

[name of applicant] _____ # ____
[date affidavit is sworn] _____

Form 98 (Rule 63 (30)(f)) S.C. No. _____

SUPREME COURT OF YUKON

Between

Plaintiff

and

Defendant

CHILD SUPPORT AFFIDAVIT

(Section numbers refer to Federal and Territorial Child Support Guidelines)

I, [name in full] _____, of [address] _____
MAKE OATH (OR SOLEMNLY AFFIRM) AND SAY THAT:

I am the Plaintiff/Defendant and as such have direct knowledge of the following information prepared in relation to the Federal and Territorial Child Support Guidelines (the "Guidelines") which is true to the best of my information and belief:

(1) _____
Plaintiff Age Birth date Territory of residence

(2) _____
Defendant Age Birth date Territory of residence

(3) Date of Marriage: _____

(4) Place of Marriage: _____

(5) Date of Separation: _____

(6) Children

Resident with:

Name	Age	Birth Date	Plaintiff	Defendant

Of the children listed above, the following children are step-children and their relationship (natural child or step-child) to each of the Plaintiff and the Defendant is as noted:

(7) The Statement of Claim or Counterclaim does/does not include a claim for a child support order.

(8) If required under the Child Support Guidelines:

Plaintiff's annual Guidelines income under sections 15 to 20 of the Guidelines: \$ _____

Plaintiff's source of income: _____

(9) If required under the Guidelines:

Defendant's annual Guidelines income under sections 15 to 20 of the Guidelines: \$ _____

Defendant's source of income: _____

(10) The monthly Guidelines table amount under Schedule 1 of the Guidelines is \$ _____ payable by Plaintiff/Defendant.

OR

I have completed and attached to my affidavit the following:

Supplementary Child Support Fact Sheet B [*complete and attach only if custody is shared – otherwise delete this line from the affidavit*]

Supplementary Child Support Fact Sheet C [*complete and attach only if custody is split – otherwise delete this line from the affidavit*]

Supplementary Child Support Fact Sheet D [*complete and attach only if one or more children is over the age of majority – otherwise delete this line from the affidavit*]

Supplementary Child Support Fact Sheet E [*complete and attach only if undue hardship is alleged – otherwise delete this line from the affidavit*]

Supplementary Child Support Fact Sheet F [*complete and attach only if at least one of the party's incomes exceeds \$150,000 – otherwise delete this line from the affidavit*],

and

the amount of child support set out in the proposed order is \$_____ payable by Plaintiff/Defendant.

(11) I have completed and attached to my affidavit Supplementary Child Support Fact Sheet A, and the amount of the section 7 expenses in the proposed order is \$_____.
[*complete and attach only if section 7 expenses are included in the proposed order – otherwise delete this line from the affidavit*]

(12) There is/is not coverage for the children under the Plaintiff's medical insurance coverage and there is/is not coverage for the children under the Defendant's medical insurance coverage.

(13) There is/is not coverage for the children under the Plaintiff's dental insurance coverage and there is/is not coverage for the children under the Defendant's dental insurance coverage.

(14) There is no outstanding order of any court dealing with support of the children.

OR

[*Describe any outstanding order of any court dealing with support of the children*]

(15) There is no agreement dealing with support of the children.

OR

[Describe any agreement dealing with support of the children, indicating how, if at all, the agreement affects support of the children under section 15.1 (5) and (7) of the Divorce Act]

(16) The amount of arrears of child support is \$_____.

SWORN (OR AFFIRMED) before
me at _____, in
_____ on this
___ day of _____, 20 ___

A Notary Public in and for the
Yukon Territory

Signature

SUPPLEMENTARY CHILD SUPPORT FACT SHEET A
SPECIAL OR EXTRAORDINARY EXPENSES

(Complete this form only if it applies to you under section 7 of the Guidelines)

Section 7 expenses (net of tax credits and contribution from child, etc.)

