## 

## SUPPORT FOR CLAIMANT / APPLICANT

I am the claimant / applicant and ask for support for myself. I ask the Court to order support of \$\_\_\_\_\_\_ per month. A Financial Statement (Form K) is included in my Application. My claim is based on the following facts:

## FACTS ABOUT MY CLAIM:

| 1.                  | My data of hirth is:   |                              |  |
|---------------------|--|------------------------------|--|
|                     | My date of birth is:   |                              |  |
| 2.                  | The children living with me are aged:<br>(if there is a child support order/agreement about any child, attach it)  |                              |  |
| 3.                  | The respondent and I cohabited (lived together) in a marriage, marriage-like,  | Start date:                  |  |
|                     | common-law, civil union, or other domestic partnership: (write details here)   |                              |  |
|                     |  | End date:                    |  |
|                     |  |                              |  |
|                     |  | (city/country):              |  |
|                     | The last place where we lived as a couple before separation is:<br>During the time we were together, we separated for a total of (years, months)   | Total time separated:        |  |
| 4.                  | because:   | rotar time separated.        |  |
| 5.                  | The respondent and I lived together for a total of (years, months):  |                              |  |
| 6.                  | My present status (separated, divorced, married, common-law, single, other):   |                              |  |
|                     | L  |                              |  |
|                     |  |                              |  |
| 7.                  | The last grade I finished in school (before post-secondary school):  |                              |  |
| 8.                  | Year I completed this grade:   |                              |  |
| 9.                  | College / University level or year completed:  |                              |  |
| 10.                 | Year I completed this level:   |                              |  |
| 11.                 | Other training / certificate / diploma received:   |                              |  |
| 12.                 | Length of the training / certificate / diploma course (years, months)  |                              |  |
| 13.                 | Year I completed this course:  |                              |  |
| MY WORK EXPERIENCE: |  |                              |  |
| 14.                 | I did not work for pay while the respondent and I were together  |                              |  |
| 45                  | (if this statement applies, put an X in box, and go to line 21)  |                              |  |
| 15.                 | During the time the respondent and I were together, I worked for pay for a total of (years, months)  |                              |  |
|                     | (attach work history list, with dates, employment, monthly pay)  | □ work history list attached |  |
| 16.                 | I worked for (%) of the time the respondent and I were together  |                              |  |
|                     | [example: if the entry on line 5 is 7 years + 2 months that equals $(7x12)=84+2=86$ months. If the entry on line 15 is 3 years + 6 months that equals $(3x12)+6=42$ months. Then 42 / 86 = | %                            |  |
|                     | 48.8%]   |                              |  |
| 17.                 | The work I did was (full time, or part time, or both)  |                              |  |
| 18.                 | My normal employment was as: (occupation)  |                              |  |
|                     | l also worked as <i>(other occupations)</i>  |                              |  |
| 19.                 |  |                              |  |
| 20.                 | If part time, I worked an average of (fraction) of full time [1/2, 3/4, etc]   |                              |  |
| 21.                 | I worked less than full time, or did not work for pay, because   | From:                        |  |
|                     | (check any that apply)   | From:<br>To:                 |  |
|                     | I cared for the child(ren) when young <i>(dates)</i>   |                              |  |
|                     | I had a child at home with special needs (dates)   | From:<br>To:                 |  |
| 22.                 | I needed to be home when the child(ren) returned from school   |                              |  |
|                     | We moved often (how many times during relationship:)   |                              |  |
|                     | I did not have the education/experience to get full time work  |                              |  |
|                     | There were no full time jobs available   |                              |  |
|                     | I did not want to work full time   |                              |  |

|   | I was not able to work full time (due to medical condition)   |   |
|---|---|---|
|   | The respondent and I agreed that I would not work full time   |   |
|   | The respondent and I agreed that I would work only part time  |   |
|   | The respondent and I agreed that I would not work at all  |   |
|   | The respondent did not want me to work full time  |   |
|   | The respondent wanted me to work only part time   |   |
|   | The respondent did not want me to work at all   |   |
|   | Other reason(s):  |   |
|   |   |   |
| 23.   | Since the respondent and I separated, I have (check any that apply)   | (dates and details)   |
|   | Worked full time  |   |
|   | Worked part time  |   |
|   | Received social assistance  |   |
|   | <ul> <li>Received income/benefits from employment insurance, disability,</li> </ul>   |   |
|   | workers' compensation, investments (details)  |   |
|   | Received government grants or benefits (details)  |   |
|   | Other sources of income (details)   |   |
|   |   |   |
| 24.   | Since the respondent and I separated, I have not worked for pay at all because  | : (reasons)   |
|   |   |   |
| 25.   | Since the respondent and I separated, I have taken the following steps to impro   | ove my ability to support myself:   |
|   | (courses, job training, education, re-location, etc.)   |   |
|   |   |   |
| MEDI  |   |   |
|   |   |   |
|   | Lam not able to fully support myself because of a modical condition   |   |
| 26.   | I am not able to fully support myself because of a medical condition,<br>disability, or special need which keeps me from working (put short description in  |   |
|   | disability, or special need which keeps me from working (put short description in   | □ documents attached  |
|   | disability, or special need which keeps me from working (put short description in the box, and attach documents or doctor's letter giving details)  | documents attached<br>Name of person:   |
| 26.   | <ul> <li>disability, or special need which keeps me from working (<i>put short description in the box, and attach documents or doctor's letter giving details</i>)</li> <li>I am not able to fully support myself because a child or other person has a medical condition, disability, or special need which keeps me from working</li> </ul>   | Name of person:   |
| 26.   | <ul> <li>disability, or special need which keeps me from working (<i>put short description in the box, and attach documents or doctor's letter giving details</i>)</li> <li>I am not able to fully support myself because a child or other person has a medical condition, disability, or special need which keeps me from working (<i>put name of person, relationship, and short description in the box, and attach</i>)</li> </ul>   |   |
| 26.   | <ul> <li>disability, or special need which keeps me from working (<i>put short description in the box, and attach documents or doctor's letter giving details</i>)</li> <li>I am not able to fully support myself because a child or other person has a medical condition, disability, or special need which keeps me from working</li> </ul>   | Name of person:   |
| 26.   | <ul> <li>disability, or special need which keeps me from working (<i>put short description in the box, and attach documents or doctor's letter giving details</i>)</li> <li>I am not able to fully support myself because a child or other person has a medical condition, disability, or special need which keeps me from working (<i>put name of person, relationship, and short description in the box, and attach</i>)</li> </ul>   | Name of person:<br>Relationship to me:  |
| 26.   | <ul> <li>disability, or special need which keeps me from working (<i>put short description in the box, and attach documents or doctor's letter giving details</i>)</li> <li>I am not able to fully support myself because a child or other person has a medical condition, disability, or special need which keeps me from working (<i>put name of person, relationship, and short description in the box, and attach</i>)</li> </ul>   | Name of person:<br>Relationship to me:  |
| 26.<br>27.<br>THE 1                           | disability, or special need which keeps me from working ( <i>put short description in the box, and attach documents or doctor's letter giving details</i> )<br>I am not able to fully support myself because a child or other person has a medical condition, disability, or special need which keeps me from working ( <i>put name of person, relationship, and short description in the box, and attach documents or doctor's letter giving details</i> )<br>PRESENT, AND THE FUTURE:   | Name of person:<br>Relationship to me:<br>Condition / Special Need:                       |
| 26.<br>                                       | disability, or special need which keeps me from working ( <i>put short description in the box, and attach documents or doctor's letter giving details</i> )<br>I am not able to fully support myself because a child or other person has a medical condition, disability, or special need which keeps me from working ( <i>put name of person, relationship, and short description in the box, and attach documents or doctor's letter giving details</i> )<br>PRESENT, AND THE FUTURE:<br>As of the date of this application, I am   | Name of person:<br>Relationship to me:<br>Condition / Special Need:                       |
| 26.<br>27.<br>THE 1                           | <pre>disability, or special need which keeps me from working (put short description in<br/>the box, and attach documents or doctor's letter giving details) I am not able to fully support myself because a child or other person has a<br/>medical condition, disability, or special need which keeps me from working<br/>(put name of person, relationship, and short description in the box, and attach<br/>documents or doctor's letter giving details) PRESENT, AND THE FUTURE:<br/>As of the date of this application, I am<br/>Not working</pre>   | Name of person:<br>Relationship to me:<br>Condition / Special Need:                       |
| 26.<br>27.<br>THE 1                           | <pre>disability, or special need which keeps me from working (put short description in<br/>the box, and attach documents or doctor's letter giving details) I am not able to fully support myself because a child or other person has a<br/>medical condition, disability, or special need which keeps me from working<br/>(put name of person, relationship, and short description in the box, and attach<br/>documents or doctor's letter giving details) PRESENT, AND THE FUTURE:<br/>As of the date of this application, I am<br/>Not working<br/>Working full time (occupation, monthly income)</pre>  | Name of person:<br>Relationship to me:<br>Condition / Special Need:                       |
