|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ONTARIO | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | |  | Court File Number |
| (Name of Court) | | | | | | | | | | | | Form 13: Financial Statement (Support Claims) sworn/affirmed |
| **at** | |  | | | | | | | | | | | |
|  | | Court office address | | | | | | | | | | | |
|  | |  | | | | | | | | | | | |  |  |
| 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)* | | | | | | | | | | |
|  | | | |  |  | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Form 13: | | | | Financial Statement (Support Claims) | | | | | (page 2) | | | | | Court file number | | | |
|  | | | |  | | | | |
|  | | | | | | | | | | | | | | | | | |
| **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:** | | | | | | | | | | | | | | **$** |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Form 13: | Financial Statement (Support Claims) | | | | | | (page 3) | Court file number | | | | |
|  |  | | | | | |  |  | | | | |
|  | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| 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** | |  | **Expense** | | | | | **Monthly Amount** | |
| **Automatic Deductions** | | | | |  | **Transportation** | | | | | | |
| CPP contributions | | | **$** |  |  | Public transit, taxis | | | | | **$** |  |
| EI premiums | | | **$** |  |  | Gas and oil | | | | | **$** |  |
| Income taxes | | | **$** |  |  | Car insurance and license | | | | | **$** |  |
| Employee pension contributions | | | **$** |  |  | Repairs and maintenance | | | | | **$** |  |
| Union dues | | | **$** |  |  | Parking | | | | | **$** |  |
| **SUBTOTAL** | | | **$** |  |  | Car Loan or Lease Payments | | | | | **$** |  |
| **Housing** | | | | |  | **SUBTOTAL** | | | | | **$** |  |
| Rent or mortgage | | | **$** |  |  | **Health** | | | | | | |
| Property taxes | | | **$** |  |  | Health insurance premiums | | | | | **$** |  |
| Property insurance | | | **$** |  |  | Dental expenses | | | | | **$** |  |
| Condominium fees | | | **$** |  |  | Medicine and drugs | | | | | **$** |  |
| Repairs and maintenance | | | **$** |  |  | Eye care | | | | | **$** |  |
| **SUBTOTAL** | | | **$** |  |  | **SUBTOTAL** | | | | | **$** |  |
| **Utilities** | | | | |  | **Personal** | | | | | | |
| Water | | | **$** |  |  | Clothing | | | | | **$** |  |
| Heat | | | **$** |  |  | Hair care and beauty | | | | | **$** |  |
| Electricity | | | **$** |  |  | Alcohol and tobacco | | | | | **$** |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Form 13: | Financial Statement (Support Claims) | | | | | | | | (page 4) | Court file number | | | | | |
|  |  |
|  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **Utilities, continued** | | | | | | |  | **Personal, continued** | | | | | | | |
| Telephone | | | | **$** |  | |  | Education (*specify*) | | | | | | **$** |  |
| Cell phone | | | | **$** |  | |  | Entertainment/recreation (including children) | | | | | | **$** |  |
| Cable | | | | **$** |  | |  | Gifts | | | | | | **$** |  |
| Internet | | | | **$** |  | |  | **SUBTOTAL** | | | | | | **$** |  |
| **SUBTOTAL** | | | | **$** |  | |  | **Other expenses** | | | | | | | |
| **Household Expenses** | | | | | | |  | Life Insurance premiums | | | | | | **$** |  |
| Groceries | | | | **$** |  | |  | RRSP/RESP withdrawals | | | | | | **$** |  |
| Household supplies | | | | **$** |  | |  | Vacations | | | | | | **$** |  |
| Meals outside the home | | | | **$** |  | |  | School fees and supplies | | | | | | **$** |  |
| Pet care | | | | **$** |  | |  | Clothing for children | | | | | | **$** |  |
| Laundry and Dry Cleaning | | | | **$** |  | |  | Children’s activities | | | | | | **$** |  |
| **SUBTOTAL** | | | | **$** |  | |  | Summer camp expenses | | | | | | **$** |  |
| **Childcare Costs** | | | | | | |  | Debt payments | | | | | | **$** |  |
| Daycare expense | | | | **$** |  | |  | Support paid for other children | | | | | | **$** |  |
| Babysitting costs | | | | **$** |  | |  | Other expenses not shown above *(specify)* | | | | | | **$** |  |
| **SUBTOTAL** | | | | **$** |  | |  | **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 |  | | | | | | | | | **$** |  | | |
| 3 |  | | | | | | | | | **$** |  | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Form 13: | Financial Statement (Support Claims) | | | | | | (page 5) | | | Court file number | | |
|  |  | | |
|  | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| 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 | | | | | $ |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Form 13: | | | | Financial Statement (Support Claims) | | | | | | | | (page 6) | | | | | | | | | | 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 | | | | | | | | | | | | | | |  |  | Signature | | | | | | | | | | |
| on | |  | | | | |  | |  | | | | | | |  |  | (This form is to be signed in front of a lawyer, justice of the peace, notary public or commissioner for taking affidavits.) | | | | | | | | | | |
|  | | date | | | | |  | | Commissioner for taking affidavits | | | | | | |  |  |
| (Type or print name below if signature is illegible.) | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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. | | | | | | | | | | | |