	Annual	Monthly
(a) Child care expenses	\$_____	\$_____
(b) Portion of medical and dental premiums attributable to the child	\$_____	\$_____
(c) Health related expenses in excess of \$100 annually per illness net of reimbursement	\$_____	\$_____
(d) Extraordinary primary, secondary or other educational expenses	\$_____	\$_____
(e) Post-secondary school expenses	\$_____	\$_____
(f) Extraordinary extracurricular activities expense	\$_____	\$_____
Total section 7 expenses	\$_____	\$_____

Under section 7 (2) and (3),

the Plaintiff's proportionate share of the total section 7 monthly expenses is _____%, for a total of \$_____ per month,

and

the Defendant's proportionate share of the total section 7 monthly expenses is _____%, for a total of \$_____ per month,

Total monthly child support payable by the Plaintiff/Defendant after taking into account the monthly Guidelines table amount under Schedule 1 of the Guidelines and the section 7 expenses is \$_____

SUPPLEMENTARY CHILD SUPPORT FACT SHEET B

SHARED CUSTODY (40%)

(Complete this form only if it applies to you under section 9 of the Guidelines)

	Plaintiff	Defendant
Annual Guidelines income under sections 15 to 20 of the Guidelines	\$ _____	\$ _____
Number of children: _____		
Guidelines table amount [use applicable amount from Schedule 1 of the Guidelines]	\$ _____	\$ _____

Difference between the Guidelines table amounts of the Plaintiff and the Defendant \$ _____

Approximate amount of time children spend with each parent	_____ %	_____ %
Section 7 expenses paid directly by the Plaintiff	\$ _____	
Section 7 expenses paid directly by the Defendant		\$ _____

Any other relevant information in regards to the conditions, means, needs and other circumstances of each spouse or of any child for whom support is sought: _____.

Child support as set out in proposed order is \$ _____ per month payable by the Plaintiff/Defendant.

SUPPLEMENTARY CHILD SUPPORT FACT SHEET D
CHILD 19 YEARS OR OLDER

(Complete this form only if it applies to you under section 3 (2) of the Guidelines)

Plaintiff Defendant

Monthly Guidelines table amount under Schedule
1 of the Guidelines

\$ _____ \$ _____

If the Guidelines amount is inappropriate under section 3 (2) (b), then estimate an appropriate amount that differs from the Guidelines amount and give reasons to justify that amount, having regard to the condition, means, needs and other circumstances of the child and the financial ability of each spouse and the child to contribute to the support of the child.

Appropriate amount

\$ _____ \$ _____

Reasons that the appropriate amount differs from the Guidelines amount:

SUPPLEMENTARY CHILD SUPPORT FACT SHEET E
UNDUE HARDSHIP (STANDARD OF LIVING TEST)

(Complete this form only if it applies to you under section 10 (3) and (4) of the Guidelines)

1. Responsibility for unusually high debts reasonably incurred to support the family prior to separation or in order to earn a living

Owed to:	Terms of debt:	Monthly Amount
<i>(list)</i>	<i>(provide particulars)</i>	\$ _____ \$ _____

2. Unusually high expenses for exercising access to child

Details of expense	
<i>(list)</i>	\$ _____ \$ _____

3. Legal duty under a court order or separation agreement to support another person

Name of person	Relationship	Nature of duty

4. Legal duty to support a child, other than a child for whom support is claimed in this application, who is:

- (a) under age 19, or
- (b) 19 or older but unable to support himself or herself because of illness, disability or other cause

Name of person	Relationship	Nature of duty

5. Legal duty to support a person who is unable to support himself or herself because of illness or disability

Name of person	Relationship	Nature of duty

6. Other undue hardship circumstances (*provide full particulars*)

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INCOME OF OTHER PERSONS IN HOUSEHOLD

Name of person	Annual income
Total	

SUPPLEMENTARY CHILD SUPPORT FACT SHEET F
INCOME OVER \$150,000

(Complete this form only if it applies to you under section 4 of the Guidelines)

Total number of children of marriage _____
\$_____

Guidelines table amount for \$150,000
[use applicable amount from Schedule 1 of the Guidelines]

Plus _____% of income over \$150,000 \$_____

[use applicable percentage from Schedule 1 of the Guidelines]

Total Amount \$_____

OR

If, under section 4 (b) of the Guidelines, an amount is agreed upon that is different than the Guidelines amount determined by the above calculations, set out the agreed upon amount and set out the reasons for agreeing upon a different amount, having regard to the condition, means, needs and other circumstances of the children who are entitled to support and the financial ability of each spouse to contribute to the support of the children.

Amount agreed upon \$_____

Reasons that the agreed upon amount differs from the Guidelines amount: