



SUPPORT ENFORCEMENT PROGRAM (SEP)

Court Location
Court File No.
<input type="checkbox"/> Unified Family Court
<input type="checkbox"/> Provincial <input type="checkbox"/> Supreme

STATEMENT OF FINANCES

Please Print. Do not fill in shaded areas.

SEP Account No.
-FOR OFFICE USE ONLY-

A. Debtor Information

Last Name			First Name			Middle Name			Phone Residence		
Mailing Address:									Postal Code		
Birthdate		Social Insurance No.			Driver's Licence No./Province			MCP No.			
Day	Month	Year									

B. Present Dependents

Present Marital Status			Name of Present Spouse:		
<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Other (Specify)			
Address of Present Spouse (if different from yours)					

Do you have any children living with you who are legally dependent on you for financial support? No Yes

If yes, provide the following information in the spaces below:

Full name of Dependent	Age	Relationship to you

Do you have any other dependents who are dependent on you for financial support? No Yes

If yes, provide the following information in the spaces below:

Full name	Age	Relationship to you

Address	Reason for dependency

C. Employment (Please indicate your current and previous 2 employers)

Name of Current Employer			Telephone No.		
Mailing Address					Postal Code

C. Employment cont.

Nature of Business	Position Held	From DD/MM/YY	To DD/MM/YY
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Place of Employment <input type="checkbox"/> Same as Above <input type="checkbox"/> Copy of pay stub attached <input type="checkbox"/> Other (specify)	Gross monthly wages or salary	Net monthly wages or salary
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Previous Employer	Telephone No.
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Mailing Address	Postal Code
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Nature of Business	Position Held	From DD/MM/YY	To DD/MM/YY
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Place of Employment <input type="checkbox"/> Same as Above <input type="checkbox"/> Copy of pay stub attached <input type="checkbox"/> Other (specify)	Gross monthly wages or salary	Net monthly wages or salary
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Previous Employer	Telephone No.
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Mailing Address	Postal Code
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Nature of Business	Position Held	From DD/MM/YY	To DD/MM/YY
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Place of Employment <input type="checkbox"/> Same as Above <input type="checkbox"/> Copy of pay stub attached <input type="checkbox"/> Other (specify)	Gross monthly wages or salary	Net monthly wages or salary
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Are you qualified as a tradesperson, professional or otherwise? No Yes If yes, state nature of all qualifications or special training:

Do you receive bonuses from your employer? No Yes If yes, explain:

Do you receive any money from any commission work? No Yes If yes, state type of work, amount of income received, and the most recent commission received:

Do you receive money from other part time employment? No Yes If yes, list employer's name(s) and amount of income:

Do you have any income producing hobbies? No Yes If yes, state type of hobby and amount of income received per year:

C. Employment cont.

Please list all other income:

Dividends \$ _____ EI \$ _____

Rental Income \$ _____ CPP \$ _____

Annuities \$ _____ Other \$ _____

Pensions \$ _____ Total
Income: \$ _____

D. Income from self employment

Type of business	Name of business	Telephone No.

Business Address:	Postal Code

Is this business a: <input type="checkbox"/> proprietorship <input type="checkbox"/> joint venture <input type="checkbox"/> partnership <input type="checkbox"/> corporation	What is the percentage of the Business owned by you? _____ %	What is the net book value of the Business?	What is the estimated market value of the Business?
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List the names, addresses and telephone numbers of any partners, principals or participants in your business:

Name	Address	Telephone No.

If the Business is a Corporation complete the following:

Registered name of Corporation	Head Office Address	Place of Incorporation

Are you an Officer or Director? No Yes... Title _____

Total number of shares issued and outstanding: (describe type and class of shares)			Total number of shares of each class held by you:		
Class	Number	Net Book Value	Class	Number	Net Book Value

D. Income from Self Employment cont.

Total amount of all loans payable to you by the Corporation

Terms of repayment

Amount \$ _____

Interest earned (if any) \$ _____

Itemize your yearly income from self-employment below:

Salary \$ _____

Bonuses \$ _____

Dividends \$ _____

Other (automobile allowances, expenses etc.) describe _____

\$ _____

\$ _____

\$ _____

TOTAL INCOME \$ _____

Itemize other benefits (company car, house, loans, savings plans, share purchase options, etc) Describe: _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

