

**SUPREME COURT OF YUKON**

Between:

Plaintiff

and

Defendant

**FINANCIAL STATEMENT  
(Family Law – Detailed)**

ANYONE SEEKING CHILD SUPPORT WHERE THERE IS OR MAY BE SHARED OR SPLIT PARENTING OR CUSTODY MUST COMPLETE THIS FORM.

ANYONE SEEKING CHILD SUPPORT AND/OR SPOUSAL SUPPORT, PARENTAL SUPPORT, OR A DIVISION OF ASSETS MUST COMPLETE THIS FORM.

**YOU MUST COMPLETE THIS SECTION AND PARTS 1, 2, 3, 4, 5 AND 6 (AS APPLICABLE) IF ONE OF THE PARTIES IS CLAIMING:**

- a) shared residence of children on a 60/40 or 50/50 time share and child support under s. 9 of the *Child Support Guidelines*;
- b) split custody of children and child support under s. 8 of the *Child Support Guidelines*;  
or
- c) child support and/or:
- d) spousal support;
- e) parental support;

**YOU MUST ALSO COMPLETE PART 7 IF ONE OF THE PARTIES IS CLAIMING:**

Division of Assets

**YOU MUST ALSO COMPLETE PARTS 8 AND 9 IF ONE OF THE PARTIES IS CLAIMING:**

Undue Hardship under s. 10 of the *Child Support Guidelines*.

FINANCIAL STATEMENT OF \_\_\_\_\_  
(Plaintiff/Defendant)

I, [name of deponent] \_\_\_\_\_, of \_\_\_\_\_, in Yukon, MAKE OATH (OR SOLEMNLY AFFIRM) AND SAY THAT:

1. Attached are the following: (CHECK AND ATTACH **ONLY** THE PARTS THAT APPLY TO YOU)
  - Part 1 — Annual Income (EVERYONE MUST COMPLETE)
  - Part 2 — Special or Extraordinary Expenses For Child(ren)
  - Part 3 — Monthly Expenses
  - Part 4 — Personal Assets
  - Part 5 — Personal Debts and Liabilities
  - Part 6 — Business Assets and Debts
  - Part 7 — Disposal of Property
  - Part 8 — Undue Hardship
  - Part 9 — Income of other Persons in Household
  
2. To the best of my knowledge, information and belief, the information set out in this financial statement is true and complete.

Sworn/Affirmed before me at \_\_\_\_\_  
\_\_\_\_\_, in Yukon,  
this \_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Notary Public In and For the Yukon

\_\_\_\_\_  
Signature [*Deponent*]

Notary's Name: \_\_\_\_\_  
Office (position): \_\_\_\_\_  
Expiry Date: \_\_\_\_\_

**PART 1 – ANNUAL INCOME  
EVERYONE MUST COMPLETE PART 1**

**1. I AM:**

- EMPLOYED AS** [*describe occupation*] \_\_\_\_\_  
by [*name and address of employer*] \_\_\_\_\_
- SELF-EMPLOYED AND CARRYING ON BUSINESS AS** [*name and address of business*] \_\_\_\_\_
- UNEMPLOYED** since \_\_\_\_\_  
because \_\_\_\_\_

**2. DOCUMENTATION SUPPLIED** (Reference Rule 63A of the *Rules of Court*):  
The following applicable income documents are attached [*check applicable boxes*]:

- PERSONAL INCOME TAX RETURNS:**  
3 most recent taxation years;
- PERSONAL NOTICES OF ASSESSMENT OR REASSESSMENT:**  
3 most recent taxation years;
- FOR EMPLOYEES:**  
my most recent statement of earnings (or letter from my employer) stating my total year to date earnings, including overtime, and my annual salary;
- FOR EMPLOYMENT INSURANCE RECIPIENTS:**  
my 3 most recent EI benefit statements;
- FOR WORKERS COMPENSATION RECIPIENTS:**  
my 3 most recent WCB benefit statements;
- FOR SOCIAL ASSISTANCE RECIPIENTS:**  
a statement of the amount of social assistance I receive;
- FOR SELF-EMPLOYED PEOPLE:**  
for the 3 most recent taxation years:

a. my business financial statements, other than a partnership; and

b. statement showing the breakdown of all salaries, wages, management fees or other payments or benefits paid to, or on behalf of, persons or corporations with whom I do not deal at arm's length;

**FOR PARTNERSHIPS:**

a statement of my income and draw from, and capital in, the partnership for its 3 most recent taxation years;

**IF YOU CONTROL A CORPORATION:**

for the corporation's 3 most recent taxation years:

a. financial statements from the corporation and its subsidiaries;  
and

b. a statement showing a breakdown of all salaries, wages, management fees or other payments or benefits paid to, or on behalf of, persons or corporations with whom my corporation and every related corporation does not deal at arm's length;

**FOR TRUST BENEFICIARIES:**

the trust settlement agreement and the 3 most recent financial statements for the trust;

**FOR PEOPLE WHO OWN REAL ESTATE:**

the most recent property tax assessment notice.

