

DIV. No. *

of A.D. 2002

IN THE COURT OF QUEEN'S BENCH FOR SASKATCHEWAN
(FAMILY LAW DIVISION)

JUDICIAL CENTRE OF SASKATOON

BETWEEN:

name

PETITIONER

- and -

*

RESPONDENT

FINANCIAL STATEMENT OF name

I, **name**, of **city/town**, Saskatchewan, **postal code**, (306) **phone number**, swear (or affirm) that:

1. The information set out in this financial statement is true and complete to the best of my knowledge and belief, and sets out my financial situation as of August 16th, 2001.
2. I do not anticipate any significant changes in the information set out in this financial statement.
3. Attached are the following:
 - Part 1: Income
 - Part 2: Annual Expenses
 - Part 3: Special or Extraordinary Expenses
 - Part 4: Undue Hardship
 - Part 5: Income of Other Persons in Household
 - Part 6: Property

SWORN BEFORE ME at Saskatoon,)
Saskatchewan on **date**.)
)
)
)
)
)

A Commissioner for Oaths in and
for the Province of Saskatchewan.
Being a Solicitor.

name

DECLARATION:

This declaration is to be filled out if your income is tax exempt because of your Indian status.

My name is ***name**.

I live in Saskatoon, Saskatchewan.

AND I DECLARE THAT THE FOLLOWING IS TRUE:

1. I am an Indian within the meaning of the *Indian Act* of Canada.
2. Because of my status, my income is tax exempt and I am not required to file an income tax return.
3. I have therefore not filed an income tax return for the last three years.

DECLARED BEFORE ME at)
Saskatoon, Saskatchewan on)
August 4, 2010.)
)
)
)

A Commissioner for Oaths in and
for the Province of Saskatchewan.
Being a Solicitor. - or -
My Commission Expires:

***name**

INSTRUCTIONS

*Please read the instructions (in italics) carefully. **You may not have to complete the financial statement at all or, you may only have to complete parts of it.** The instructions tell you what parts of the form you must complete, according to the type of claim involved. When you complete those parts of the form, leave blank any lines that do not apply to you.*

If there is more than one claim in the proceeding (for example, a claim for spousal support and a claim for child support), you must complete each of the Parts of the financial statement that apply to you. If you are required to complete a Part in relation to one claim, you need not redo that Part if the same Part is required in relation to a different claim.

IMPORTANT NOTE: *If during the course of the proceeding you find out that the information in this financial statement is incorrect or incomplete, or there is a material change in your circumstances that affects the information in this financial statement, you **MUST** serve on every other party to this case and file with the court the correct or complete information, or a new financial statement with updated information, together with any documents that back up that information.*

PART 1-INCOME

Complete this Part if

- ***you are making a claim for child support, or are seeking to vary an order for child support, and the amount claimed differs from the table amount in the Federal Child Support Guidelines (a claim for add-ons, a child is 18 years of age or more, a claim for undue hardship, a case of split or shared custody, the payor's annual income is over \$150,000, the payor stands in the place of the parent);***
- ***there is a claim against you for child support; or***
- ***there is a claim, either by you or against you, for spousal or parental support or you or another party are seeking to vary an order for spousal or parental support.***

1. I am

- employed as **describe occupation** by **name and address of employer** and I am paid weekly every two weeks twice a month monthly Other [*specify*]
- self-employed, carrying on business [**or a professional practice**] under the name of **<business/practice name and address>**, or a partner in the partnership known as **<partnership name and address>** or a farmer (or as may be applicable)

- unemployed since **date when last employed**.
 - a shareholder, director or officer of a corporation, in which I have an interest [or a controlling interest]: **<corporation name and address>**
 - a beneficiary under a trust: **<identify trust settlement agreement>**
2. The total income declared on my last income tax return in **year** was **amount** and my net taxable income was **amount**.
3. I have attached to or served with this form: [*check applicable boxes*]
- A copy of every personal income tax returned filed by me for each of the 3 most recent taxation years, together with a copy of all material filed with the returns and a copy of every notice of assessment or re-assessment issued to me for each of those years (*Identify any required copies already in the court file, as those copies do not need to be attached to this form*).
-
- a statement from the Canada Customs and Revenue Agency that I have not filed any income tax returns for the past 3 years.
 - a declaration that I am not required to file an income tax return because of the *Indian Act* (Canada). [*Use the declaration at the bottom of the first page.*]
 - a Canada Customs and Revenue Agency Consent in Form 640C signed by me, for the disclosure of my tax returns and assessments for the past 3 years.

