FORM 15-26A

(RULE 15-26)

COURT FILE NUMBER:

COURT OF QUEEN'S BENCH FOR SASKATCHEWAN

JUDICIAL CENTRE OF SASKATOON

PETITIONER

RESPONDENT

FINANCIAL STATEMENT OF ***

I, *****, insert address, of the City of Saskatoon, in the Province of Saskatchewan, swear that: The information set out in this financial statement is true and complete to the best of my knowledge and belief, and 1 sets out my financial situation as of: ***** 2 I do not anticipate any significant changes in the information set out in this financial statement. or 2 I anticipate the following significant changes in the information set out in this financial statement: 3 Attached are the following: ___ Part 1: Income ___ Part 2: Annual Expenses ___ Part 3: Special or Extraordinary Expenses ___ Part 4: Undue Hardship ___ Part 5: Income of Other Persons in Household Sworn before me at the City of Saskatoon In the Province of Saskatchewan

A Commissioner for Oaths in and for the Province of

this ____, day of ______, 20____

Saskatchewan. Being a Solicitor.

OR My Commission Expires:

INSTRUCTIONS

Please read the instructions (in italics) carefully. You may not have to complete the financial statement at all or, you may only have to complete parts of it. The instructions tell you what parts of the form you must complete, according to the type of claim involved. When you complete those parts of the form, leave blank any lines that do not apply to you.

If there is more than one claim in the proceeding (for example, a claim for spousal support and a claim for child support), you must complete each of the Parts of the financial statement that apply to you. If you are required to complete a Part in relation to one claim, you need not redo that Part if the same Part is required in relation to a different claim.

IMPORTANT NOTE: If during the course of the proceeding you find out that the information in this financial statement is incorrect or incomplete, or there is a material change in your circumstances that affects the information in this financial statement, you <u>MUST</u> serve on every other party to this case and file with the court the correct or complete information, or a new financial statement with updated information, together with any documents that back up that information.

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Complete this part if:

You are making a claim for child support, or are seeking to vary an order for child support, <u>and</u> the amount claimed differs from the table amount in the Federal Child Support Guidelines (a claim for add-ons, a child is 18 years of age or more, a claim for undue hardship, a case of split or shared custody, the payor's annual income is over \$150,000, the payor stands in the place of the parent);

There is a claim against you for child support; or

There is a claim, either by you or against you, for spousal or parental support or you or another party are seeking to vary an order for spousal or parental support.

I am: Employed as	by	and I
am paid weekly every 2 week	ks twice a month monthly	
	ness [or a professional practice] under the name of	of or a
partner in the partnership known as _	, or a farmer	
Unemployed since		
A shareholder, director or officer	of a corporation, in which I have an interest [or	a controlling interest]:
A beneficiary under a trust		
The total income declared on my last was \$	income tax return in 20 was \$	_, and my net taxable income
I have attached to or served with this	form:	
with a copy of all material filed with t	tax return filed by me for each of the 3 most receive the returns and a copy of every notice of assessment and required copies already in the Court file, as the	ent or re-assessment issued to
-	stoms and Revenue Agency that I have not filed a	any income tax returns for the
A declaration that I am not requir	red to file an income tax return because of the Inc	dian Act (Canada).
A Canada Customs and Revenue returns and assessments for the past 3	Agency Consent in Form 15-57B signed by me, 3 years.	for the disclosure of my tax

IMPORTANT NOTE: If you are a party to a claim for child support and you are required to fill out Part 1 of this form, the clerk of the court will <u>NOT</u> allow you to file this financial statement unless you have checked one of the boxes in paragraph 3 above and have attached the required document(s).

ANNUAL INCOME

Include all income and other money received from all sources for the 12 - month period ending on the date of this statement whether taxable or not. Show gross annual amounts here (to get an annual figure, multiply any weekly amount by 52, or any monthly amount by 12). Give current actual amount where known. Give your best estimate where you cannot find out the actual amount.

If your most recent federal income tax return (attached to this statement) sets out what you expect your income to be for this year, simply record those amounts here. Otherwise, record what you expect your income for this year to be from each source of income that applies to you. This will be necessary if your salary has increased, you have become unemployed, you have bought or sold rental properties, any source of your income is not taxable, etc.

