**Form 15-47**

(Rule 15-47)

|  |  |
| --- | --- |
| COURT FILE NUMBER | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| COURT OF QUEEN’S BENCH FOR SASKATCHEWAN  (FAMILY LAW DIVISION) | |
| JUDICIAL CENTRE | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| PETITIONER/  CO-PETITIONERS | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| RESPONDENT | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**FINANCIAL STATEMENT OF** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **INFORMATION NOTE** |
| This Form has 7 schedules. You may not need to complete all schedules. Use the Checklist on the following pages to determine which schedules you must complete. Each schedule has instructions (*in italics*). |
| You must swear/affirm this Financial Statement in front of a notary public, justice of the peace, lawyer or commissioner for oaths. The staff members at the Local Registrar's Office in the Court House are commissioners for oaths so you may swear/affirm the document in front of a staff member at the time of filing. |

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ swear (*or* affirm) that:

(*name*) (*city/town and province*)

**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 today.

**2**  I do not anticipate any significant changes in the information set out in this Financial Statement.

*or*

I anticipate the following significant changes in the information set out in this Financial Statement:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3** The following schedules are attached:

Schedule 1: Employment Information and Income

Schedule 2: Expenses

Schedule 3: Special or Extraordinary Expenses

Schedule 4: Child-Centred Budget

Schedule 5: Income of Other Persons in Household

Schedule 6: Undue Hardship

Schedule 7: Net Worth

**4** I acknowledge that if, in the course of this proceeding, I discover that any information is incorrect or incomplete, I must serve on every other party to this proceeding and file with the Court the correct or complete information, or a new Financial Statement with updated information, together with any documents that support that information.

|  |  |  |
| --- | --- | --- |
| SWORN (OR AFFIRMED) BEFORE ME |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (*signature*) |
| at, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , Saskatchewan, |
| this \_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , |
| 2 \_\_\_\_\_\_\_\_\_\_\_\_ . |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| A Commissioner for Oaths for Saskatchewan |

|  |  |  |
| --- | --- | --- |
| *Complete the following declaration if your income is tax exempt because of your Status.*  I declare that all 3 of the following are true:   1. 1. I am an Indian within the meaning of the *Indian Act* (Canada). 2. 2. Because of my status, my income is tax exempt and I am not required to file an income tax return. 3. 3. I have therefore not filed an income tax return for the last 3 years. | | |
| DECLARED BEFORE ME |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (*signature*) |
| at, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , Saskatchewan, |
| this \_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , |
| 2 \_\_\_\_\_\_\_\_\_\_\_\_ . |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| A Commissioner for Oaths for Saskatchewan |
|  |  |  |

**CHECKLIST**

|  |
| --- |
| **INFORMATION NOTE** |
| **Use this Checklist to identify those schedules that you need to attach to your Financial Statement.** Check each situation that applies to you (there may be more than one). Then complete and attach all schedules marked with a dot (“•”) for each situation that you have checked and append all documents that the schedule requires you to provide. **Only complete and attach each applicable schedule once.** Please note that this Checklist is to assist you in identifying the information that you are obligated to provide (see sections 21 and 22 of the *Federal Child Support Guidelines* and Rules 15‑47 to 15-59 of *The Queen's Bench Rules*). |
| **This Checklist is not exhaustive**. The opposite party may request, and/or the Court may order, that you provide more information than is identified in this Checklist depending on the specific circumstances of your case. Please also note that Rule 15-48 identifies those scenarios when a Financial Statement **does not** need to be completed. For example, if a child is primarily resident with a party who is only applying for child support in the table amount, and the income of the person being asked to pay support is less than $150,000 per year, the party seeking support is not required to complete a Financial Statement. |

