

THE PROVINCIAL COURT

_____ Centre

BETWEEN:

(full name)

applicant

– and –

(full name)

respondent

FINANCIAL STATEMENT

FINANCIAL STATEMENT OF _____
(Applicant/Respondent)

I, _____, of the _____ of _____,
in the province of _____, SWEAR (or AFFIRM) THAT:

1. Attached are the following:
 - Part 1 — Annual Income
 - Part 2 — Monthly Expenses
 - Part 3 — Assets of Both Parties
 - Part 4 — Debts of Both Parties

2. To the best of my knowledge, information and belief, the information set out in this financial statement is true and complete.

SWORN (or affirmed) before me at the _____ of _____,
in the Province of Manitoba, _____
this ____ day of _____, ____.

Clerk of Provincial Court or
A Commissioner for Oaths in and for
The Province of Manitoba
My Commission expires: _____

PART 1 – ANNUAL INCOME

1. I am

employed as *(describe occupation)* _____
by *(name and address of employer)* _____
_____.

self-employed, carrying on business under the name of *(name and address of business)*

_____.

unemployed since _____.

2. (a) Attached are copies of my Canada Revenue Agency income and deduction computer printouts for each of the three most recent taxation years _____, _____, _____.
(years)

(b) I cannot obtain the printouts for the years _____, _____, _____ because *(give reasons)*
(years)

_____.

3. (a) I expect my total income for this year to be as follows:

SOURCES OF INCOME

Employment income (<i>wages, salary, commissions, including overtime and bonuses</i>)		_____
Other employment income (<i>including tips and gratuities</i>)		_____
Old age security pension		_____
Canada or Quebec Pension Plan benefits		_____
Other pensions or superannuation		_____
Employment insurance benefits		_____
Taxable amount of dividends from taxable Canadian corporations		_____
Interest and other investment income		_____
Net partnership income		_____
Rental income	Gross _____	Net _____
Taxable capital gains		_____
Spousal support		_____
Child support (<i>taxable only</i>)		_____
Registered Retirement Savings Plan income		_____
Business income	Gross _____	Net _____
Professional income	Gross _____	Net _____
Commission income	Gross _____	Net _____
Farming income	Gross _____	Net _____
Fishing income	Gross _____	Net _____
Workers' Compensation benefits		_____
Social Assistance payments		_____
Net federal supplements		_____
Other income (<i>specify</i>)		_____

(A) TOTAL ANNUAL INCOME:

Total income as declared in most recent personal income tax return _____
 (year)

ADJUSTMENTS TO INCOME

Additions:

Actual amount of dividends received from Canadian corporations		_____
Actual capital gains realized in excess of actual capital losses		_____
Salaries, benefits or other payments paid to non-arm's length persons, and deducted from self-employment income, unless necessary to earn self-employment income		_____
Allowable capital cost allowance for real property		_____
Employee stock options with a Canadian-controlled private corporation exercised (<i>Do not include if you dispose of the shares in the same year you exercise the option.</i>)		_____
Value of shares at the time the options are exercised		_____
Less: Amount paid for the shares		_____
Amount paid to acquire the options to purchase the shares		_____
	=	_____

(B) TOTAL ADDITIONS:

Deductions:

- Union, professional dues and other employment expenses allowed under Schedule III _____
- Child support received and included in total income above _____
- Spousal support received from the other parent and included in total income above _____
- Social assistance received by the parent for other members of the household _____
- Taxable amount of dividends from taxable Canadian corporations _____
- Taxable capital gains _____
- Actual amount of business investment losses _____
- Carrying charges and interest expenses _____
- Self-employment income, net of reserves, included in income for tax purposes in excess of the self-employment income for the 12 months ending on December 31 of the reporting year _____
- Portion of partnership and sole proprietorship income that is required by the partnership to be re-invested _____

(C) TOTAL DEDUCTIONS: _____

Annual Income for Child Support Guidelines Table Amount
(Total income (A) plus additions (B) less deductions (C)) _____

Annual Income for Special or Extraordinary Expenses Amount
(Annual Income for Child Support Guidelines Table Amount less spousal support paid to the other parent, or, plus spousal support received from the other parent, as applicable) _____

(b) I receive child support for the following persons who are not the subject of this application:

Name	Annual amount	Taxable or not <i>(indicate)</i>
_____	_____	_____

(c) I receive the following non-taxable benefits, allowances or amounts: *(This includes items such as use of a vehicle and room and board. Where the benefit is not an amount, include an estimate of the value of the benefit on an annual basis.)*

Benefit	Benefit	Annual amount or value
_____	_____	_____

PART 2 – MONTHLY EXPENSES

4. My monthly expenses are as follows and are for me and the following members of my household:

(If the payment of an expense is shared with another person, insert only the amount that you pay. Convert all expenses incurred in a year, whether on a yearly, quarterly, weekly, or other basis, to monthly amounts. Give actual amounts where known or you can obtain the information. If this is impossible, give estimates.)