A	Total Annual Income			\$	-
		J// £ 9J	,	·	
10	Certain Lump Sum Payments/Death Benefits, Severance		-	\$	_
18	Other Income (not already included above i.e.) Scholars	shin Rursary Stu	ly Grant	Ψ	
17	Net Federal Supplements			\$	
16	Total Social Assistance Payments			\$	_
15	Workers' Compensation Benefits	Ο1033 ψ	1101	\$	_
	e. Fishing Income	Gross \$	Net	\$	_
	d. Farming Income	Gross \$ Gross \$	Net	\$	-
	c. Commissions Income	Gross \$ Gross \$	Net Net	\$	-
	b. Professional Income	Gross \$ Gross \$	Net Net	\$	-
14	Self Employment Income: a. Business Income	Cross ¢	Not	\$ \$	-
13	Registered Retirement Savings Plan Income			\$	-
12	Spousal Support: From This Relationship \$	From Other Rela	monsnip \$	\$	-
10	Total amount \$	E Oth D. 1		¢	
11	Child Support Received		Taxable amount	\$	-
10	Taxable Capital Gains			\$	-
9	Rental Income	Gross \$	Net	\$	-
8	Partnership Income: limited or non-active partners only		Net	\$	-
7	Interest and other investment income			\$	-
6	Taxable amount of dividends from taxable Canadian con	rporations		\$	-
	- 0	<i>,</i> •			_
5	<pre>pensions] Employment Insurance Benefits [before deductions]</pre>			\$	
4	Pension Income [include old age security, CPP, disability	ity, superannuatio	n and other	\$	-
3	Other Employment Income [include tips, foreign employetc.]	yment income, net	research grants,	\$	-
2	Commissions [if already included on line 1: indicate amount but			\$	-
2	deductions]			Φ.	
1	Employment Income: wages, salaries, commissions, bo	nuses and overtim	e [<i>before</i>	\$	-

BENEFITS

Monetary Benefits: Income that is exempt from federal or provincial tax: <i>List all allowances a all sources,</i> that are not taxable: such as, amounts exempt because of status under Indian Act;		
exempt portion of otherwise taxable amounts; certain disability benefits; etc. Specify.	\$	-
	\$	-
	\$	-
Non-Monetary Benefits: List all non-monetary benefits from all sources, that are not included Include such items as use of a company car, or board and room provided for you, and other exp Give your best estimate of the value of the benefit where you cannot find out the actual value.		
Medical or Dental Insurance Coverage: Is medical or dental insurance coverage for your children available to you through your employer or otherwise at a reasonable rate?	Yes	No
Do you have medical or dental insurance coverage for your children?	Yes	No

ADJUSTMENTS TO ANNUAL INCOME

Give the current actual amount if you know it or can find it out. If you can't find out, give your best estimate.

- Refer to Schedule III of the Federal Child Support Guidelines. Section numbers included below are references to Schedule III of the Federal Child Support Guidelines.
- If necessary attach an extra sheet to show calculations.

Replacements in Income:

Recalculate the annual income shown as amount A on page 3, after making the following replacements:

- a. Replace taxable amount of dividends from Canadian corporations (line 6) with the actual amount of dividends: (See s.5) \$
- b. Replace taxable capital gains (line 10) with the actual amount of capital gains realized in excess of the actual capital losses:

Gains \$ - Losses \$ Excess = \$

A¹ Recalculated Annual Income: \$ -

Deductions from Income: 1 Union, professional association or like dues \$ 2 Other employment expenses: s.1 \$ 3 \$ Taxable amount of child support \$ 4 Spousal support I receive from the other party 5 Social assistance I receive for other members of my household \$ Actual amount of business investment loses suffered during the year: s.7 \$ 6 Carrying charges and interest expenses paid by me and deductible under the *Income Tax* \$ 7 \$ 8 Prior period earnings included in self-employment income, net of reserves: s.10 9 Portion of partnership or sole proprietorship income properly required for capitalization: \$ s.12 \$ В **Total Deductions from Income Additions to Income:** 10 Payments to non-arms length persons: s.9 \$ \$ 11 Allowable capital cost allowance with respect to real property: s.11 \$ 12 Value of exercised employee stock options in Canadian-controlled private corporations: C **Total Additions to Income** \$ **Annual Income or Recalculated Annual Income:** (A) \$ or (A1) \$ Less Total Deductions from Income (B) \$ AddTotal Additions to Income (C) \$ ADJUSTED ANNUAL INCOME D