IMPORTANT NOTE: *If you are a party to a claim for child support and you are required to fill out Part 1 of this form, the clerk of the court will NOT allow you to file this financial statement unless you have checked one of the boxes in paragraph 3 above and have attached the required document(s).*

ANNUAL INCOME

Include all income and other money received from all sources for the twelve month period ending on the date of this statement whether taxable or not. Show gross annual amounts here (to get an annual figure, multiply any weekly amount by 52, or any monthly amount by 12). Give current actual amount where known. Give your best estimate where you cannot find out the actual amount.

If your most recent federal income tax return (attached to this statement) sets out what you expect your income to be for this year, simply record those amounts here. Otherwise, record what you expect your income for this year to be from each source of income that applies to you. This will be necessary if your salary has increased, you have become unemployed, you have bought or sold rental properties, any source of your income is not taxable, etc.

1	Employment Income: wages, salaries, commissions, bonuses and overtime <i>[before deductions]</i>	+
2	Commissions <i>[If already included on Line 1: indicate amount, but do not add in]</i> \$	
3	Other employment income <i>[Include tips, foreign employment income, net research grants, etc.]</i>	+
4	Pension income <i>[Include Old Age Security, CCP, disability, superannuation and other pensions]</i>	+
5	Employment insurance benefits <i>[before deductions]</i>	+
6	Taxable amount of dividends from taxable Canadian corporations	+
7	Interest and other investment income	+
8	Partnership income: limited or non-active partners only	Net +
9	Rental income Gross \$	Net +
10	Taxable capital gains	+
11	Child support received Total Amount \$	Taxable Amount +
12	Spousal support: From this relationship \$ From another relationship \$	+

13	Registered retirement savings plan income			+
14	Self employment income			
a.	Business income	Gross \$		Net +
b.	Professional income	Gross \$		Net +
c.	Commission income	Gross \$		Net +
d.	Farming income	Gross \$		Net +
e.	Fishing income	Gross \$		Net +
15	Workers' compensation benefits			+
16	Total social assistance payments			+
17	Net federal supplements			+
18	Other income <i>[Include any taxable income that is not already included above, such as scholarships, bursaries, study grants, certain lump sum payments or death benefits, severance pay, etc. Specify]</i>			+
A.	Total Annual Income:		A = \$	0.00

BENEFITS

Monetary benefits: Income that is exempt from federal or provincial tax: *List all allowances and amounts received from all sources, that are not taxable: such as, amounts exempt because of status under Indian Act; band assistance payments; exempt portion of otherwise taxable amounts; certain disability benefits; etc. Specify.*

Non-monetary benefits: *List all non-monetary benefits from all sources, that are not included in total income (line A). Include such items as use of a company car, or board and room provided for you, and other expenses paid on your behalf. Give your best estimate of the value of the benefit where you cannot find out the actual value.*

Medical or dental insurance coverage: Is medical or dental insurance coverage for your children available to you through your employer or otherwise at a reasonable rate? Yes No

Do you have medical or dental insurance coverage for your children? Yes
 No

ADJUSTMENTS TO ANNUAL INCOME

Give the current actual amount if you know it or can find it out. If you can't find out, give your best estimate.

- Refer to Schedule III of the Federal Child Support Guidelines. Section numbers included below are references to Schedule III of the Federal Child Support Guidelines.
- If necessary attach an extra sheet to show calculations.

Replacement in income:

(Where applicable) Recalculate the annual income shown as amount A on page 6, after making the following replacements

- Replace taxable amount of dividends from Canadian Corporations (line 6) with the actual amount of dividends \$ (See s.5)
- Replace taxable capital gains (line 10) with the actual amount of capital gains realized in excess of the actual capital losses:
 Gains \$ - losses \$ = excess \$ (See s.6)

Recalculated Annual Income A¹ =

Deductions in Income:

1	Union, profession association or like dues (if you are an employee) s.1	+
2	Other employment expenses s.1 (Specify)	+
3	Taxable amount of child support I receive s.2	+
4	Spousal support I receive from the other party: s.3(1)	+
5	Social assistance I receive for other members of my household s.4	+
6	Actual amount of business investments losses suffered during the year s.7	+
7	Carrying charges and interest expenses paid by me and deductible under the <i>Income Tax Act</i> s.8	+
8	Prior period earnings included in self-employment income, net of reserves s.10	+
9	Portion of partnership or sole proprietorship income properly required for capitalization s.12	+
Total Deductions from Income		B = \$ 0.00

