STATEMENT OF FINANCES

In the Provincial Court of British Columbia
Under the *Family Maintenance Enforcement Act*

Court File Number
FMEP Case No.
Court Location

STATEMENT OF FINANCES

In the case between:

NAME _____ CREDITOR

And:

NAME _____ DEBTOR

AFFIDAVIT

I, Name _____ , at _____
in the Province of British Columbia

MAKE OATH AND SAY:

1. THAT I have made a full and complete disclosure of my present financial situation in the Statement of Finances (exhibit A) which is attached to my affidavit.
2. THAT all the information contained in my statement of finances is true and correct.

Sworn before me at Location _____ in the Province of British Columbia, this _____ day of _____ , 20 _____

A Commissioner for taking oaths in the Province of British Columbia

Debtor

TAKE NOTICE

IT IS AN OFFENCE TO GIVE FALSE INFORMATION
FAILURE TO PROVIDE the Statement of Finances may lead to action being taken under Section 14 of the *Family Maintenance Enforcement Act*. This may include an order for your imprisonment, or an order for you to pay the creditor an amount of up to $5,000.00.

YOU MUST SUBMIT COPIES OF THE FOLLOWING DOCUMENTS WITH THE STATEMENT OF FINANCES:

(a) 3 most recent income tax returns certified by Canada Customs and Revenue Agency and the assessment notice which relates to each of those returns.
(b) each pay stub or similar statement received by you or on your behalf from your employer to account for your employee income and deductions during the past 6 months.
(c) each statement of income other than employee income received by you or on your behalf during the past 6 months including employment insurance, disability, pension, superannuation and workers' compensation benefits.
(d) most recent assessment notice for each property in which you hold a beneficial interest.
(e) all statements of accounts you have received from a savings institution, insurer, broker or other investment institution during the past 12 months.
(f) a copy of each credit card statement you have received during the past 12 months.

EXHIBIT A

PERSONAL INFORMATION – SECTION I

NAME – LAST FIRST SECOND

ADDRESS – STREET CITY PROVINCE British Columbia POSTAL CODE

BIRTHDATE – DAY MONTH YEAR AGE DRIVERS LICENCE NO. SOCIAL INSURANCE NO.

TELEPHONE – Home MEDICAL CARE NO. (PERSONAL HEALTH NUMBER)

Do you use any other names? (If yes give details)

Are you a member or a union/trade/professional organization? ☐ No ☐ Yes

If yes please specify organization and membership No.

Do you have a trade, profession or other occupational qualification? ☐ No ☐ Yes

If yes give details

Marital status ☐ Single ☐ Married ☐ Other Specify

Please note that spouse includes your
(a) Husband or wife, and (b) a man or woman who is living with you in a marriage-like relationship

Name of present spouse

Address of present spouse

Employer or source of income of spouse:

Do you have any children who are legally dependent on you for financial support? ☐ No ☐ Yes

If yes please fill in the following information

Full name of dependent Age

Address (If different)

Relationship to you

Full name of Dependent Age

Address (If different)

Relationship to you

Full name of dependent Age

Address (If different)

Relationship to you

Do you have any other person(s) dependent on your financial support ☐ No ☐ Yes

Full name of dependent Age

Address

Relationship to you Reason for dependency

INCOME INFORMATION – SECTION II

Employment (a) **Monthly Income**

Current Employer If more than one employer see below

PRESENT ADDRESS – STREET | CITY | PROVINCE | POSTAL CODE

TELEPHONE

What type of business

Your Position ☐ Full Time ☐ Part Time

Gross monthly salary Attach pay slips $ To calculate monthly salary Weekly Salary X 4.33 Net monthly salary $

Worksite ☐ Same as above ☐ Other Specify

Current Employer Use this section if more than one employer

PRESENT ADDRESS – STREET | CITY | PROVINCE | POSTAL CODE

TELEPHONE

What type of business

Your Position ☐ Full Time ☐ Part Time

Gross monthly salary Attach pay slips $ To calculate monthly salary Weekly Salary X 4.33 Net monthly salary $

Worksite ☐ Same as above ☐ Other Specify

Have you received any tips, gratuities, bonuses or overtime payments within the last 12 months? ☐ No ☐ Yes

If yes please specify amount and give reason $

Have you received any commission income within the last 12 months? ☐ No ☐ Yes

If yes please specify amount and give reason $

Have you received any other benefits in the last 12 months? ☐ No ☐ Yes

☐ Company Car ☐ Loans ☐ Share Purchase Option ☐ House ☐ Savings Plan ☐ RRSP ☐ Other Specify

Estimated value of benefit $

Miscellaneous Income (b)

Do you have any income producing hobbies? ☐ No ☐ Yes

If yes specify income received within the last 12 months, give details about type of hobby $

Specify

List all monthly income received from any other sources.