1. **Making a Claim or Application**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **✓** | **Check each situation that applies to you**  **Note: The section numbers refer to the Federal Child Support Guidelines** | **Schedules you must attach** | | | | | | |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** |
| **SEEKING A CHILD SUPPORT ORDER** | | | | | | | | | |
| 1 |  | I am applying for child support and one or more of the children is age 18 or older (section 3(2)) | • | • |  | • |  |  |  |
| 2 |  | I am applying for child support and one or more of the children is a stepchild (section 5) | • | • |  |  |  |  |  |
| 3 |  | I am applying for child support and the income of the party being asked to pay support is greater than $150 ,000 per year (section 4) | • | • |  | • |  |  |  |
| 4 |  | I am applying for an order respecting special or extraordinary expenses (section 7) | • | • | • |  |  |  |  |
| 5 |  | I am applying for retroactive child support | • | • |  |  |  |  |  |
| 6 |  | I am applying for retroactive child support and no property claim has been made | • | • |  |  |  |  | • |
| 7 |  | I am applying for child support and the other party and I care for one or more children under a shared parenting arrangement and we agree that a set-off child support calculation is appropriate (section 9) | • |  |  |  |  |  |  |
| 8 |  | I am applying for child support where the other party and I care for one or more children under a shared parenting arrangement and we do not agree that a set-off child support calculation is appropriate (section 9) | • | • |  | • | • |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SEEKING TO VARY A CHILD SUPPORT ORDER** | | | | | | **Schedules you must attach** | | | | | | |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** |
| 9 |  | | | I am applying to vary a child support order that requires me to pay support (section 3) | | • |  |  |  |  |  |  |
| 10 |  | | | I am applying to vary a child support order that requires the other party to pay support and one or more of the children is age 18 or older (section 3(2)) | | • | • |  | • |  |  |  |
| 11 |  | | | I am applying to vary a child support order that requires me to pay support and one or more of the children is age 18 or older (section 3(2)) | | • | • |  |  |  |  |  |
| 12 |  | | | I am applying to vary a child support order and one or more of the children is a stepchild (section 5) | | • | • |  |  |  |  |  |
| 13 |  | | | I am applying to vary a child support order that requires the other party to pay support and that party's income is greater than $150,000 per year (section 4) | | • | • |  | • |  |  |  |
| 14 |  | | | I am applying to vary a child support order that requires me to pay support and my income is greater than $150,000 per year (section 4) | | • | • |  |  |  |  |  |
| 15 |  | | | I am applying to vary an order that requires the other party to contribute towards special or extraordinary expenses (section 7) | | • | • | • |  |  |  |  |
| 16 |  | | | I am applying to vary an order that requires me to contribute towards special or extraordinary expenses (section 7) | | • | • |  |  |  |  |  |
| **CLAIMING UNDUE HARDSHIP** | | | | | | **Schedules you must attach** | | | | | | |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** |
| 17 | |  | | | I am making an undue hardship claim (section 10) and a property claim has been made | • | • |  |  | • | • |  |
| 18 | |  | | | I am making an undue hardship claim (section 10) and a property claim has not been made | • | • |  |  | • | • | • |
| **SEEKING A SPOUSAL SUPPORT ORDER OR TO VARY A SPOUSAL SUPPORT ORDER** | | | | | | **Schedules you must attach** | | | | | | |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** |
| 19 | | |  | | I am applying for spousal support | • | • |  |  |  |  |  |
| 20 | | |  | | I am applying to vary a spousal support order | • | • |  |  |  |  |  |
| **SEEKING TO REDUCE OR ELIMINATE ARREARS** | | | | | | **Schedules you must attach** | | | | | | |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** |
| 21 | | |  | | I am applying to expunge or reduce arrears of child and/or spousal support and a property claim has been made | • | • |  |  |  |  |  |
| 22 | | |  | | I am applying to expunge or reduce arrears of child and/or spousal support and no property claim has been made | • | • |  |  |  |  | • |

