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| ONTARIO |
|  |  | Court File Number      |
| (Name of court) | Form 27B: Statement of Income from Income Source |
| **at** |       |
|  | Court office address |
| Recipients(s) |
| Full legal name & address for service — street & number, municipality, postal code, telephone & fax numbers and e-mail address (if any). |  | Lawyer’s name & address — street & number, municipality, postal code, telephone & fax numbers and e-mail address (if any). |
|       |  |       |
|  |
| Payor |
| Full legal name & address for service — street & number, municipality, postal code, telephone & fax numbers and e-mail address (if any). |  | Lawyer’s name & address — street & number, municipality, postal code, telephone & fax numbers and e-mail address (if any). |
|       |  |       |
|  |
| **1.** | My name is *(full legal name)* |       |
| **2.** | [ ]  | I am | [ ]  | an income source of the payor. |
|  |  |  | [ ]  | an employee of an income source of the payor. |
|  |  |  | [ ]  | *(Other; specify.)* |       |
| ***OR*** |  |
|  | [ ]  | Neither I nor the organization for which I work is an income source of the payor for the following reasons: |
|  |  | [ ]  | there is no money owed to the payor on any basis mentioned in paragraph 3 below. |
|  |  | [ ]  | the payor has never worked for me or my organization. |
|  |  | [ ]  | the payor has worked for me or my organization but stopped working on *(date)* |        |
|  |  | [ ]  | *(Other; specify.)* |
|  |  |  |       |
| Strike out paragraph 3 if you are not an income source. |
| **3.** | I owe money to the payor on the following basis: *(check one or more boxes below)* |
|  | [ ]  | wages or salary of $ |       | per |       |
|  | [ ]  | overtime that, over the past 6 months, has amounted to $ |       |
|  | [ ]  | commission, bonus, piece-work allowance or other performance-related payment that, over the past 6 months, |
|  |  | has amounted to $ |       |  |
|  | [ ]  | benefits under an accident, disability or sickness plan that, over the past 6 months, has amounted to |
|  |  | $ |       |  |
|  | [ ]  | a disability, retirement or other pension of $ |       | per |       |
|  | [ ]  | an annuity paying $ |       | per |       |
|  | [ ]  | vacation pay/severance pay of $ |       |  |
|  | [ ]  | *(Other; specify.)* |  |
|  |  |       |
|  |  |       |
| Signature |  | Date of signature |