Show any annual income received in the last 12 months as average monthly income by dividing by 12

Rental Income	$
Dividends	$
Pensions (State type or source)	$
Annuities	$
Employment Insurance	$
Income Assistance	$
Spouse's income (from pg. 11)	$
Other (Income tax refunds, child tax credits, inheritance, insurance settlement etc.) Please specify	$
	$

INCOME INFORMATION – SECTION II (continued)

Self Employment (c) **Monthly Income**

Please Note If you have, or are involved in more than one business, photocopy this section and complete for each business

Is your business a:

☐ Proprietorship ☐ Corporation ☐ Partnership ☐ Joint Venture ☐ Other Specify _____

If so provide the following information about any partners, principles, or participants.

NAME	ADDRESS	TELEPHONE
NAME	ADDRESS	TELEPHONE
NAME	ADDRESS	TELEPHONE
NAME	ADDRESS	TELEPHONE
NAME	ADDRESS	TELEPHONE

What type of business? _____

Name of business _____

Location STREET _____ CITY _____

PROVINCE _____ POSTAL CODE _____ TELEPHONE _____

What is the net book value of your business (In total) $ _____

List assets of your company (Vehicles, equipment, licences, etc.)

_____

_____

_____

_____

_____

Name of Accountant	ADDRESS	TELEPHONE

Estimated Equity $ _____

What is the estimated market value (Total) $ _____

What % of the business is owned by you _____ %

Estimated value of your % $ _____

List income received from this business for the last 12 months

			Show this income received as average	
☐	Salary	$		$
☐	Bonuses	$	monthly income by dividing by 12	$
☐	Commission	$		$
☐	Dividends	$		$
☐	Other	$		$
	Auto Expenses	$		$
	Meal allowance			

Specify _____

INCOME INFORMATION – SECTION II (continued)

Self Employment (c)

Please Note If you have, or are involved in more than one business, photocopy this section and complete for each business

Have you received any other benefits in the last 12 months? ☐ No ☐ Yes

☐ Company Car ☐ Loans ☐ Share Purchase Option ☐ House ☐ Savings Plan ☐ Pension Contributions

☐ Other Specify

Estimated value of benefits $

If the business is a corporation is it ☐ Public ☐ Private ☐ Professional ☐ Other

Specify

Are you an officer of the corporation? ☐ No ☐ Yes If yes state title

If the business is **not** a public corporation, complete the following:

Total number of shares issued and outstanding (Describe type and class of shares)

Class	Number	Net Book Value $
Class	Number	Net Book Value $
Class	Number	Net Book Value $
Class	Number	Net Book Value $
Class	Number	Net Book Value $
Class	Number	Net Book Value $
Class	Number	Net Book Value $

Total number of shares of each class held by you

Class	Number	Net Book Value $
Class	Number	Net Book Value $
Class	Number	Net Book Value $
Class	Number	Net Book Value $
Class	Number	Net Book Value $
Class	Number	Net Book Value $
Class	Number	Net Book Value $

State total amount of all loans payable to you by the corporation

Amount $	Interest earned $	Repayment Terms
Amount $	Interest earned $	Repayment Terms
Amount $	Interest earned $	Repayment Terms
Amount $	Interest earned $	Repayment Terms
Amount $	Interest earned $	Repayment Terms
Amount $	Interest earned $	Repayment Terms
Amount $	Interest earned $	Repayment Terms

Instructions

Attach a copy of the most recent financial statement of your business

Add total monthly income from pages 3 – 5, enter total here and in summary section VII (Box A) – Page 13

Total Monthly Income **$**

EXPENSES (MONTHLY) – SECTION III

Landlord/Mortgagee NAME

ADDRESS

	Monthly Expenses
Mortgage	$
Rent	$
Property taxes	$
Utilities (heat, light and water)	$
Phone	$
Cablevision	$
Home repair/furnishings	$
House/tenant insurance	$
Newspapers/subscriptions	$
Life Insurance	$
Restaurant meals	$
Food/groceries	$
Sundries/personal grooming	$
Clothing	$
Laundry/dry cleaning	$
Motor vehicle (licence, insurance, fuel & service)	$
Transportation (public)	$
Medical/Dental	$
Entertainment	$
Video Rentals/movies	$
Alcohol/tobacco	$
Gifts	$
Church/charities	$
Maintenance/support for others	$
Child care/babysitting	$
School expenses	$
Children's Activities/music lessons	$
Child allowance	$
Savings (for emergencies, holidays)	$
Payroll deductions (e.g. Canada savings bond, charities)	$
Other	
Specify	$
	$
	$
	$
	$

Instructions Add monthly expenses – enter total here and in Summary Section VII (Box B) – Page 13

Total Monthly Expenses **$**

SECTION III (continued)

NOTE: Do not include under Monthly Debt Payments, any expenses taken into account under monthly expenses.