Additions to Income:			
10	Payments to non-arm's length persons s.9	+	
11	Allowable capital cost allowance with respect to real property s.11	+	
12	Value of exercised employee stock options in Canadian-controlled private corporations s.13	+	
Total Additions to Income			C = \$ 0.00

Annual Income or Recalculated Annual Income	A or A ¹	\$	0.00
Subtract Total Deductions from Income	B -	\$	0.00
Add Total Additions to Income	C+	\$	0.00
Adjusted Annual Income:			D = \$ 0.00

CHILD SUPPORT

The Adjusted Annual Income (D) is to be used to calculate child support in accordance with the applicable child support table set out in the Federal Child Support Guidelines. The Annual Income to be used where special or extraordinary expenses are claimed:

Adjusted Annual Income	D	\$	0.00
Add Spousal support received from the other party (if any)	+		
Subtract Spousal support paid to the other party (if any)	-		
Adjusted Annual Income (Special):			E = \$ 0.00

SPOUSAL OR PARENTAL SUPPORT:

The Annual Income to be used where spousal or parental support is claimed:

Adjusted Annual Income	D	\$	0.00
Add Total Child Support I receive	+		
Add Social Assistance I receive for other household members	+		
Add Child Tax Benefits or Credits	+		
Add GST/HST Credit	+		
ADJUSTED ANNUAL INCOME (SPOUSAL)			F = \$0.00

PART 2 - ANNUAL EXPENSES

Do not complete this Part if the only support claimed is child support in the table amount set out in the Federal Child Support Guidelines and all children for whom support is claimed are under the age of 18.

- ***Complete this Part in all other claims for child support or a change in child support, where the amount claimed differs from the table amount in the Guidelines (a claim for add-ons for special or extraordinary expenses, a child is 18 years of age or more, a claim for undue hardship, a case of split or shared custody, a case where the payor's annual income is over \$150,000, a case where the payor stands in the place of the child's natural parent).***
- ***Complete this Part if there is a claim, either by you or against you, for spousal or parental support or a change in that support.***

You must set out your TOTAL living expenses. If you cannot find out the actual amount, give your best estimate.

Source Deductions

1 CPP contributions

2 EI Premiums

3 Employee Pension contributions to a registered pension plan

4 Medical/dental insurance premiums (Deducted at source)

5 **Income Tax**

Housing

6 Rent or mortgage

7 Property Taxes

8 Homeowner's / Tenant's Insurance

9 Condominium Fees

10 Water, sewer and garbage

11 House repairs, maintenance, yard care

12 Heat

13 Electricity

14 Telephone

15 Other (*Specify*)

Household Expenses

- 16 Food

- 17 Meals outside the home

- 18 General household supplies

- 19 Hair care, toiletries and sundries

- 20 Dry cleaning and laundry

- 21 Furnishings and equipment

- 22 Other (*Specify*)

Transportation

- 23 Public transit, taxis

- 24 Car insurance, registration and licence

- 25 Gas and oil

- 26 Parking

- 27 Car repairs and maintenance

- 28 Other (*Specify*)

Health

- 29 Medical and dental insurance premiums (*Not deducted from source*)

- 30 Health care (physiotherapy, etc.)

- 31 Drugs, prescriptions

- 32 Dental care (including orthodontist)

- 33 Optical care (eyeglasses, contact lenses)

- 34 Other (*Specify*)

Personal

- 35 Clothing, footwear

- 36 Education expenses (self) (*Specify*)

- 37 Other (*Specify*)

Children

- 38 Clothing, footwear

39	Children's allowance, gifts		
40	School fees, books and supplies		
41	School activities (field trips, etc.)		
42	Activities, lessons and supplies (music lessons, clubs, sports, bicycles)		
43	Child care, babysitting		
44	Other (Specify)		
Savings for the Future			
45	RRSP		
46	RESP		
47	Other (Specify)		
Support Payments (Specify for whom, whether tax deductible, whether voluntary or pursuant to order)			
48	Support being paid in this case		
49	Support being paid in any other case		
Debt Payments (Other than Mortgage) (Specify)			
50			
Other			
51	Life or term insurance premiums		
52	Banking, legal, accounting		
53	Church, charitable donations		
54	Entertainment and recreation		
55	Vacation		
56	Alcohol/tobacco		
57	Other (Specify)		
TOTAL ANNUAL EXPENSES		G = \$	0.00