**NOTE:** If the applicable income documents are NOT attached to or served with this Financial Statement, they MUST be provided to the other party as required by RULE 63A of the *Rules of Court*.

**I EXPECT MY TOTAL INCOME THIS YEAR TO BE AS FOLLOWS:**

**(A) SOURCES OF INCOME**

Employment income ( <i>wages, salary, commissions, including overtime and bonuses, tips and gratuities, travel allowance, isolated post allowance</i> )			\$
Self-employment income			\$
Old age security pension			\$
Canada or Quebec Pension Plan benefits			\$
Other pensions or superannuation			\$
Employment insurance benefits			\$
Interest and other investment income			\$
Rental income	Gross	Net	\$
\$ _____			
Taxable capital gains			\$
Spousal support			\$
Registered Retirement Savings Plan income			\$
Workers' Compensation benefits			\$
Disability Insurance benefits	Gross		\$
\$ _____			
Social Assistance payments			\$
Child Tax Credit			\$
Universal Child Care benefit			\$
Other income ( <i>specify</i> )			\$
<b>(A) TOTAL GUIDELINE INCOME BEFORE ADJUSTMENTS:</b>			<b>(A)</b> \$
<b>(B) ADDITIONS TO INCOME</b>			
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			\$
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><u>(B) TOTAL ADDITIONS:</u></b>		<b>(B)</b>	\$
<b>(C) DEDUCTIONS</b>			\$
Union, professional dues and employment expenses (Schedule III)			\$
Spousal support from the other parent included in total income (above)			\$
Social Assistance received by you 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 your 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			\$
<b><u>(C) TOTAL DEDUCTIONS:</u></b>		<b>(C)</b>	\$
<b>Annual Income for Child Support Guidelines Table Amount</b>			
Total income (A) plus additions (B) less deductions (C)		<b>(D)</b>	\$
<b>Annual Income for Special or Extraordinary Expenses Amount</b> <i>(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)</i>			\$

<b>(E) BENEFITS FOR MYSELF AND MY FAMILY</b>	Yes	No	
I have a family medical benefit package through my employment	<input type="checkbox"/>	<input type="checkbox"/>	\$
I pay this amount per month for the family medical package	<input type="checkbox"/>	<input type="checkbox"/>	\$
I have a family dental package through my employment	<input type="checkbox"/>	<input type="checkbox"/>	\$
I pay this amount per month for the family dental package	<input type="checkbox"/>	<input type="checkbox"/>	\$
<b>(E) TOTAL BENEFITS</b>			<b>\$</b>

**ADDITIONAL CHILD SUPPORT RECEIVED:** I receive child support for the following children who are not part of this application:

Name [ <i>first/middle/last name</i> ]	Annual amount	Taxable or not ( <i>indicate</i> )
	\$	\$
	\$	\$
	\$	\$
	\$	\$

**NON-TAXABLE BENEFITS RECEIVED:** 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
	\$	\$
	\$	\$
	\$	\$
	\$	\$

**Guideline Income to Determine Special Expenses:**

Insert Guideline Income **(D)** from page 5 \$ \_\_\_\_\_

ADD spousal support received from the other party in this Proceeding: \$ \_\_\_\_\_

SUBTRACT spousal support paid to the other party to the Proceeding \$ \_\_\_\_\_

Guideline income to determine special expenses = \$ \_\_\_\_\_

**PART 2 - SPECIAL OR EXTRAORDINARY EXPENSES FOR CHILD(REN)**

The "Net Annual Cost" is the amount you pay after applying tax deductions/credits, reimbursement from medical and dental health plans and contributions (such as the child's contribution, Yukon Grant or scholarships) to educational expenses.