1. **Responding to a Claim or Application**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **✓** | | **Check each situation that applies to you**  **Note: The section numbers refer to the Federal Child Support Guidelines** | **Schedules you must attach** | | | | | | |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** |
| **RESPONDING TO A CLAIM FOR CHILD SUPPORT** | | | | | | | | | | |
| 23 |  | | I am being asked to pay child support (section 3) | • |  |  |  |  |  |  |
| 24 |  | | I am being asked to pay child support and one or more of the children is age 18 or older (section 3(2)) | • | • |  |  |  |  |  |
| 25 |  | | I am being asked to pay child support and one or more of the children is a stepchild (section 5) | • | • |  |  |  |  |  |
| 26 |  | | I am being asked to pay child support and my income is greater than  $150,000 per year (section 4) | • | • |  |  |  |  |  |
| 27 |  | | I am being asked to contribute towards special or extraordinary expenses (section 7) | • | • |  |  |  |  |  | |
| 28 |  | | I am being asked to pay retroactive child support and a property claim has been made | • | • |  |  |  |  |  | |
| 29 |  | | I am being asked to pay retroactive child support and no property claim has been made | • | • |  |  |  |  | • | |
| 30 |  | | I am being asked to pay child support and the other party and I care for one or more children under a shared parenting arrangement and we agree that a set‑off child support calculation is appropriate (section 9) | • |  |  |  |  |  |  | |
| 31 |  | | I am being asked to pay child support and the other party and I care for one or more children under a shared parenting arrangement and we do not agree that a set-off child support calculation is appropriate (section 9) | • | • |  | • | • |  |  | |
| **RESPONDING TO AN APPLICATION TO VARY A CHILD SUPPORT ORDER** | | | | **Schedules you must attach** | | | | | | | |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** | |
| 32 |  | | I am responding to an application to vary a child support order that requires me to pay support (section 3) | • |  |  |  |  |  |  | |
| 33 |  | | I am responding to an application to vary a child support order that requires me to pay support and one or more of the children is age 18 or older (section 3(2)) | • | • |  |  |  |  |  | |
| 34 |  | | I am responding to an application to vary a child support order that requires the other party to pay support and one or more of the children is age 18 or older (section 3(2) | • | • |  | • |  |  |  | |
| 35 |  | | I am responding to an application to vary a child support order and one or more of the children is a stepchild (section 5) | • | • |  |  |  |  |  | |
| 36 |  | | I am responding to an application to vary a child support order that requires the other party to pay support and that party's income is greater than $150,000 per year (section 4) | • | • |  | • |  |  |  | |
| 37 |  | | I am responding to an application to vary a child support order that requires me to pay support and my income is greater than $150 ,000 per year (section 4) | • | • |  |  |  |  |  | |
| 38 |  | | I am responding to an application to vary an order that requires the other party to contribute towards special or extraordinary expenses (section 7) | • | • | • |  |  |  |  | |
| 39 |  | | I am responding to an application to vary an order that requires me to contribute towards special or extraordinary expenses (section 7) | • | • |  |  |  |  |  | |
| **RESPONDING TO AN UNDUE HARDSHIP CLAIM** | | | | **Schedules you must attach** | | | | | | | |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** | |
| 40 | |  | I am responding to the other party's undue hardship claim and the court has determined that circumstances of undue hardship exist (section 10) | • | • |  |  | • |  |  | |
| **REGARDING SPOUSAL SUPPORT** | | | | **Schedules you must attach** | | | | | | | |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** | |
| 41 | |  | I am being asked to pay spousal support | • | • |  |  |  |  |  | |
| 42 | |  | I am responding to an application to vary a spousal support order | • | • |  |  |  |  |  | |

**SCHEDULE 1: EMPLOYMENT INFORMATION AND INCOME**

**PART ONE: EMPLOYMENT INFORMATION**

**Documents to Attach**

|  |
| --- |
| *INSTRUCTIONS: You must attach one of the following two options with Schedule 1, in addition to the documents required for each section as identified below.* |

I have attached:

A copy of every personal income tax return filed by me for each of the 3 most recent taxation years and a copy of every notice of assessment and reassessment issued to me for each of the 3 most recent taxation years. (*Your income tax summary is NOT sufficient. You must attach the full returns*.)

A declaration that I am not required to file Income Tax and Benefit Returns because I am an Indian within the meaning of the *Indian Act* (Canada). (*Use the declaration on page 2*.) I am attaching the following proof of income for the 3 most recent calendar years.

