

FORM III (Payor)

CANADA
PROVINCE OF QUÉBEC
DISTRICT OF _____
No.: _____

MONTREAL
500-12-342779-190

SUPERIOR COURT
(Family Division)

 Applicant

 Respondent

STATEMENT OF INCOME AND EXPENDITURES AND BALANCE SHEET

I, the undersigned, _____,
 domiciled at _____
 in the district of _____, do hereby declare under oath that:

- I acknowledge my ability to pay the amounts claimed but deny the other party is entitled to receive them (Rule 22).
- I receive only income security benefits in the amount of _____ \$ per month.
- 1. I am the _____ (plaintiff or defendant) in this case;
- 2. I have enclosed with this sworn declaration a copy of my federal and provincial income tax returns, along with notices of assessment for the year _____ ;
- 3. All the details pertaining to my financial situation are accurately disclosed hereunder and are true to my personal knowledge;

INCOME FOR THE CURRENT YEAR

CATEGORY	Per week	Per month	Per year
Gross salary			
Commissions / Tips			
Net income from business or self-employment (attach financial statements)			
Employment Insurance			
Support paid by a third party			
Retirement or disability pension, or other pension			
Interest and dividends			
Net rentals (Attach a statement of income and expenses for each property)			
Other (please specify)			
TOTAL		a)	
Total per week _____ X 4,33		= b) _____	per month
Total per year _____ ÷ 12		= c) _____	per month
TOTAL MONTHLY INCOME (a + b + c)		= \$ _____	

EXPENSES ON A MONTHLY BASIS

CATEGORY	Per week	Per month	Per year	Amended Note	
1 Contributions to the Régime des rentes du Québec and the Canada Pension Plan	These amounts are already included in the				
2 Unemployment insurance premiums	"income tax" line henceforth				
3 Contributions to a retirement plan				<input type="checkbox"/>	<input type="checkbox"/>
4 Group insurance premiums				<input type="checkbox"/>	<input type="checkbox"/>
5 Union dues and professional association fees				<input type="checkbox"/>	<input type="checkbox"/>
6 Rent / Mortgage				<input type="checkbox"/>	<input type="checkbox"/>
7 Common charges (co-ownership)				<input type="checkbox"/>	<input type="checkbox"/>
8 Municipal, school and water taxes				<input type="checkbox"/>	<input type="checkbox"/>
9 Premiums for insurance on dwelling				<input type="checkbox"/>	<input type="checkbox"/>
10 Insurance: life, accident, invalidity				<input type="checkbox"/>	<input type="checkbox"/>
11 Electricity				<input type="checkbox"/>	<input type="checkbox"/>
12 Heating				<input type="checkbox"/>	<input type="checkbox"/>
13 Telephone				<input type="checkbox"/>	<input type="checkbox"/>
14 Cable T.V.				<input type="checkbox"/>	<input type="checkbox"/>
15 Repairs to, and upkeep of main residence				<input type="checkbox"/>	<input type="checkbox"/>
16 Housekeeping				<input type="checkbox"/>	<input type="checkbox"/>
17 Purchase of furniture, appliances and bedding				<input type="checkbox"/>	<input type="checkbox"/>
18 Repairs to furniture and appliances				<input type="checkbox"/>	<input type="checkbox"/>
19 Food				<input type="checkbox"/>	<input type="checkbox"/>
20 Restaurant meals	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
- for work				<input type="checkbox"/>	<input type="checkbox"/>
- for leisure				<input type="checkbox"/>	<input type="checkbox"/>
21 Medicines and toilet articles				<input type="checkbox"/>	<input type="checkbox"/>
22 Diapers and baby formula				<input type="checkbox"/>	<input type="checkbox"/>
23 Dental care				<input type="checkbox"/>	<input type="checkbox"/>
24 Eye glasses, contact lenses and products for their upkeep				<input type="checkbox"/>	<input type="checkbox"/>
25 Clothing				<input type="checkbox"/>	<input type="checkbox"/>
26 Laundry and dry cleaning				<input type="checkbox"/>	<input type="checkbox"/>
27 Hairdresser and beauty care				<input type="checkbox"/>	<input type="checkbox"/>
28 Taxis and public transport				<input type="checkbox"/>	<input type="checkbox"/>
29 Vehicle				<input type="checkbox"/>	<input type="checkbox"/>
- payments / rental				<input type="checkbox"/>	<input type="checkbox"/>
- insurance	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
- licence and registration	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
- gas	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
- repairs	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
- parking	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
30 Education costs (tuition, books, supplies, meals, outings, extra-curricular activities, uniform)				<input type="checkbox"/>	<input type="checkbox"/>
31 Registered education savings plan				<input type="checkbox"/>	<input type="checkbox"/>
32 Child day care costs	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
- for work				<input type="checkbox"/>	<input type="checkbox"/>
- for leisure				<input type="checkbox"/>	<input type="checkbox"/>
33 Outings and entertainment				<input type="checkbox"/>	<input type="checkbox"/>
34 Sports activities				<input type="checkbox"/>	<input type="checkbox"/>
35 Equipment: sports, leisure activities, etc				<input type="checkbox"/>	<input type="checkbox"/>
36 Courses / Lessons				<input type="checkbox"/>	<input type="checkbox"/>
37 Toys, gifts				<input type="checkbox"/>	<input type="checkbox"/>
38 Books, magazines, newspapers, records and cassettes				<input type="checkbox"/>	<input type="checkbox"/>
39 Pets				<input type="checkbox"/>	<input type="checkbox"/>