CHILD SUPPORT:

table	djusted Annual Income (D) is to be used to calculate child support in accordance with the ap set out in the Federal Child Support Guidelines.	•	**
The A	nnual Income to be used where special or extraordinary expenses are claimed:		
	ted Annual Income (D)	\$	-
Add	Spousal support received from the other party	\$	-
Less	Spousal support paid to the other party	\$	-
E	ADJUSTED ANNUAL INCOME (SPECIAL)	\$	
	JSAL OR PARENTAL SUPPORT:		
	JSAL OR PARENTAL SUPPORT: nnual Income to be used where spousal or parental support is claimed:		
The A	nnual Income to be used where spousal or parental support is claimed: ted Annual Income (D)	\$	-
The A Adjus Add	nnual Income to be used where spousal or parental support is claimed: sted Annual Income (D) Total child support I receive	\$ \$	-
The A Adjus Add Add	nnual Income to be used where spousal or parental support is claimed: ted Annual Income (D)	\$ \$ \$	- - -
The A Adjus Add Add	nnual Income to be used where spousal or parental support is claimed: sted Annual Income (D) Total child support I receive	\$ \$ \$ \$	- - - -
The A Adjus Add	mnual Income to be used where spousal or parental support is claimed: sted Annual Income (D) Total child support I receive Social assistance I receive for other household members	\$ \$ \$ \$	- - - -

PART 2 - ANNUAL EXPENSES

Do not complete this Part if the only support claimed is child support in the table amount set out in the Federal Child Support Guidelines and all children for whom support is claimed are under the age of 18.

Complete this Part in all other claims for child support or a change in child support, where the amount claimed differs from the table amount in the Guidelines (a claim for add-ons for special or extraordinary expenses, a child is 18 years of age or more, a claim for undue hardship, a case of split or shared custody, a case where the payor's annual income is over \$150,000, a case where the payor stands in the place of the child's natural parent).

Complete this Part if there is a claim, either by you or against you, for spousal or parental support or a change in that support.

You must set out your TOTAL living expenses. If you cannot find out the actual amount, give your best estimate.

Sou	rce Deductions				
1	Canada Pension Plan	\$ -	19	Hair Care, Toiletries and	\$ -
	Contributions			Sundries	
2	Employment Insurance	\$ -	20	Dry Cleaning and Laundry	\$ -
	Premiums				
3	Employee Pension	\$ -	21	Furnishings and Equipment	\$ -
	Contributions to a				
	Registered Pension Plan				
4	Medical and Dental	\$ -	22	Other	\$ -
	Insurance Premiums				
	(deducted at source)				
5	Income Tax	\$ -	Tra	nsportation	
			23	Public Transit, Taxis	\$ -
			24	Car Insurance, Registration	\$ -
Hou	ısing			and Licence	
6	Rent or Mortgage	\$ -	25	Gas and Oil	\$ -
7	Property Taxes	\$ -	26	Parking	\$ -
8	Homeowner's/Tenant's	\$ -	27	Car Repairs and	\$ -
	Insurance			Maintenance	
9	Condominium Fees	\$ -	28	Other	\$ -
10	Water, Sewer and Garbage	\$ -			
11	House Repairs and	\$ -			
	Maintenance, Yard Care		Hea	alth	
12	Heat	\$ -	29	Medical and Dental	\$ -
				Insurance Premiums (not	
				deducted at source)	
13	Electricity	\$ -	30	Health Care (physiotherapy,	\$ -
				etc.)	
14	Telephone	\$ -	31	Drugs, Prescriptions	\$ -
15	Other	\$ -	32	Dental Care (including	\$ -
				orthodontist)	
			33	Optical Care	\$ -
Hou	usehold Expenses		34	Other	\$ -
16	Food	\$ -			
17	Meals Outside the Home	\$ -			
18	General Household Supplies	\$ -	Sup	port Payments (Specify for	

				who	m & if tax	
Per	rsonal			dedi	uctible/voluntary/ordered)	
35	Clothing, Footwear	\$	-	48	Support being paid in this case	\$ -
36	Educational Expenses (self)	\$	-	49	Support being paid in any other case	\$ -
37	Other	\$	-			
				Deb	t Payments(other than mortgage)	
Ch	ildren			50		\$ -
38	Clothing, Footwear	\$	-			\$ -
39	Children's Allowances, Gifts	\$	-	Oth	ier	
40	School Fees, Books and Supplies	\$	-	51	Life or Term Insurance Premiums	\$ -
41	School Activities (field trips, etc.)	\$	-	52	Banking, Legal, Accounting	\$ -
42	Activities, Lessons, and Supplies	\$	-	53	Church, Charitable Donations	\$ -
43	Child Care, Babysitting, Other	\$	-	54	Entertainment and Recreation	\$ -
44	Other	\$	-	55	Vacation	\$ _
				56	Alcohol/Tobacco	\$ -
Sav	ings for the Future			57	Other	\$ _
	RRSP	\$	-			
46	RESP	\$	_			
47	Other	\$	-			
G	TOTAL ANNUAL EXPENS	SES				\$ -
Adj	usted Annual Income (D), (E)	<u>or</u> (F)				\$ -
Sub	etract Total Annual Expenses (G)				\$ -
AN	NUAL SURPLUS/DEFICIT					\$ -

