmed before me at						
	municipality						
in							
	province, state or country	Signature					
on		(This form is to be signed in front of a lawyer, justice of the peace, notary public					
date	Commissioner for taking affidavits (Type or print name below if signature is illegible.)	or commissioner for taking affidavits.)					

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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.	.4		\$	\$
6.			\$	\$
7.		1 1013	\$	\$
8.			\$	\$
9.			\$	\$
10.			\$	\$

Total Net Annual Amount	\$
Total Net Monthly Amount	\$

l earn	er year which should be used to determine my share o	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.

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^{*} 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.