**My Current Income Situation**

|  |
| --- |
| *INSTRUCTIONS: Check the box(es) for the income situation applicable to you. Provide the relevant information using the spaces and/or checkboxes. Append all required documents.* |

**Check all that apply:**

**I am currently employed**

|  |  |
| --- | --- |
| Job / Occupation: |  |
|  |  |
| Name of employer: |  |

|  |  |  |
| --- | --- | --- |
| I am employed: |  | full time |
|  |  | part time, working approximately \_\_\_\_\_\_\_\_ hours per week |
|  |  | casual, working approximately \_\_\_\_\_\_\_\_\_\_ hours per month |

|  |  |  |  |
| --- | --- | --- | --- |
| I am paid: |  | weekly | |
|  |  | every two weeks | |
|  |  | twice per month | |
|  |  | monthly | |
|  |  | other (*specify*): |  |

The following document is attached for each employer:

My most recent pay stub/statement of earnings indicating the total earnings paid in the year to date, including overtime; or

A pay stub/statement of earnings is not provided by my employer. I have attached a letter from my employer indicating my total earnings paid in the year to date, including overtime and my rate of salary or remuneration.

**I am currently self-employed (not incorporated)**

Name and address of business, professional practice or farm:

|  |
| --- |
|  |

The following documents are attached:

The financial statements of my business or professional practice, other than a partnership, for the 3 most recent taxation years; and

A statement showing a breakdown for the 3 most recent taxation years of all salaries, wages, management fees or other payments or benefits paid to, or on behalf of, persons or corporations with whom I do not deal at arm's length; and

If I am a partner in a partnership, confirmation of my income and draw from, and capital in, the partnership for its 3 most recent taxation years.

**I am a controlling shareholder, director, or officer of a corporation**

|  |  |
| --- | --- |
| Name of corporation: |  |
|  |  |
| Interest in corporation: |  |

The following documents are attached:

The financial statements for the corporation(s) in which I hold a controlling interest and all subsidiary corporations, for the 3 most recent taxation years; and

A statement showing a breakdown for the past 3 taxation years of all salaries, wages, management fees or other payments or benefits paid to, or on behalf of, persons or corporations with whom the corporation, and every related corporation, does not deal at arm's length.

**I am a beneficiary under a trust**

The following documents are attached:

The trust settlement agreement and copies of the trust's 3 most recent financial statements.

**I am currently unemployed or retired**

|  |  |
| --- | --- |
| Last day of work (approximate): |  |
|  |  |
| Most recent job/occupation: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Reason for unemployment: |  | retired | |
|  |  | not currently searching for work outside of the home | |
|  |  | currently searching for work | |
|  |  | medically unable to work | |
|  |  | other (*specify*): |  |

If employed within the past year, I have attached my most recent pay stub/statement of earnings indicating the total earnings paid in the year to date, including overtime, for each employer.

**I receive income from employment insurance, social assistance, a pension, workers' compensation, disability payments or another source.**

|  |  |  |  |
| --- | --- | --- | --- |
| Source of income: |  | employment insurance | |
|  |  | social assistance | |
|  |  | pension | |
|  |  | workers' compensation | |
|  |  | disability | |
|  |  | other (*specify*): |  |

The following document is attached for each source of income:

The most recent statement of income indicating the total amount of income from the applicable source during the current year; or

As a statement is not available to me, a letter from the appropriate authority stating the total amount of income from the applicable source during the current year.

**Medical or Dental Benefits**

Medical or dental coverage is available to my dependants through my employer or otherwise at a reasonable rate.