Adjusted Annual Income	D, E or F		
Subtract Total Annual Expenses	G-	\$	0.00
Annual Surplus/Deficit		\$	0.00

PART 3 - SPECIAL OR EXTRAORDINARY EXPENSES

- Complete this Part only if you claim special or extraordinary expenses as part of a child support claim. Refer to Section 7 of the Federal Child Support Guidelines.**

I am claiming an amount to cover special or extraordinary expenses for one or more of the following reasons: *(Indicate which of the following you are claiming).*

- child care expenses incurred as a result of my employment, illness, disability, education or training for employment;
- that portion of the medical and dental insurance premiums attributable to child;
- health related expenses that exceed insurance reimbursement by at least \$100 annually per illness or event, including orthodontic treatment, professional counselling provided by a psychologist, social worker, psychiatrist or any other person, physiotherapy, occupational therapy, speech therapy and prescription drugs, hearing aids, glasses and contact lenses;
- extraordinary expenses for primary or secondary school or for any education programs that meet the child's particular needs;
- expenses for post-secondary education;
- extraordinary expenses for extracurricular activities.

- State the child's name that each expenses relates to, the details of each type of expenses you are claiming, and the total annual amount of each expense*
- If the child contributes to payment of the expense, please indicate that contribution and its amount.*
- If you are claiming for a health related expense, please indicate the amount of insurance reimbursement.*

Child's Name	Details of Expense	Total Amount	Contribution / Reimbursement

- Receipts or other documentation which shows the amount of the expenses I am claiming for each child are attached to this financial statement.

Or

- I cannot obtain receipts or other documentation to show the amount of the expenses I am claiming because: *(please explain why)*

- I am eligible to claim or I receive the following subsidies, benefits or income tax deductions or credits relating to the above expenses: *(provide details)*

PART 4 - UNDUE HARDSHIP

- **Complete this Part only if you claim a different amount of child support on the basis of undue hardship.**
- *Refer to Section 10 of the Federal Child Support Guidelines. (Indicate which of the following you are claiming).*
- Responsibility for unusually high level of debts reasonably incurred to support the family prior to the separation or to earn a living:

- Responsibility for unusually high level of debts reasonably incurred to support the family prior to the separation or to earn a living:

Owed to	Purpose	Date Incurred	Terms of Debt	Annual Amount

- Usually high expenses for exercising access to a child:

Details of Expense	Annual Amount

- Legal duties under a judgment, order or written separation agreement to support another person:

- Legal duty to support a child, other than a child for whom support is claimed in this application, who is under the age of 18, or at or above the age of 18 but unable to support himself or herself because of illness, disability or other cause:

- Legal duty to support a person who is unable to support himself or herself because of illness or disability:

- *Attach a copy of any judgment, order or written agreement under which the legal duty arises.*

Name of Person	Relationship	Nature of Duty	Annual Amount

Other undue hardship circumstances:

Details	Annual Amount

PART 5 - INCOME OF OTHER PERSONS IN HOUSEHOLD

- ***Complete this Part if either party is making a claim for a different amount of child support on the basis of undue hardship.***
 The following are the names, occupations or sources of income, annual incomes and amount of federal and provincial taxes payable thereon, of:
 - a. Any person who has a legal duty to support me or whom I have a legal duty to support;
 - b. Any person who shares living expenses with me or from whom I otherwise receive an economic benefit as a result of living with that person; and,
 - c. Any child whom I or the person described in paragraph (a) or (b) has a legal duty to support.

Other Person's Name	Occupation or Source of Income	Annual Income*	Taxes Payable

** Where the information on which to base the income determination is not provided, the court may impute income in the amount it considers appropriate.*

PART 6 - PROPERTY

- **Only complete this Part where ordered to do so by the court.**
- *List all property in which you have an interest as of the date of this financial statement.*
- *Record the value or amount as of the date of this financial statement.*
- *If there is a property claim in addition to a claim for support, complete Form 609B: Property Statement, and do not complete this Part of the Financial Statement.*

1. Assets in and Out of Saskatchewan

1. Real Estate

- *List any interest in land, including leasehold interests and mortgages, whether or not you are registered as owner. Record the estimated market value of your interest, without deducting encumbrances. These encumbrances should be shown under Debts and Liabilities.*
- *Example: under nature and type of ownership, put "joint tenant"; under nature, address and estimated total market value today, put "home, 123 Pleasant St., Small Town, Saskatchewan, \$100,000", under estimated market value of your share, put \$50,000". The amount left to pay on the mortgage would be shown under Debts and Liabilities , later in this statement.*

Nature and Type of Ownership	Nature, address and estimated total market value today	Estimated Market Value of Your Share
Total 1 \$		0.00

2. General Household Goods and Vehicles

- Show estimated market value, not the cost of replacement for these items owned. Do not deduct encumbrances (e.g. car loan) here; these encumbrances should be shown under Debts and Liabilities.

