

ONTARIO

Court file number

(Name of Court)

at _____
Court office address _____**Form 27B: Statement of
Income from Income
Source****Recipient(s)**

Full legal name & address for service — street & number, municipality, postal code, telephone & fax numbers and e-mail address (if any).

Lawyer's name & address — street & number, municipality, postal code, telephone & fax numbers and e-mail address (if any).

Payor

Full legal name & address for service — street & number, municipality, postal code, telephone & fax numbers and e-mail address (if any).

Lawyer's name & address — street & number, municipality, postal code, telephone & fax numbers and e-mail address (if any).

1. My name is (full legal name) _____
2. I am an income source of the payor.
 an employee of an income source of the payor.
 (Other; specify.) _____

OR

- Neither I nor the organization for which I work is an income source of the payor for the following reasons:
- there is no money owed to the payor on any basis mentioned in paragraph 3 below.
 the payor has never worked for me or my organization.
 the payor has worked for me or my organization but stopped working on (date) _____
 (Other; specify.) _____

Strike out paragraph 3 if you are not an income source.

3. I owe money to the payor on the following basis: (check one or more boxes below)

- wages or salary of \$ _____ per _____
 overtime that, over the past 6 months, has amounted to \$ _____
 commission, bonus, piece-work allowance or other performance-related payment that, over the past 6 months, has amounted to \$ _____
 benefits under an accident, disability or sickness plan that, over the past 6 months, has amounted to \$ _____
 a disability, retirement or other pension of \$ _____ per _____
 an annuity paying \$ _____ per _____
 vacation pay/severance pay of \$ _____
 (Other; specify.) _____

Signature _____

Date of signature _____