List your monthly payments (loans, credit cards, personal debts, etc.)

Amount of debt	To whom payable	Date last paid	Monthly payment	Amount outstanding
$	NAME		$	$
$	NAME		$	$
$	NAME		$	$
$	NAME		$	$
$	NAME		$	$
$	NAME		$	$

List any other expenses not covered here which either require a monthly payment or **could be shown** as a monthly payment.

Description	Terms of payment	Date last paid	Monthly payment	Amount outstanding
			$	$
			$	$
			$	$
			$	$
			$	$
			$	$

Instructions Add monthly payments – Enter total here and in Summary Section VII (Box D) – Page 13 $

Instructions Add amount outstanding – enter total here and in Summary Section VII (Box G) – Page 13 $

ASSETS AND LIABILITIES – SECTION IV

Real Estate

Fill in the requested information below regarding all real estate (homes, rental properties, cottages, condominiums, time shares, etc.) inside and outside the Province of British Columbia in which you own an interest:

1 Liabilities Assets

Municipal address

STREET CITY PROVINCE

Legal Description Date of purchase Purchase price $

Mortgagee Address Balance Owing $

Estimated current market value $

2

Municipal address

STREET CITY PROVINCE

Legal Description Date of purchase Purchase price $

Mortgagee Address Balance Owing $

Estimated current market value $

ASSETS AND LIABILITIES – SECTION IV (continued)

Equipment (Motor vehicles etc.) (Photocopy this section and complete for any additional equipment)

Fill in the requested information below regarding all equipment (cars, trucks, recreational vehicles, motorcycles, boats, vessels, aircraft, construction equipment, tools, trailers, etc.) in which you own an interest:

Liabilities **Assets**

1 Description

TYPE MAKE MODEL YEAR

Creditor Street Address Balance Owing $

Serial Number Estimated current market value $

2 Description

TYPE MAKE MODEL YEAR

Creditor Street Address Balance Owing $

Serial Number Estimated current market value $

Instructions: Add Liabilities from pages 7 – 8
Enter total here and in summary section VII (Box H) – Page 13

Total Liabilities $

Bank Accounts

List all chequing and saving accounts, term deposits, registered savings plans, annuities, etc.:

Assets

1 Type of Deposit Account No.

Name of Institution ADDRESS

Name(s) in which account held Amount $

2 Type of Deposit Account No.

Name of Institution ADDRESS

Name(s) in which account held Amount $

3 Type of Deposit Account No.

Name of Institution ADDRESS

Name(s) in which account held Amount $

If you have holdings in a public corporation(s) complete the following:
List your shares, options, warrants, etc. and their current market value below:

Type Number

Location of Certificates

Name of Broker Current Market Value $

ADDRESS TELEPHONE

List all your bonds and debentures held and their current market value:

Type Number

Current Market Value $

ASSETS AND LIABILITIES – SECTION IV (continued)

Other Assets

List the kind, value and location of any other assets (whether solely owned or jointly owned) below

