

**SUPREME COURT OF YUKON**

Between:

Plaintiff

and

Defendant

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

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: Section 7 Special or Extraordinary Expenses for Child(ren)

**\*\*Only complete part 2 if seeking related relief or if applicable**

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. MY SOURCES OF INCOME ARE:**

- Employment income  
 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  
 Taxable capital gains  
 Spousal support  
 Registered Retirement Savings Plan income  
 Workers' Compensation benefits  
 Disability Insurance benefits  
 Social Assistance payments  
 Child Tax Credit  
 Universal Child Care benefit  
 Other income [*specify*] \_\_\_\_\_

**3. 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*.

**PART 2: SECTION 7 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, First Nation Government Contribution, Yukon Grant or scholarships) to educational expenses.

<b>1. CHILD CARE</b>		
Name of Child [ <i>first/middle/last name</i> ]:	Gross Annual	Net Annual
Specify Expense:	\$	\$
Name of Child [ <i>first/middle/last name</i> ]:	Gross Annual	Net Annual
Specify Expense:	\$	\$
Name of Child [ <i>first/middle/last name</i> ]:	Gross Annual	Net Annual
Specify Expense:	\$	\$
<i>[add more as needed]</i>		
<b>2. POST SECONDARY EDUCATION</b>		
Name of Child [ <i>first/middle/last name</i> ]:	Gross Annual	Net Annual
Specify Expense:	\$	\$
Name of Child [ <i>first/middle/last name</i> ]:	Gross Annual	Net Annual
Specify Expense:	\$	\$

Name of Child [ <i>first/middle/last name</i> ]:	Gross Annual	Net Annual
Specify Expense:	\$	\$
<i>[add more as needed]</i>		
<b>3. EXTRAORDINARY EXTRA-CURRICULAR</b>		
Name of Child [ <i>first/middle/last name</i> ]:	Gross Annual	Net Annual
Specify Expense:	\$	\$
<i>[add more as needed]</i>		
Name of Child [ <i>first/middle/last name</i> ]:	Gross Annual	Net Annual
Specify Expense:	\$	\$
<i>[add more as needed]</i>		
Name of Child [ <i>first/middle/last name</i> ]:	Gross Annual	Net Annual
Specify Expense:	\$	\$
<i>[add more as needed]</i>		
<b>4. OTHER AND STATE REASONS CLAIMED</b>		
Name of Child [ <i>first/middle/last name</i> ]:	Gross Annual	Net Annual
Specify Expense:	\$	\$
<i>[add more as needed]</i>		

Name of Child [ <i>first/middle/last name</i> ]:	Gross Annual	Net Annual
Specify Expense:	\$	\$
Name of Child [ <i>first/middle/last name</i> ]:	Gross Annual	Net Annual
Specify Expense:	\$	\$
<i>[add more as needed]</i>		