Item	Description	If Not in your Possession, State Location	Estimated Market Value of Your Interest
Household Goods, Appliances and Furniture			
Cars, Boats, Trailers, Motorhomes, Snowmobiles, other Vehicles			
Jewellery, Works of Art, Collections, Electronics, Tools, Sports & Hobby Equipment			
Other Special Items			
Total 2			\$ 0.00

3. Bank Accounts and Savings

- Show the items owned by category; include cash, savings and chequing accounts in financial institutions, term deposits, guaranteed investment certificates, and any other savings.

Jewellery, Works of Art, Collections, Electronics, Tools, Sports & Hobby Equipment

Category	Institution Where Account Held	Account Number	Amount
Total 3			\$ 0.00

The location of any safety deposit box[es] I have is:
[name and address of institutions(s)]

4. Pensions and Retirement Savings Plans

- *Indicate the name and address of the institution where your Registered Retirement Savings Plan is held.*
- *Include name and address of pension plan and pension details.*

Category	Institution Where Account Held	Account Number	Amount
Total 4			\$ 0.00

5. Securities

- *Show the items owned by category: shares, bonds, mutual funds, warrants, options, debentures, notes and any other securities. Give your best estimate of market value if the items were to be sold on the open market.*

Category	Number	Description	Estimated Market Value
Total 5			\$ 0.00

6. Life and Disability Insurance

- *List of whole life, term life, disability or other such insurance policies. Set out cash surrender value, if any.*

Company and Policy Number	Kind of Policy	Owner	Beneficiary	Face Amount	Cash Surrender Value
Total 6					\$ 0.00

7. Business Interests

- *List any interest you hold, directly or indirectly, in any unincorporated business, including partnerships, trusts and joint ventures. Give your best estimate of market value if business were to be sold on an open market.*
- *A controlling interest you hold in an incorporated business may be shown here or under item 5: Securities. An interest that is not a controlling interest should be shown under item 5: Securities.*

Name and Address of Firm/Company	Interest	Estimated Market Value of Your Share
Total 7		\$ 0.00

8. Accounts Receivable

- *Give details of all money owed to you, whether because of business or from personal dealings; including amounts loaned by you to family members, any court judgments in your favour, 'any estate money owed to you.*

Details	Amount Owed to You	
Total 8		\$ 0.00

9. Other Property

- *Show other property or assets owned by categories. Include property of any kind not listed in items 1 to 8 (for example, patents or copyright claims). Give your best estimate of market value.*

Category	Details	Estimated Market Value
Total 9		\$ 0.00

VALUE OF ALL ASSETS <i>(Add totals 1 to 9 together)</i>		= \$ 0.00
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II. Debts and Other Liabilities

- Show your debts and other liabilities, whether arising from personal or business dealings. List by category, such as mortgages, charges, loans, liens, notes, credit cards, accounts payable and tax arrears. Indicate if any other person may be responsible for this debt with you, and give their name. Include contingent liabilities such as guarantees given by you, and indicate that they are contingent. Indicate if any debt payments are in arrears.

Debt	Particulars <i>(interest rate, term or number of payments remaining, any property affected)</i>	Amount Owing
Total II. =		\$ 0.00

III. SUMMARY OF ASSETS AND LIABILITIES

Total Value of all Assets (I.)		\$ 0.00
<i>Subtract</i>	Total Debts and Other Liabilities (II.)	\$ 0.00
III. NET WORTH		\$ 0.00

Part 6. Attachments

Attached to the copy of this financial statement delivered to the other party are:

- A copy of the most recent assessment notice issued from an assessment authority for the real property I own.
- A copy of the most recent statement I have received for each bank account, deposit, certificate or other savings.
- A copy of the most recent RRSP statement I have received.
- A copy of the most recent statement I have received regarding my brokerage account, my mutual fund, and any other securities I own.
- A copy of the most recent credit card statement for each credit card in my name.
- A copy of the most recent annual pension statement I have received, and any further information I have explaining my pension plan; or
 A letter addressed to the administrator of my pension plan, authorizing release of information relating to my pension plan.