**PART TWO: INCOME**

**Taxable Income**

|  |  |  |  |
| --- | --- | --- | --- |
| *INSTRUCTIONS: Identify all gross annual taxable income (before deductions) from all sources for the 12-month period ending on the date of the Financial Statement. Give your best estimate if you do not know an actual amount. Do not report the same income on more than one line.* | | | |
|  | | |  |
| **Taxable Income Source (before deductions)** | | | **Annual Amount** |
| Employment income (wages, salaries, commissions, bonuses, overtime, etc.) | | | $ |
| Other employment income (tips, foreign income, research grants, etc.) | | | $ |
| Pension income (Old Age Security, CPP, superannuation, etc.) | | | $ |
| Taxable disability income | | | $ |
| Employment insurance benefits | | | $ |
| Taxable amount of dividends from taxable Canadian corporations | | | $ |
| Interest and other investment income | | | $ |
| Net partnership income (limited or non-active partners only) | | | $ |
| Net rental income (*indicate gross here*: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_) | | | $ |
| Taxable capital gains | | | $ |
| Taxable spousal support received (*indicate total here*: $ \_\_\_\_\_\_\_\_\_\_\_\_\_) | | | $ |
| RRSP Income | | | $ |
| Self-employment income: | | |  |
| 1. Business income……..….… 2. Professional income……..... 3. Commission income…….… 4. Farming income.................. 5. Fishing income……………. | Gross $\_\_\_\_\_\_  Gross $\_\_\_\_\_\_  Gross $\_\_\_\_\_\_  Gross $\_\_\_\_\_\_  Gross $\_\_\_\_\_\_ | ...............................Net  ...............................Net  ...............................Net  ...............................Net  ...............................Net | $ |
| Workers’ compensation benefits | | | $ |
| Social assistance payments | | | $ |
| Net taxable federal supplements | | | $ |
| Other taxable income (*e.g. scholarships, bursaries, study grants, certain lump sum payment or death benefits, severance pay, etc.) (specify)* | | | $ |
| **TOTAL ANNUAL INCOME** | | | $ |

**Non-Taxable Income**

|  |  |
| --- | --- |
| *INSTRUCTIONS: List all non-taxable income, allowances and amounts received from all sources including exempt income due to status under the Indian Act, band assistance payments, child support, GST benefits, etc. for the 12-month period ending on the date of this Financial Statement. Give your best estimate if you do not know an actual amount.* | |
|  | |
| **Non-Taxable Income or Benefit** | **Annual Amount** |
| Exempt income due to status under the Indian Act | $ |
| Child Tax Benefit | $ |
| GST Benefit | $ |
| Child support | $ |
| Band assistance payments | $ |
| Other (*specify*) | $ |
|  | $ |
|  | $ |
| **TOTAL NON-TAXABLE INCOME** | $ |

**Allowable Deductions**

|  |  |
| --- | --- |
| *INSTRUCTIONS: Review Schedule III of the Federal Child Support Guidelines to determine if any allowable deductions apply in your circumstance. If so, include those for the 12-month period ending on the date of this Financial Statement. Give your best estimate if you do not know an actual amount.* | |
|  |  |
| **Allowable deductions under Schedule Ill** | **Annual Amount** |
|  | $ |
|  | $ |
|  | $ |
| **TOTAL ALLOWABLE DEDUCTIONS** | $ |

**SCHEDULE 2: EXPENSES**

|  |
| --- |
| *INSTRUCTIONS: Provide information about your personal expenses. Use the monthly or yearly columns as appropriate. Complete only one column per item. Give your best estimate if you do not know an actual amount. If you expect any current expenses to change, indicate the expected new amounts in the “comments” column.* |

| **Item** | | **Paid monthly** | **Paid yearly** | **Comments** |
| --- | --- | --- | --- | --- |
| Source deductions | |  |  |  |
|  | CPP contributions |  |  |  |
| El premiums |  |  |  |
| Employee pension contributions |  |  |  |
| Medical and dental insurance premiums (deducted at source) |  |  |  |
| Income tax |  |  |  |
| Housing | |  |  |  |
|  | Rent or mortgage |  |  |  |
| Property taxes |  |  |  |
| Homeowners/tenant insurance |  |  |  |
| Condo fees |  |  |  |
| Water, sewer and garbage |  |  |  |
| House repairs, maintenance, yard care |  |  |  |
| Heat, electricity |  |  |  |
| Telephone , cable, internet |  |  |  |
| Other *( specify)* |  |  |  |
| Household expenses | |  |  |  |
|  | Food |  |  |  |
| Meals outside the home |  |  |  |
| General household supplies |  |  |  |
| Hair care, toiletries, sundries |  |  |  |
| Dry cleaning and laundry |  |  |  |
| Furnishings and equipment |  |  |  |
| Transportation | |  |  |  |
|  | Public transit, taxis |  |  |  |
| Car insurance, registration and license |  |  |  |
| Gas and oil |  |  |  |
| Parking |  |  |  |
| Car repairs and maintenance |  |  |  |
|  | Car loan payment |  |  |  |
| Health (only include those expenses not covered by insurance) | |  |  |  |
|  | Medical and dental premiums (not deducted at source) |  |  |  |
| Health care (physiotherapy , etc.) |  |  |  |
| Drugs, prescriptions |  |  |  |
| Dental care (including orthodontist) |  |  |  |
|  | Optical care (eyeglasses, contact lenses) |  |  |  |
|  | Other *(specify)* |  |  |  |
| Personal | |  |  |  |
|  | Clothing, footwear |  |  |  |
|  | Educational expenses (self) |  |  |  |
|  | Other *(specify)* |  |  |  |
| Children | |  |  |  |
|  | Clothing, footwear |  |  |  |
|  | Children's allowance, gifts |  |  |  |
|  | School fees, books and supplies |  |  |  |
|  | School activities (field trips, etc.) |  |  |  |
|  | Activities, lessons and supplies |  |  |  |
|  | Child care, babysitting, summer camps |  |  |  |
|  | Other *( specify)* |  |  |  |
| Savings for the future | |  |  |  |
|  | RRSP |  |  |  |
|  | RESP |  |  |  |
|  | Other *( specify)* |  |  |  |
| Support payments (specify for whom, whether tax deductible, whether voluntary or pursuant to order) | |  |  |  |
|  | Support being paid in this case |  |  |  |
|  | Support being paid in any other case |  |  |  |

| **Item** | | **Paid monthly** | | **Paid yearly** | **Comments** |
| --- | --- | --- | --- | --- | --- |
| Debt payments (other than mortgage or car loan already listed above) | |  | |  |  |
|  |  |  | |  |  |
|  |  | |  |  |
|  |  | |  |  |
| Other | |  | |  |  |
|  | Life or term insurance premiums |  | |  |  |
|  | Banking, legal, accounting |  | |  |  |
|  | Church, charitable donations |  | |  |  |
|  | Entertainment and recreation |  | |  |  |
|  | Vacation |  | |  |  |
|  | Alcohol, tobacco, marijuana |  | |  |  |
|  | Other *( specify)* |  | |  |  |
| SUBTOTAL | |  | |  |  |
| **CALCULATION OF TOTAL ANNUAL EXPENSES** | | | | | |
| **a.** | **Total expenses paid monthly: $ \_\_\_\_\_\_\_\_\_ × 12:** | | $ \_\_\_\_\_\_\_\_ | | |
| **b.** | **Plus total expenses paid annually:** | | $ \_\_\_\_\_\_\_\_ | | |
| **c.** | **Equals total annual expenses:** | | $ \_\_\_\_\_\_\_\_ | | |

**SCHEDULE 3: SPECIAL OR EXTRAORDINARY EXPENSES**

|  |
| --- |
| *INSTRUCTIONS: Refer to section 7 of the Federal Child Support Guidelines for more information about this type of claim. You must state the child's name for each expense, the details of each expense and the total amount you paid. You must also include any contributions to the expense made by the child or any third party, as well as subsidies, benefits, tax deductions, reimbursements or eligibility to claim any of those.* |

**I am seeking contribution towards special or extraordinary expenses for the following reasons:**

childcare expenses incurred as a result of my employment, illness, disability, education or training for employment;

the portion of the medical and dental insurance premiums for a 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 (*indicate the amount of any insurance reimbursement*);

extraordinary expenses for primary or secondary school or for any educational programs that meet the child's particular needs;

expenses for post-secondary education;

extraordinary expenses for extracurricular activities.

The details for the expenses that I am claiming are as follows:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Child’s Name** | **Description of Expense** | **Total Expense Amount Per Year** | **Subtract Contributions from Others, Subsidies, Benefits, Tax Deductions, or Reimbursements** | **Net Expense Per Year** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

You must provide receipts or other documents proving each expense on the request of the other party or by court order. If you are unable to provide proof of payment, indicate why here:

**SCHEDULE 4: CHILD-CENTRED BUDGET**

|  |
| --- |
| *INSTRUCTIONS: The purpose of this schedule is to provide information about your child-related expenses when claiming support for a child(ren) age 18 or over, child(ren) in a shared parenting arrangement, or when the payor parent has an income over $150, 000. If there is a claim for support for more than one child, and the children for whom support is claimed have different circumstances (e.g. one child is age 18 or over, and one child is in a shared parenting arrangement), you must complete Schedule 4 for each child. Use the monthly or yearly columns as appropriate. Complete only one column per item. Give your best estimate if you do not know an actual amount. If you expect any current expenses to change, indicate the expected new amounts in the “comments” column.* |

**Child(ren) for whom you are completing this Schedule:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | date of birth: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Name: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | date of birth: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Name: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | date of birth: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

| **Item** | | **Paid monthly** | **Paid yearly** | **Comments** |
| --- | --- | --- | --- | --- |
| Housing costs attributable to the child(ren) | |  |  |  |
|  | Rent or mortgage |  |  |  |
| House maintenance, yard care |  |  |  |
| Heat, electricity, water |  |  |  |
| Telephone, cable, internet |  |  |  |
| Other *(specify)* |  |  |  |
| Household expenses attributable to the child(ren) | |  |  |  |
|  | Food |  |  |  |
| Meals outside the home |  |  |  |
| General household supplies |  |  |  |
| Hair care, toiletries, sundries |  |  |  |
| Laundry |  |  |  |
| Furnishings and equipment |  |  |  |
| Transportation attributable to the child(ren) | |  |  |  |
|  | Public transit, taxis |  |  |  |
| Gas and oil |  |  |  |
| Parking |  |  |  |

| **Item** | | **Paid monthly** | | **Paid yearly** | **Comments** |
| --- | --- | --- | --- | --- | --- |
| Health (*only include those expenses not covered by insurance*) | |  | |  |  |
|  | Medical and dental premiums |  | |  |  |
| Health care (physiotherapy, etc.) |  | |  |  |
| Drugs, prescriptions |  | |  |  |
| Dental care (including orthodontist) |  | |  |  |
| Optical care (eyeglasses, contact lenses) |  | |  |  |
|  | Counsellor |  | |  |  |
|  | Other *(specify)* |  | |  |  |
| Educational expenses, activities and child care *(net of tax)* | |  | |  |  |
|  | Tuition |  | |  |  |
| Books, supplies |  | |  |  |
| Technology |  | |  |  |
| Fees |  | |  |  |
|  | School activities (field trips, etc.) |  | |  |  |
|  | School lunches |  | |  |  |
|  | Activities, lessons, supplies |  | |  |  |
|  | Child care, babysitting , nanny |  | |  |  |
|  | Summer camps |  | |  |  |
|  | Other *(specify)* |  | |  |  |
| Personal | |  | |  |  |
|  | Clothing, footwear |  | |  |  |
|  | Seasonal clothing |  | |  |  |
|  | Hobbies |  | |  |  |
|  | Toys, bicycles |  | |  |  |
|  | Entertainment and recreation |  | |  |  |
|  | Gifts for child |  | |  |  |
|  | Gifts for others from child |  | |  |  |
|  | Allowances |  | |  |  |
|  | Haircuts *I* miscellaneous |  | |  |  |
|  | Vacation |  | |  |  |
| Savings for the future | |  | |  |  |
|  | RESP |  | |  |  |
|  | Other *( specify)* |  | |  |  |
| Other expenses attributable to the child(ren) | |  | |  |  |
|  | Life or term insurance premiums |  | |  |  |
| Banking |  | |  |  |
| Donations |  | |  |  |
|  | Other *(specify)* |  | |  |  |
|  |  |  | |  |  |
|  |  |  | |  |  |
|  |  |  | |  |  |
|  |  |  | |  |  |
|  |  |  | |  |  |
| SUBTOTAL | |  | |  |  |
| **CALCULATION OF TOTAL ANNUAL EXPENSES ATTRIBUTABLE TO THE CHILD(REN)** | | | | | |
| **a.** | **Total expenses paid monthly: $ \_\_\_\_\_\_\_\_\_ × 12:** | | $ \_\_\_\_\_\_\_\_ | | |
| **b.** | **Plus total expenses paid annually:** | | $ \_\_\_\_\_\_\_\_ | | |
| **c.** | **Equals total annual expenses attributable for the children:** | | $ \_\_\_\_\_\_\_\_ | | |