40	Tobacco and alcohol								
41	Vacations								
42	Camp								
43	Children's allowance								
44	Savings / Retirement savings								
45	Payment of debts:								
	_____	_____	_____	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____	_____	_____	_____
46	Lawyer's fees								
47	Secondary residence (enclose details on separate sheet)								
48	Other: Anticipated expenditures:								
	_____	_____	_____	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____	_____	_____	_____

TOTAL				a)					
Total per week	_____	X 4,33	=	b)	_____	per month			
Total per year	_____	÷ 12	=	c)	_____	per month			
TOTAL MONTHLY EXPENDITURES (a + b + c)			=	\$	_____				

SUMMARY

Total monthly income (see page 1)					_____	\$
(less)						
Income tax (before support)*					- 24.79	\$
NET INCOME					24.79	\$
plus						
Child support (according to line 701 or 603 of Schedule I)					- _____	\$
(less)						
Total monthly expenditures					- _____	\$
SURPLUS / (DEFICIT)					24.79	\$

SUPPORT AND FINANCIAL IMPACT MONTHLY

INFORMATION TO BE SUPPLIED BY THE PARTY CLAIMING SUPPORT

Child support (according to line 701 or 603 of Schedule I)					_____	\$
Net contribution required of alimentary debtor						
Income tax on the support claimed and tax credits lost*				+	_____ \$	\$
Support for creditor					_____ \$	\$
GROSS SUPPORT CLAIMED					_____ \$	\$
CCB/Family Allowance: Total monthly amount for the creditor (for information)					_____ \$	\$

INFORMATION TO BE SUPPLIED BY THE PARTY FROM WHOM SUPPORT IS CLAIMED

Child support to be paid (according to line 701 or 603 of Schedule I)					_____	\$
Gross support offered for spouse or ex-spouse				+	_____	\$
TOTAL GROSS SUPPORT OFFERED				=	_____	\$
Income tax savings and tax credits recovered as a result of support offered*				-	_____	\$
Net cost of support offered				=	_____	\$
CCB/Family Allowance: Total monthly amount for the debtor (for information)					_____	\$

* Indicate source of the calculation: _____

NAME AND ADDRESS OF EMPLOYER

ASSETS

Indicate cash, accounts in banks or other financial institutions and the market value of assets by category (disregarding any related debt): real estate, furniture, automobiles, works of art, jewelry, shares, bonds, interests in a business, other investments, pension funds, RRSPs, sums owing to you, etc.

Category and details	Value
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
Other (See the "Balance Sheet" Schedule)	_____
TOTAL ASSETS	=====

LIABILITIES

In the following table indicate all debts or financial commitments of any kind contracted as loans or granted as credit (hypothecary loans, personal loans, lines of credit, credit cards, instalment sales, surety bonds, etc.) or sums that you must pay under a statute (tax debts, contributions, dues or other unpaid duties, etc.) or under a court decision (damages, support, overpayment of unemployment insurance or welfare benefits, fines, etc.). Indicate the amount of each debt, the balance of the principal and the name of the creditor.

Debt (specify) and creditor's name	Balance
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
Other (See the "Balance Sheet" Schedule)	_____
TOTAL LIABILITIES	=====

Summary of the assets and liabilities

Total assets:	_____	\$
(less)		
Total liabilities:	- _____	\$
NET WORTH	=====	\$

Signature

Oath taken before _____
this ____ day of _____
at _____

Signature of person receiving the oath