ONTARIO

Court File Number

.....

(Name of Court)

at .....

Court office address

Form 13: Financial Statement (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

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)	**$**
11.	Other sources of income (e.g. RRSP withdrawals, capital gains) *(*attach Schedule A and divide annual amount by 12)*	**$**
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: ASSETS

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

Court file number

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		$	$	☐ Yes ☐ No
		$	$	☐ Yes ☐ No
		$	$	☐ Yes ☐ No
Outstanding Credit Card Balances		$	$	☐ Yes ☐ No
		$	$	☐ Yes ☐ No
		$	$	☐ Yes ☐ No
Unpaid Support Amounts		$	$	☐ Yes ☐ No
		$	$	☐ Yes ☐ No
		$	$	☐ Yes ☐ No
Other Debts		$	$	☐ Yes ☐ No
		$	$	☐ Yes ☐ No
		$	$	☐ Yes ☐ 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 *(specify source)*	**$**

Subtotal:	**$**

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.