

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	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

Salary \$ _____ Show this income received as average _____ \$

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 \$
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total number of shares of each class held by you

Class	Number	Net Book Value \$
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

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

Monthly Expenses

Landlord/Mortgagee NAME _____

ADDRESS _____

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 _____	\$
_____	\$
_____	\$
_____	\$
_____	\$
_____	\$
Total Monthly Expenses	\$

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

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 <small>Street Address</small> _____				Balance Owing	\$ _____
Serial Number _____				Estimated current market value	\$ _____
2 Description					
TYPE	MAKE	MODEL	YEAR		
Creditor <small>Street Address</small> _____				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 _____				<small>ADDRESS</small>	
Name(s) in which account held _____				Amount	\$ _____
2 Type of Deposit _____				Account No. _____	
Name of Institution _____				<small>ADDRESS</small>	
Name(s) in which account held _____				Amount	\$ _____
3 Type of Deposit _____				Account No. _____	
Name of Institution _____				<small>ADDRESS</small>	
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	\$ _____
<small>ADDRESS</small> _____	<small>TELEPHONE</small> _____	

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		<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
		<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Promissory Notes, Judgment Debts		<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
		<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Loans and Mortgages receivable		<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
		<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Pension Plans, Registered Pension Plans, Self Administered Pension Plans, Life Insurance Policies <small>(Cash Surrender Value)</small>		<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
		<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
		<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
		<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
		<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
		<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
		<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
		<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Objects of Art, Jewelry, Bullion, Coins, Cameras, Collections		<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
		<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
		<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
		<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Household contents (Appliances, electronics, computers, furniture, etc.)		<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
		<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
		<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
		<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
		<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Property or interests held in trust by others for you		<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
		<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
		<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
		<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Assets held in trust by you for others (children)		<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
		<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
		<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Other assets not already listed or described		<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
		<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
		<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
		<input type="checkbox"/> Yes <input type="checkbox"/> 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

Real Estate #1

Net Value

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 Owning \$	\$

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	_____