| 26.<br>27.<br>THE 1                           | <pre>disability, or special need which keeps me from working (put short description in<br/>the box, and attach documents or doctor's letter giving details) I am not able to fully support myself because a child or other person has a<br/>medical condition, disability, or special need which keeps me from working<br/>(put name of person, relationship, and short description in the box, and attach<br/>documents or doctor's letter giving details) PRESENT, AND THE FUTURE:<br/>As of the date of this application, I am<br/>Not working<br/>Working full time (occupation, monthly income)<br/>Working part time (occupation, monthly income)</pre>   | Name of person:<br>Relationship to me:<br>Condition / Special Need:                       |
| 26.<br>27.<br>THE 1                           | <pre>disability, or special need which keeps me from working (put short description in<br/>the box, and attach documents or doctor's letter giving details) I am not able to fully support myself because a child or other person has a<br/>medical condition, disability, or special need which keeps me from working<br/>(put name of person, relationship, and short description in the box, and attach<br/>documents or doctor's letter giving details) PRESENT, AND THE FUTURE:<br/>As of the date of this application, I am<br/>Not working<br/>Working full time (occupation, monthly income)</pre>  | Name of person:<br>Relationship to me:<br>Condition / Special Need:                       |
| 26.<br>27.<br>THE 1                           | <pre>disability, or special need which keeps me from working (put short description in<br/>the box, and attach documents or doctor's letter giving details) I am not able to fully support myself because a child or other person has a<br/>medical condition, disability, or special need which keeps me from working<br/>(put name of person, relationship, and short description in the box, and attach<br/>documents or doctor's letter giving details) PRESENT, AND THE FUTURE:<br/>As of the date of this application, I am<br/>Not working<br/>Working full time (occupation, monthly income)<br/>Working part time (occupation, monthly income)</pre>   | Name of person:<br>Relationship to me:<br>Condition / Special Need:                       |
| 26.<br>27.<br><b>THE</b><br>28.               | disability, or special need which keeps me from working (put short description in the box, and attach documents or doctor's letter giving details)         I am not able to fully support myself because a child or other person has a medical condition, disability, or special need which keeps me from working (put name of person, relationship, and short description in the box, and attach documents or doctor's letter giving details)         PRESENT, AND THE FUTURE:         As of the date of this application, I am         Not working         Working full time (occupation, monthly income)         Working for work (attach job search list)   | Name of person:<br>Relationship to me:<br>Condition / Special Need:                       |
| 26.<br>27.<br><b>THE</b><br>28.<br>29.        | disability, or special need which keeps me from working (put short description in the box, and attach documents or doctor's letter giving details)         I am not able to fully support myself because a child or other person has a medical condition, disability, or special need which keeps me from working (put name of person, relationship, and short description in the box, and attach documents or doctor's letter giving details)         PRESENT, AND THE FUTURE:         As of the date of this application, I am         Not working         Working full time (occupation, monthly income)         Looking for work (attach job search list)         Receiving social assistance (monthly income)         Going to school (type of course, how long, where)         The respondent is paying support for me (\$ monthly)   | Name of person:<br>Relationship to me:<br>Condition / Special Need:                       |
| 26.<br>27.<br><b>THE</b><br>28.               | disability, or special need which keeps me from working (put short description in the box, and attach documents or doctor's letter giving details)         I am not able to fully support myself because a child or other person has a medical condition, disability, or special need which keeps me from working (put name of person, relationship, and short description in the box, and attach documents or doctor's letter giving details)         PRESENT, AND THE FUTURE:         As of the date of this application, I am         Not working         Working full time (occupation, monthly income)         Looking for work (attach job search list)         Receiving social assistance (monthly income)         Going to school (type of course, how long, where)         The respondent is paying support for me (\$ monthly)   | Name of person:<br>Relationship to me:<br>Condition / Special Need:                       |