This document was prepared and delivered by:

WARDELL GILLIS

Barristers and Solicitors

2306 Arlington Avenue

Saskatoon, SK S7J 3L3

Ph: (306) 956-3338

Fx: (306) 956-2228

Lawyer in Charge of File:

Address for Service: As Above

PART 3 - SPECIAL OR EXTRAORDINARY EXPENSES

Complete this part only if you claim special or extraordinary expenses as part of a child support claim. Refer to Section 7 of the Federal Child Support Guidelines.

•	o cover special or extraordinate which of the following you	• •	ne or more of the		
child care expenses inc	curred as a result of my emplo	yment, illness, dis	sability, education or		
that portion of the med	lical and dental insurance pren	niums attributable	e to child;		
illness or event, includ psychologist, social we	s that exceed insurance reimbuting orthodontic treatment, proorker, psychiatrist or any other y and prescription drugs, hear	fessional counsel r person, physioth	ling provided by a erapy, occupational		
extraordinary expenses meet the child's particu	s for primary or secondary sch ular needs;	ool or for any edu	acational programs that		
expenses for post-seco	ondary education;				
extraordinary expenses	s for extracurricular activities.				
State the child's name that each total annual amount of each exp	e expense relates to, the details of ea pense.	ch type of expense yo	ou are claiming, and the		
	nent of the expense, please indicate t	hat contribution and	its amount.		
If you are claiming for a health	related expense, please indicate the	e amount of insurance	e reimbursement.		
Child's Name	Details of Expense	Total Amount	Contribution or Reimbursement		
	mentation which shows the arl to this financial statement.	mount of the expe	nses I am claiming for		
I cannot obtain receipt claiming because: (ple	s or other documentation to she ease explain why)	now the amount of	f the expense I am		
	or I receive the following subsule above expenses: (provide d		income tax deductions		

or

	PART 4 - UNDUE HARDSHIP					
Complete this part only if you c	Complete this part only if you claim a different amount of child support on the basis of undue hardship.					
Refer to Section 10 of the Feder	al Child Support Guideli	nes. (Indicate which o	of the following you ar	re claiming.)		
	Responsibility for unusually high level of debts reasonably incurred to support the family prior to the separation or to earn a living:					
Owed To	Purpose	Date Incurred	Terms of Debt	Annual Amount		
Unusually high expe	Unusually high expenses for exercising access to a child:					
	Details of Expo	ense		Annual Amount		
Legal duty to support who is under the age because of illness, d Legal duty to support disability:	Legal duty under a judgment, order or written separation agreement to support another person: Legal duty to support a child, other than a child for whom support is claimed in this application, who is under the age of 18, or at or above the age of 18 but unable to support himself or herself because of illness, disability or other cause: Legal duty to support a person who is unable to support himself or herself because of illness or disability: *Attach a copy of any judgment, order or written agreement under which the legal duty arises.					
Name of Person	Relationship	Nature	of Duty	Annual Amount		
Other undue hardship circumstances:						
	Details			Annual Amount		

PART 5 - INCOME OF OTHER PERSONS IN HOUSEHOLD

Complete this part if either party is making a claim for a different amount of child support on the basis of undue hardship.

The following are the names, occupations or sources of income, annual incomes and amount of federal and provincial taxes payable thereon, of:

- (a) any person who has a legal duty to support me or whom I have a legal duty to support;
- (b) any person who shares living expenses with me or from whom I otherwise receive an economic benefit as a result of living with that person; and
- (c) any child whom I or the person described in paragraph (a) or (b) has a legal duty to support.

Other Person's Name	Occupation or Source of Income	Annual Income*	Taxes Payable

^{*} Where the information on which to base the income determination is not provided, the court may impute income in the amount it considers appropriate.