<b>1. CHILD CARE:</b>		
	Gross annual cost	Net annual cost
Name of child(ren) [ <i>first/middle/last name</i> ]:		
Specify Expense:	\$	\$
<b>2. HEALTH-RELATED EXPENSES THAT EXCEED MY REIMBURSEMENTS BY \$100/YR</b>		
	Gross annual cost	Net annual cost
Name of child(ren) [ <i>first/middle/last name</i> ]:		
Specify Expense:	\$	\$
<b>3. EXTRAORDINARY PRIMARY AND SECONDARY SCHOOL:</b>		
	Gross annual cost	Net annual cost
Name of child(ren) [ <i>first/middle/last name</i> ]:		
Specify Expense:	\$	\$
<b>4. POST SECONDARY EDUCATION:</b>		
	Gross annual cost	Net annual cost
Name of child(ren) [ <i>first/middle/last name</i> ]:		
Specify Expense:	\$	\$
<b>5. EXTRAORDINARY EXTRA-CURRICULAR:</b>		
	Gross annual cost	Net annual cost
Name of child(ren) [ <i>first/middle/last name</i> ]:		
Specify expense:	\$	\$



6. OTHER AND STATE REASON CLAIMED:		
	Gross annual cost	Net annual cost
	\$	\$

### PART 3 – MONTHLY EXPENSES

These are my monthly expenses for me and the following members of my household:

[first/middle/last name] \_\_\_\_\_

For shared expenses insert **ONLY** the amount that you pay. Convert all yearly expenses to a monthly amount. Give actual amounts where possible, otherwise give estimates.

<b>Compulsory Deductions</b>		<b>Adult Household Members</b>	
Income Tax	\$	Clothing	\$
Employment Insurance	\$	Hair care	\$
Canada Pension Plan	\$	Toiletries, cosmetics	\$
Employer pension	\$	Education fees, supplies	\$
Union dues	\$	Entertainment and recreation	\$
Insurance	\$	Fitness	\$
Other ( <i>specify</i> )	\$	Life Insurance	\$
Groceries and supplies	\$	Gifts to others	\$
Meals outside the home	\$	Alcohol	\$
Telephone (including cell phone)	\$	Tobacco	\$
Internet	\$	<b>Children</b>	
Cable/Satellite television	\$	Child care (day care/home)	\$
Laundry and dry cleaning	\$	Babysitting	\$
Newspapers, publications	\$	Clothing	\$
Stationery, computer supplies	\$	Hair care	\$
Vacation	\$	Allowances	\$
Pet care	\$	School fees and supplies	\$
<b>Housing (primary residence)</b>		Entertainment and recreation	\$
Rent or mortgage	\$	Life Insurance	\$
Taxes	\$	Gifts (toys, books, etc)	\$
Home Insurance	\$	Activities, lessons and supplies	\$
Heat	\$	Camp(s) (Summer, etc.)	\$
Water	\$	Gifts to other children	\$
Hydro	\$	<b>Savings</b>	
House repairs and maintenance	\$	RRSP	
Yard maintenance	\$	RESP	\$
Other ( <i>specify</i> )	\$	Other ( <i>vacation etc.</i> )	
<b>Health</b>		<b>Debt</b>	
Medical Insurance	\$	(total calculated in Part 5 minus mortgage)	\$
Drugs (Net of coverage)	\$	<b>Lease Payments</b>	\$

		(specify)	
Dental Care (Net of coverage)	\$	<b>Support Payments to others</b> (specify)	\$
Optical Care (Net of coverage)	\$	<b>Reserve for income taxes</b>	\$
Other (specify)	\$	<b>Other</b> (specify)	\$
<b>Transportation</b>			
Public transit, taxis, etc.	\$		
Gas and oil	\$		
Maintenance	\$		
Parking	\$		
<b>TOTAL</b>			<b>\$</b>

\* Specify the person(s) who are supported, whether the payments are tax deductible to you, and whether they are voluntary or pursuant to a court order or agreement. (Complete only if claiming child support and special, extraordinary expenses or undue hardship.)

**PART 4 – PERSONAL ASSETS**

Include all assets that are divisible under the *Family Property and Support Act*, including jointly owned assets. If there is a claim under the *Family Property and Support Act*, **identify with an asterisk (\*) those assets that you are saying should NOT be divided.** Do not complete the column headed "Market Value at Date of Separation" if there is no claim for division of assets.