**SCHEDULE 5: INCOME OF OTHER PERSONS IN HOUSEHOLD**

|  |
| --- |
| *INSTRUCTIONS: Provide the names, occupations or sources of income, annual incomes, and amount of federal and provincial taxes payable for the following persons:*   1. *any person residing with you who has a legal duty to support you or whom you have a legal duty to support;* 2. *any person residing with you who shares living expenses with you or from whom you otherwise receive an economic benefit as a result of living with that person; and* 3. *any person residing with you who has a child that you or the person have a legal duty to support.* |

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

**SCHEDULE 6: UNDUE HARDSHIP**

|  |
| --- |
| *INSTRUCTIONS: Refer to section 10 of the Federal Child Support Guidelines for more information about this type of claim.* |

**I am claiming undue hardship for the following reason(s):**

Responsibility for unusually high debts reasonably incurred to support the family before the separation or to earn a living

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Owed to** | **Purpose** | **Date Incurred** | **Terms of Debt** | **Annual Amount** |
|  |  |  |  | $ |
|  |  |  |  | $ |
|  |  |  |  | $ |

Unusually high expenses for exercising parenting time with respect to a child (e.g. travel expenses)

|  |  |
| --- | --- |
| **Details of Expense** | **Annual Amount** |
|  | $ |
|  | $ |

Legal duty:

under a judgment, order or written separation agreement to support another person;

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;

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** |
|  | $ |
|  | $ |
|  | $ |
|  | $ |

**SCHEDULE 7: NET WORTH**

|  |
| --- |
| *INSTRUCTIONS: List all property in which you have an interest as of the date of this Financial Statement and the estimated market value. List all debts that you owe as of the date of this Financial Statement and the amount that you owe.* |

**I have an interest in the following assets in and outside Saskatchewan:**

| **Type** | **Details** | | **Value or Amount** |
| --- | --- | --- | --- |
| State of each property and nature of ownership | | | |
| Real estate | 1 |  | $ |
| 2 |  | $ |
| 3 |  | $ |
| Year and make | | | |
| Cars, boats, vehicles | 1 |  | $ |
| 2 |  | $ |
| 3 |  | $ |
| Description | | | |
| Other possessions of value (e.g. jewelry, computers, collections) | 1 |  | $ |
| 2 |  | $ |
| 3 |  | $ |
| Name and address of institution | | | |
| Bank accounts | 1 |  | $ |
| 2 |  | $ |
| 3 |  | $ |
| Type and issuer/institution | | | |
| Savings, investments, RRSPs, pension plans, RESPs | 1 |  | $ |
| 2 |  | $ |
| 3 |  | $ |
| Name of business | | | |
| Life insurance | 1 |  | $ |
| 2 |  | $ |
| 3 |  | $ |
| Description | | | |
| Other assets | 1 |  | $ |
| 2 |  | $ |
| 3 |  | $ |
|  |  | **Total value of all property** | **$** |

**I am responsible for the following debts or other liabilities in or outside Saskatchewan:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of Debt** | **Creditor (name and address)** | **Full amount now owing** | **Monthly payments** |
| Mortgages, lines of credit, or other loans from a bank, trust or finance company |  | $ | $ |
|  | $ | $ |
|  | $ | $ |
|  | $ | $ |
|  | $ | $ |
|  | $ | $ |
|  | $ | $ |
| Outstanding credit card balances |  | $ | $ |
|  | $ | $ |
|  | $ | $ |
| Unpaid support amounts |  | $ | $ |
|  | $ | $ |
|  | $ | $ |
| Other debts |  | $ | $ |
|  | $ | $ |
|  | $ | $ |
| **Total amount of debts** | | **$** |  |

|  |  |
| --- | --- |
| **Summary** |  |
| Total assets | $ |
| Subtract total debts | $ |
| **Net worth** | $ |