Compulsory Deductions

Income Tax \$
Employment insurance \$
Canada Pension Plan \$
Employer pension \$
Union dues \$
Insurance \$
Other (specify) \$

SUB-TOTAL \$

Household Expenses

Groceries and household supplies \$
Meals outside the home \$
Telephone \$
Cable television \$
Laundry and dry cleaning \$
Newspapers, publications \$
Stationery, computer supplies \$
Vacation \$
Pet care \$

Housing (primary residence)

Rent or mortgage \$
Taxes \$
Home Insurance \$
Heat \$
Water \$
Hydro \$
House repairs and maintenance \$
Yard maintenance \$
Other (specify) \$

Health

Medical Insurance \$
Drugs (Net of coverage) \$
Dental Care (Net of coverage) \$
Optical Care (Net of coverage) \$
Other (specify) \$

Transportation

Public transit, taxis, etc. \$
Car Operation \$
Gas and Oil \$
Insurance and licence \$
Maintenance \$
Parking \$

SUBTOTAL \$

Adult Household Members

Clothing \$
Hair care \$
Toiletries, cosmetics \$
Education fees, supplies \$
Entertainment and recreation \$
Fitness \$
Insurance \$
Charitable donations \$
Gifts to others \$
Alcohol, tobacco \$

Children

Child care \$
Babysitting \$
Clothing \$
Hair care \$
Allowances \$
School fees and supplies \$
Entertainment and recreation \$
Insurance \$
Gifts (toys, books, etc) \$
Activities, lessons and supplies \$
Camp \$
Gifts to other children \$

Savings for the future

RRSP \$
RESP \$
Other \$

Debt (other than mortgage repayment) (calculated as in Part 4)

Lease payments (specify) \$

Support payments to others

(specify)* \$

Reserve for income taxes

Other (specify) \$

TOTAL \$

* List only persons whose support is not at issue in this application. Specify the person who is supported, whether the payments are tax deductible to you, and whether they are voluntary or pursuant to a court order or agreement.

5. (Complete only if claiming child support and special or extraordinary expenses.)

I have the following special or extraordinary expenses for the named children:

(a) Child care expenses

Name of child _____	Gross annual cost	Net annual cost
_____	_____	_____
(specify expense)	_____	_____
_____	_____	_____

(b) Health-related expenses that exceed insurance reimbursement by at least \$100 annually:

Name of child _____	Gross annual cost	Net annual cost
_____	_____	_____
(specify expense)	_____	_____
_____	_____	_____

(c) Extraordinary expenses for primary or secondary school education or for any educational programs that meet the child's particular needs

Name of child _____	Gross annual cost	Net annual cost
_____	_____	_____
(specify expense)	_____	_____
_____	_____	_____

(d) Post-secondary education

Name of child _____	Gross annual cost	Net annual cost
_____	_____	_____
(specify expense)	_____	_____
_____	_____	_____

(e) Extraordinary expenses for extracurricular activities

Name of child _____	Gross annual cost	Net annual cost
_____	_____	_____
(specify expense)	_____	_____
_____	_____	_____

PART 3 — ASSETS OF BOTH PARTIES

6. Our assets are as follows:

(Include all assets, including jointly owned assets.)

	Asset in Possession of Applicant (A) or Respondent (R)	Present Market Value
Real estate (municipal address)	_____	\$ _____
Cars, boats, vehicles (year, make, model)	_____	\$ _____
Household goods, furniture and appliances	_____	\$ _____
Tools, sports and hobby equipment	_____	\$ _____
Bank accounts and cash on hand	_____	\$ _____
R.R.S.P.	_____	\$ _____
Bonds, shares, term deposits, investment certificates, mutual funds	_____	\$ _____
Money owed to us	_____	\$ _____
Life Insurance (cash value)	_____	\$ _____
Pension plans	_____	\$ _____
Business assets	_____	\$ _____
Other (<i>specify</i>)	_____	\$ _____
TOTAL		\$ _____

PART 4 — DEBTS AND OTHER LIABILITIES OF BOTH PARTIES

7. Our debts and liabilities are as follows:

(List all your debts and liabilities as well as any joint debts and liabilities. Identify joint liabilities with an asterisk ()).*

	<u>Debt of Applicant (A) or Respondent (R) or Joint (*)</u>	<u>Present Amount Outstanding</u>	<u>Present Monthly Payments</u>
Mortgage	_____	\$ _____	\$ _____
Loans <i>(specify)</i>	_____	\$ _____	\$ _____
	_____	\$ _____	\$ _____
	_____	\$ _____	\$ _____
Credit cards	_____	\$ _____	\$ _____
	_____	\$ _____	\$ _____
	_____	\$ _____	\$ _____
Other <i>(specify)</i>	_____	\$ _____	\$ _____
	_____	\$ _____	\$ _____
	_____	\$ _____	\$ _____
TOTAL		\$ _____	\$ _____