Type of Asset	Description	Sole owner	Location	Value
Interests in other businesses		☐ Yes ☐ No		$
		☐ Yes ☐ No		$
Promissory Notes, Judgment Debts		☐ Yes ☐ No		$
		☐ Yes ☐ No		$
Loans and Mortgages receivable		☐ Yes ☐ No		$
		☐ Yes ☐ No		$
Pension Plans, Registered Pension Plans, Self Administered Pension Plans, Life Insurance Policies (Cash Surrender Value)		☐ Yes ☐ No		$
		☐ Yes ☐ No		$
		☐ Yes ☐ No		$
		☐ Yes ☐ No		$
		☐ Yes ☐ No		$
		☐ Yes ☐ No		$
		☐ Yes ☐ No		$
Objects of Art, Jewelry, Bullion, Coins, Cameras, Collections		☐ Yes ☐ No		$
		☐ Yes ☐ No		$
		☐ Yes ☐ No		$
		☐ Yes ☐ No		$
Household contents (Appliances, electronics, computers, furniture, etc.)		☐ Yes ☐ No		$
		☐ Yes ☐ No		$
		☐ Yes ☐ No		$
		☐ Yes ☐ No		$
		☐ Yes ☐ No		$
Property or interests held in trust by others for you		☐ Yes ☐ No		$
		☐ Yes ☐ No		$
		☐ Yes ☐ No		$
		☐ Yes ☐ No		$
Assets held in trust by you for others (children)		☐ Yes ☐ No		$
		☐ Yes ☐ No		$
		☐ Yes ☐ No		$
Other assets not already listed or described		☐ Yes ☐ No		$
		☐ Yes ☐ No		$
		☐ Yes ☐ No		$
		☐ Yes ☐ No		$
Instructions	**Add assets from pages 7–9 – enter total here and in Summary Section VII (Box F) – Page 13**		**Total Assets**	$

TRANSFER OF PROPERTY – SECTION V

Have you given away, sold, assigned, or otherwise transferred any property (land, buildings, vehicles, money, household furnishings, etc.) to anyone within the last 12 months? ☐ No ☐ Yes If yes give details;

1

Description of property

To whom transferred

Date of transfer

How much money or other compensation was received by you?

Specify $

2

Description of property

To whom transferred

Date of transfer

How much money or other compensation was received by you?

Specify $

SPOUSE'S INCOME AND ASSETS – SECTION VI

Please note that spouse includes your

(a) husband or wife, and
(b) a man or a woman who is living with you in a marriage-like relationship.

Income of Spouse **Monthly Income**

Employment

Current Employer _____

Position _____ ☐ Full Time ☐ Part Time

Gross monthly salary $ _____ Net monthly salary $ _____

Current Employer (If more than two employers) _____

Position _____ ☐ Full Time ☐ Part Time

Gross monthly salary $ _____ Net monthly salary $ _____

Bonuses received in past 12 months $ _____

Commissions received in past 12 months $ _____

Benefits received in past 12 months $ _____

☐ Company Car ☐ Loans ☐ House ☐ Savings Plan ☐ Other Specify _____ $ _____

_____ $ _____

Business Income

Type of Business

Interest in Business $ _____

☐ Proprietorship ☐ Joint Venture ☐ Partnership ☐ Corporation ☐ Other Specify _____ $ _____

_____ $ _____

Name of Business _____

Value of interest in business $ _____

Income from business

☐ Salary
☐ Bonuses
☐ Commission
☐ Dividends
☐ Other

Benefits

☐ Company Car
☐ Loans
☐ Share Purchase Option
☐ Saving Plan
☐ Other Specify _____

_____

Subtotal **$** _____

SPOUSE'S INCOME AND ASSETS – SECTION VI (continued)

Assets of Spouse

Net Value

Real Estate #1

ADDRESS

STREET | CITY | PROVINCE

Legal Description | Date of purchase | Purchase price $

Market Value $

Mortgage Balance $

Real Estate #2

ADDRESS

STREET | CITY | PROVINCE

Legal Description | Date of purchase | Purchase price $

Market Value $

Mortgage Balance $

Motor Vehicles

Description | Value $ $

Amount Owing $ $

Bank Accounts

Type | Bank / Branch | Balance $ $

Type | Bank / Branch | Balance $ $

Other Assets

RRSP'S | Institution | Balance $ $

Household contents, (appliances, electronics, computers, furniture, etc.)

Description | Value $ $

Recreational Equipment (boats, vehicles, etc.)

Description | Value $ $

Art, jewelery, cameras, collections | Specify | Value $ $

Total **$**

SUMMARY OF STATEMENT OF FINANCES – SECTION VII

Part 1 Monthly Income and Expenses

Enter total income from monthly total of Section II, page 5	A	Total Monthly Income
Enter total monthly expenses from Section III, page 6	B	Total Monthly Expenses
Subtract B from A. Enter total in C	C	Total Disposable income as per Statement
Enter total monthly payments from Section III, page 7	– D	Total Monthly Payments
Subtract D from C. Enter total in E	E	Total Net Income as per Statement

Part 2 Total Assets and Liabilities

Enter total assets from Section IV, page 9	F	Total Assets
Enter total amount outstanding from Section III, page 7	G	Total Amount Outstanding
Enter total liabilities from Section IV, page 8	+ H	Total Liabilities
Add G + H. Enter total in I	I	– I
Subtract I from F. Enter total in J	J	Net Worth as per Statement