



# 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:**

- 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.
- 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 of 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.) <small>Please specify</small>	\$ _____
_____	\$ _____

**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
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

<input type="checkbox"/> Salary	\$ _____	Show this income received as average monthly income by dividing by 12	\$ _____
<input type="checkbox"/> Bonuses	\$ _____		\$ _____
<input type="checkbox"/> Commission	\$ _____		\$ _____
<input type="checkbox"/> Dividends	\$ _____		\$ _____
<input type="checkbox"/> Other	\$ _____		\$ _____
Auto Expenses	\$ _____		\$ _____
Meal allowance	_____		_____
<small>Specify</small>	_____		_____

**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	\$
_____	\$
_____	\$
_____	\$
_____	\$
_____	\$
_____	\$
<b>Total Monthly Expenses</b>	\$

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



**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:

	<b>Liabilities</b>	<b>Assets</b>
<b>1 Description</b>		
TYPE	MAKE	MODEL      YEAR
Creditor <small>Street Address</small>	Balance Owing	\$
Serial Number	Estimated current market value	\$
<b>2 Description</b>		
TYPE	MAKE	MODEL      YEAR
Creditor <small>Street Address</small>	Balance Owing	\$
Serial Number	Estimated current market value	\$
<b>Instructions: Add Liabilities from pages 7 – 8</b>		
<b>Enter total here and in summary section VII (Box H) – Page 13</b>		
	<b>Total Liabilities</b>	\$

**Bank Accounts**

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

	<b>Assets</b>
<b>1</b> Type of Deposit _____ Account No. _____	
Name of Institution _____ <small>ADDRESS</small>	
Name(s) in which account held _____	Amount \$ _____
<b>2</b> Type of Deposit _____ Account No. _____	
Name of Institution _____ <small>ADDRESS</small>	
Name(s) in which account held _____	Amount \$ _____
<b>3</b> 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	Benefits	
<input type="checkbox"/> Salary	<input type="checkbox"/> Company Car	
<input type="checkbox"/> Bonuses	<input type="checkbox"/> Loans	
<input type="checkbox"/> Commission	<input type="checkbox"/> Share Purchase Option	
<input type="checkbox"/> Dividends	<input type="checkbox"/> Saving Plan	
<input type="checkbox"/> Other	<input type="checkbox"/> Other Specify _____	
		<b>Subtotal</b> \$ _____

**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 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	_____