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 orA 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 (*wages, salary, commissions, including overtime**and bonuses*) |  |  |              |
| Other employment income (*including tips and gratuities*) |  |  |  |              |
| 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 (*taxable only*) |  |  |  |              |
| 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 *(specify)* |  |  |  |              |
|  |  |  |  |  |
|  **(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 *(Do not include if you dispose of the shares in the same year you exercise the option.)* |  |  |  |
|  |  |  |  |              |
|  |  | 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: |
|  |  |
|  |  |  | Annual |  | Taxable or |
|  | Name |  |  amount |  | not *(indicate)* |
|  |                                                                                             |  |                   |  |                   |
|  |  |  |  |  |  |
| (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.)* |
|  |  |  |  |  | Annual amount |
|  | Benefit |  | Benefit |  | 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** |  |  |  | SUB-TOTAL |  | $               |
|  | Income Tax |  | $               |  |  |  |  |  |
|  | Employment insurance |  | $               |  | **Adult Household Members** |  |  |
|  | Canada Pension Plan |  | $               |  |  | Clothing |  | $               |
|  | Employer pension |  | $               |  |  | Hair care |  | $               |
|  | Union dues |  | $               |  |  | Toiletries, cosmetics |  | $               |
|  | Insurance |  | $               |  |  | Education fees, supplies |  | $               |
|  | Other (*specify*) |  | $               |  |  | Entertainment and recreation |  | $               |
| **Household Expenses** |  |  |  |  | Fitness |  | $               |
|  | Groceries and household  |  |  |  |  | Insurance |  | $               |
|  | supplies |  | $               |  |  | Charitable donations |  | $               |
|  | Meals outside the home |  | $               |  |  | Gifts to others |  | $               |
|  | Telephone |  | $               |  |  | Alcohol, tobacco |  | $               |
|  | Cable television |  | $               |  | **Children** |  |  |
|  | Laundry and dry cleaning |  | $               |  |  | Child care |  | $               |
|  | Newspapers, publications |  | $               |  |  | Babysitting |  | $               |
|  | Stationery, computer supplies |  | $               |  |  | Clothing |  | $               |
|  | Vacation |  | $               |  |  | Hair care |  | $               |
|  | Pet care |  | $               |  |  | Allowances |  | $               |
| **Housing** (primary residence) |  |  |  |  | School fees and supplies |  | $               |
|  | Rent or mortgage |  | $               |  |  | Entertainment and recreation |  | $               |
|  | Taxes |  | $               |  |  | Insurance |  | $               |
|  | Home Insurance |  | $               |  |  | Gifts (toys, books, etc) |  | $               |
|  | Heat |  | $               |  |  | Activities, lessons and supplies |  | $               |
|  | Water |  | $               |  |  | Camp |  | $               |
|  | Hydro |  | $               |  |  | Gifts to other children |  | $               |
|  | House repairs and  |  |  |  | **Savings for the future** |  |  |
|  | maintenance |  | $               |  |  | RRSP |  | $               |
|  | Yard maintenance |  | $               |  |  | RESP |  | $               |
|  | Other *(specify)* |  | $               |  |  | Other |  | $               |
| **Health** |  |  |  | **Debt (*other than mortgage******repayment)*** (calculated as in Part 4) |  |  |
|  | Medical Insurance |  | $               |  |  | $               |
|  | Drugs (Net of coverage) |  | $               |  | **Lease payments** *(specify)* |  | $               |
|  | Dental Care (Net of coverage) |  | $               |  | **Support payments to others** |  |  |
|  | Optical Care (Net of coverage) |  | $               |  |  | (*specify*)\* |  | $               |
|  | Other (*specify*) |  | $               |  | **Reserve for income taxes** |  | $               |
| **Transportation** |  |  |  | **Other***(specify)* |  | $               |
|  | Public transit, taxis, etc. |  | $               |  |  |  |  |
|  | Car Operation |  | $               |  |  |  **TOTAL** |  | **$** |
|  | Gas and Oil |  | $               |  |  |  |  |
|  | Insurance and licence |  | $               |  |  |  |  |  |
|  | Maintenance |  | $               |  |  |  |  |  |
|  | Parking |  | $               |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  SUBTOTAL |  | $               |  |  |  |  |  |

\* *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 Possessionof Applicant (A) orRespondent (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 *(specify)* |  |                   |  | $                  |  |
|  |  |  |  |  |  |
|  **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 (\*)).*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Debt ofApplicant (A) orRespondent (R)or Joint (\*) |  | Present Amount Outstanding |  | PresentMonthly Payments |
|  |  |  |  |  |
| Mortgage |              |  | $                  |  | $                  |
|  |  |  |  |  |  |
| Loans *(specify)* |              |  | $                  |  | $                  |
|  |              |  | $                  |  | $                  |
|  |              |  | $                  |  | $                  |
|  |  |  |  |  |  |
| Credit cards |              |  | $                  |  | $                  |
|  |              |  | $                  |  | $                  |
|  |              |  | $                  |  | $                  |
|  |  |  |  |  |  |
| Other *(specify)* |              |  | $                  |  | $                  |
|  |              |  | $                  |  | $                  |
|  |              |  | $                  |  | $                  |
|  |  |  |  |  |  |
|  **TOTAL** |  |  | **$** |  | **$** |