	Asset Registered in name of Plaintiff (P) Defendant (D) Joint (J)	Asset in Possession of Plaintiff (P) Defendant (D)	Present Market Value	Market Value at Separation
Real estate (Residence)			\$	\$
Recreational Property (Cabin)			\$	\$
Rental (Income) Property			\$	\$
Cars or trucks Year _____ Make _____ Model _____			\$	\$
Boats Year _____ Make _____ Model _____			\$	\$
ATVs Year _____ Make _____ Model _____			\$	\$
Snowmobiles Year _____ Make _____ Model _____			\$	\$
Motorcycles Year _____ Make _____ Model _____			\$	\$

Motorhomes/Campers Year _____ Make _____ Model _____			\$	\$
Household contents, furniture and electronics (total)			\$	\$
Tools			\$	\$
Sports/Camping/Hobby Equipment			\$	\$
Bank accounts and cash on hand			\$	\$
R.R.S.P.			\$	\$
Investments: Bonds, shares, term deposits, investment certificates, mutual funds, etc.			\$	\$
Money owed to me or to us By ( <i>name</i> ):			\$	\$
Life Insurance (cash value)			\$	\$
Pension Plans			\$	\$
Precious Metals			\$	\$
Artwork			\$	\$
Jewellery of an extra-ordinary value			\$	\$
Other (specify)			\$	\$
Location of Safety Deposit Box			\$	\$
<b>TOTAL</b>			<b>\$</b>	<b>\$</b>

EXPLANATORY NOTES, IF NECESSARY: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Note: if this space is not large enough to outline your personal assets or those of your former spouse, please attach a separate sheet of paper outlining this information in greater detail.**

## PART 5 – PERSONAL DEBTS AND OTHER LIABILITIES

List all of your debts and liabilities as well as any joint debts and liabilities. Do not complete the column headed “Amount Outstanding at Date of Separation” if there is no claim to divide debts.

	Debt of Plaintiff (P) Defendant (D) Joint (J)	Present Amount Outstanding	Amount Outstanding at Separation	Present Monthly Payments
<b><u>PERSONAL DEBTS</u></b>				
<b>Mortgage</b>		\$		
Name of Mortgage Holder:				
<b>Loans (specify):</b>				
Bank Loans		\$	\$	\$
Personal Loans		\$	\$	\$
Lines of Credit		\$	\$	\$
Overdrafts		\$	\$	\$
<b>Personal Credit cards:</b>				
Minimum Payment				
1.				
2.				
3.				
Actual Payment				
1.				
2.				
3.				
<b>Other (specify):</b>				
Arrears in Child Support		\$	\$	\$
CRA debts		\$	\$	\$
<b>Household Expenses Outstanding at Separation:</b>				

Utilities:		\$	\$	\$
Telephone (including cell phone):		\$	\$	\$
Heat:		\$	\$	\$
Cable/Internet:		\$	\$	\$
<b>TOTAL</b>				<b>\$</b>

**Note: if this space is not large enough to outline your personal debts and other liabilities or those of your former spouse, please attach a separate sheet of paper outlining this information in greater detail.**



**PART 6 – BUSINESS ASSETS AND DEBTS**

List all of your business assets and debts and joint business assets and debts.  
 List the business assets and debts of your former spouse if you are making a claim to divide them.

<b><u>BUSINESS ASSETS</u></b>				
Type of Asset			Asset of Plaintiff (P) Defendant (D) Joint (J)	
Sole Proprietorship				
Partnership				
Corporate Shareholdings:				
1. Majority Interest		%		
2. Minority Interest		%		
<b><u>BUSINESS DEBTS</u></b>				
	Name of Creditor	Debts of Plaintiff(P) Defendant (D) Joint (J)	Amount Outstanding at Separation	Present Monthly Payments
Business Loan(s)				
			\$	\$
			\$	\$
			\$	\$
Business Mortgage(s)				
			\$	\$
			\$	\$
			\$	\$
Business Line(s) of Credit				
			\$	\$
			\$	\$
			\$	\$
Other				
			\$	\$
			\$	\$
			\$	\$
<b>Total</b>				<b>\$</b>

**Note:** if this space is not large enough to outline your business assets and debts or those of your former spouse, please attach a separate sheet of paper outlining this information in greater detail.



## PART 8 – UNDUE HARDSHIP

**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
		\$
		\$
		\$
		\$

**2. Unusually high expenses for exercising access to a child**

Details of expense	Monthly Amount
	\$
	\$
	\$
	\$

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

Name of person [ <i>first/middle/last name</i> ]	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 [ <i>first/middle/last name</i> ]	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 [ <i>first/middle/last name</i> ]	Relationship	Nature of duty

**6. Other undue hardship circumstances [*provide full particulars*]**


**PART 9 – INCOME OF OTHER PERSONS IN HOUSEHOLD**  
**[ ONLY COMPLETE THIS SECTION IF ONE OF THE PARTIES IS CLAIMING UNDUE**  
**HARDSHIP ]**

Name of Person [ <i>first/middle/last name</i> ]	Relationship	Annual income
		\$
		\$
		\$
	<b>Total</b>	\$