ATTACH A COPY OF MOST RECENT FINANCIAL STATEMENT

E. Monthly Income and Expense Statement

Total Monthly Income (Sections C + D) \$ _____ (A)

Expenses:

1. Rent or Mortgage Payments (name landlord or mortgagee)..... \$ _____

2. Property Tax \$ _____

3. Utilities..... \$ _____

4. Groceries (food, toiletries etc.) \$ _____

5. Clothing \$ _____

6. Transportation (fuel, parking, repairs, public transit etc.)..... \$ _____

7. Personal Expenses (prescription drugs, medical and dental expenses expenses not covered by insurances etc.)..... \$ _____

8. Home Insurance \$ _____

9. Vehicle Insurance \$ _____

10. Life Insurance \$ _____

11. Disability Insurance..... \$ _____

12. Other (Specify)..... \$ _____

Sub-total Items 1-12 \$ _____ (B)

List your monthly payments (loans, credit cards, personal debts etc, below)

Type of Debt	To Whom Payable	Amount Outstanding	Monthly Payment
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

Sub-total debt payments \$ _____ (C)

Total expenses & payments (B + C) \$ _____ (D)

Net Monthly Income (A - D) \$ _____

F. Personal Liabilities

List other personal liabilities (personal guarantees, encumbrances and debts specifically attached to personal property etc.)
List creditor and amount

Name of creditor	Address of Creditor	Amount

Total Personal Liabilities: _____

G. Assets

Real Estate: Fill in all the requested information below regarding all Real Estate (names, rental properties, cottages, condominiums, etc.) inside and outside the province of Newfoundland and Labrador in which you own an interest.

Address	Legal Description	Purchase Price	Balance Owing	Current Market Value
1. _____				
2. _____				
3. _____				

List the Name and Address of the Mortgagee for each property described above

1. _____
2. _____
3. _____

Motor vehicle etc. Fill in the requested information regarding all motor vehicles (cars, trucks, vans, farm machinery, construction equipment, recreation vehicles, aircraft, boats, etc.) in which you own an interest.

Type - Make - Model - Year	Serial No.	Purchase Price	Balance Owing	Current Market Value	Equity
1. _____					
2. _____					
3. _____					

G. Assets cont.

List the name and address of the creditor to whom the balance is owed for the vehicles described on previous page.

1. _____
2. _____
3. _____

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

Type of Deposit	Name of Institution	Account No.	Branch Address	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	Issuer	Current Market Value

List all your bonds and debentures held and their current market value below:

Type	Number	Issuer	Current Market Value

List location of all certificates for all corporate holdings (both public and private) and the name(s) and address(s) of the Broker(s) through whom you deal:

Location of Certificate	Name and Address of Broker(s)

List all Properties or interests held by a Trustee on your behalf (describe the asset being held, the location of the asset, and the name and address of the Trustee:

Description of Assets Held	Location of Assets	Name and Address of Trustee

G. Assets cont.

Other Assets: List the kind, value and location of other assets (whether solely or jointly owned) below:

Type of Asset	Description	Sole Owner		Location	Value
		Yes	No		
-interests in other businesses	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
-promissory notes, judgement debts	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
loans and mortgages, receivable	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
- pension plans registered	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
pension plans, self administered	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
pension plans, life insurance	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
-objects of art, jewelry, bullion, coins, cameras, etc.	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
-household furniture and appliances, (stereos, TV's, computers, crystal, dishwasher, etc.)	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
-other assets not previously listed	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

Additional Income and Assets

List all additional income and assets

Description of Asset or Income Source	Asset Value	Income Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

G. Total Assets: \$ _____

H. Liabilities (From Sections E & F)

H. Total Liabilities: \$ _____

I. Transfer of Property

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? Give details

Description of property	To whom Transferred	Date of Transfer	How much money, if any, was received by you?

AFFIDAVIT

I, _____
(Please print full name)

of _____ in the province of _____
(name of city, town)

make oath and say that I have made full and complete disclosure in this Statement of Finances of my present financial situation and that all the information disclosed herein, in the preceeding pages is true and accurate.

Sworn before me at _____

in the province of _____,

this _____ day of _____,

A.D., _____

Signature of Debtor

Commissioner for Oaths in and for the Province of Newfoundland and Labrador

Please return this form (with required enclosures) to:

Director of Support Enforcement
P.O. Box 2006
Corner Brook, Newfoundland and Labrador
A2H 6 J8