

FORM III*(Rules 26 to 30)*

CANADA
 PROVINCE OF QUEBEC
 DISTRICT OF
 No. _____

SUPERIOR COURT
 Family Division

 Party: _____

vs.

 Party: _____

**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 that 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)			
Unemployment 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

(To calculate the exact monthly amount, multiply a weekly expense by 4.33 and divide an annual expense by 12.)

Category	Per month
1. Contributions to the Régime des rentes du Québec and the Canada Pension Plan	
2. Unemployment insurance premiums	
3. Contributions to a retirement plan	
4. Group insurance premiums	
5. Union dues and professional association fees	
6. Rent/mortgage	
7. Common charges (co-ownership)	
8. Municipal, school and water taxes	
9. Premiums for insurance on dwelling	
10. Insurance: life, accident, invalidity	
11. Electricity	
12. Heating	
13. Telephone	
14. Cable T.V.	
15. Repairs to and upkeep of main residence	
16. Housekeeping	
17. Purchase of furniture, appliances and bedding	
18. Repairs to furniture and appliances	
19. Food	
20. Restaurant meals: - For work - For leisure	
21. Medicines and toilet articles	
22. Diapers and baby formula	

23. Dental care	
24. Eye glasses, contact lenses and products for their upkeep	
25. Clothing	
26. Laundry and dry-cleaning	
27. Hairdresser and beauty care	
28. Taxis and public transport	
29. Vehicle <ul style="list-style-type: none"> - Payments/rental - Insurance - Licence and registration - Gas - Repairs - Parking 	
30. Education costs (tuition, books, supplies, meals, outings, extra-curricular activities, uniform)	
31 Registered education savings plan	
32 Child day care costs (day care, babysitter, day camp) <ul style="list-style-type: none"> - For work - For leisure 	
33. Outings and entertainment	
34. Sports activities	
35. Equipment: sports, leisure activities, etc.	
36. Courses/lessons	
37. Toys, gifts	
38. Books, magazines, newspapers, records and cassettes	
39. Pets	
40. Tobacco and alcohol	
41. Vacations	
42 Camp	
43. Children's allowance	
44. Savings/retirement savings	
45. Payment of debts: <ol style="list-style-type: none"> 1. 2. 3. 	
46. Lawyer's fees	
47. Secondary residence (enclose details on separate sheet)	
48. Other: <ul style="list-style-type: none"> Anticipated expenditures — — — 	
TOTAL MONTHLY EXPENDITURES	

SUMMARY

Total monthly income (see page 1)	\$ _____
(less)	-
Income tax (before support)*	\$ _____
NET INCOME	\$ _____
(less)	-
Total monthly expenditures	\$ _____
SURPLUS/(DEFICIT)	\$ _____

SUPPORT AND FINANCIAL IMPACT

INFORMATION TO BE SUPPLIED BY
THE PARTY CLAIMING SUPPORT

Net contribution required of alimentary debtor	\$ _____
plus	+
Income tax on the support claimed and tax credits lost*	\$ _____
GROSS SUPPORT CLAIMED	\$ _____

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

GROSS SUPPORT OFFERED	\$ _____
(less)	-
Income tax savings and tax credits recovered as result of support offered*	\$ _____
Net cost of support offered	\$ _____

*Indicate source of 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 debts): real estate, furniture, automobiles, works of art, jewellery, shares, bonds, interests in a business, other investments, pension funds, RRSPs, sums owing to you, etc.

Category	Details	Value

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 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 hypothec, Personal loan, credit card, etc.)	Balance	Name of creditor
1.		
2.		
3.		
4.		

Total liabilities \$ _____

Summary of assets and liabilities

Total assets: \$ _____

(less) - _____

Total liabilities \$ _____

NET WORTH \$ _____

Signature

Oath taken before _____
(name and position, profession or quality)

at _____, on _____
(municipality and province) (date)

(signature of person receiving the oath)