| 26.<br>27.<br><b>THE</b><br>28.<br>29.        | disability, or special need which keeps me from working (put short description in the box, and attach documents or doctor's letter giving details)         I am not able to fully support myself because a child or other person has a medical condition, disability, or special need which keeps me from working (put name of person, relationship, and short description in the box, and attach documents or doctor's letter giving details)         PRESENT, AND THE FUTURE:         As of the date of this application, I am         Not working         Working full time (occupation, monthly income)         Notworking normality for work (attach job search list)         Receiving social assistance (monthly income)         Going to school (type of course, how long, where)         The respondent is paying support for me (\$ monthly)         The respondent agreed to pay support for me of (\$ monthly, or other amount)         and has not paid the whole amount. There is now unpaid support of   | Name of person:<br>Relationship to me:<br>Condition / Special Need:                       |
| 26.<br>27.<br><b>THE</b><br>28.<br>29.<br>30. | disability, or special need which keeps me from working (put short description in the box, and attach documents or doctor's letter giving details)         I am not able to fully support myself because a child or other person has a medical condition, disability, or special need which keeps me from working (put name of person, relationship, and short description in the box, and attach documents or doctor's letter giving details)         PRESENT, AND THE FUTURE:         As of the date of this application, I am         Not working         Working full time (occupation, monthly income)         Vorking part time (occupation, monthly income)         Looking for work (attach job search list)         Receiving social assistance (monthly income)         Going to school (type of course, how long, where)         The respondent is paying support for me (\$ monthly)         The respondent agreed to pay support for me of (\$ monthly, or other amount)         and has not paid the whole amount. There is now unpaid support of | Name of person:<br>Relationship to me:<br>Condition / Special Need:<br>documents attached |
| 26.<br>27.<br><b>THE</b><br>28.<br>29.        | disability, or special need which keeps me from working (put short description in the box, and attach documents or doctor's letter giving details)         I am not able to fully support myself because a child or other person has a medical condition, disability, or special need which keeps me from working (put name of person, relationship, and short description in the box, and attach documents or doctor's letter giving details)         PRESENT, AND THE FUTURE:         As of the date of this application, I am         Not working         Working full time (occupation, monthly income)         Working part time (occupation, monthly income)         Looking for work (attach job search list)         Receiving social assistance (monthly income)         Going to school (type of course, how long, where)         The respondent is paying support for me of (\$ monthly, or other amount) and has not paid the whole amount. There is now unpaid support of \$   | Name of person:<br>Relationship to me:<br>Condition / Special Need:<br>documents attached |
| 26.<br>27.<br><b>THE</b><br>28.<br>29.<br>30. | disability, or special need which keeps me from working ( <i>put short description in the box, and attach documents or doctor's letter giving details</i> ) I am not able to fully support myself because a child or other person has a medical condition, disability, or special need which keeps me from working ( <i>put name of person, relationship, and short description in the box, and attach documents or doctor's letter giving details</i> ) PRESENT, AND THE FUTURE: As of the date of this application, I am Not working Working full time ( <i>occupation, monthly income</i> ) Korking part time ( <i>occupation, monthly income</i> ) Cooking for work ( <i>attach job search list</i> ) Receiving social assistance ( <i>monthly income</i> ) Going to school ( <i>type of course, how long, where</i> ) The respondent is paying support for me of ( <i>\$ monthly</i> , or other amount) and has not paid the whole amount. There is now unpaid support of \$   | Name of person:<br>Relationship to me:<br>Condition / Special Need:<br>documents attached |
| 26.<br>27.<br><b>THE</b><br>28.<br>29.<br>30. | disability, or special need which keeps me from working (put short description in the box, and attach documents or doctor's letter giving details)         I am not able to fully support myself because a child or other person has a medical condition, disability, or special need which keeps me from working (put name of person, relationship, and short description in the box, and attach documents or doctor's letter giving details)         PRESENT, AND THE FUTURE:         As of the date of this application, I am         Not working         Working full time (occupation, monthly income)         Looking for work (attach job search list)         Receiving social assistance (monthly income)         Going to school (type of course, how long, where)         The respondent is paying support for me of (\$ monthly, or other amount)         and has not paid the whole amount. There is now unpaid support of         \$  | Name of person:<br>Relationship to me:<br>Condition / Special Need:<br>documents attached |
| 26.<br>27.<br><b>THE</b><br>28.<br>29.<br>30. | disability, or special need which keeps me from working ( <i>put short description in the box, and attach documents or doctor's letter giving details</i> ) I am not able to fully support myself because a child or other person has a medical condition, disability, or special need which keeps me from working ( <i>put name of person, relationship, and short description in the box, and attach documents or doctor's letter giving details</i> ) PRESENT, AND THE FUTURE: As of the date of this application, I am Not working Working full time ( <i>occupation, monthly income</i> ) Korking part time ( <i>occupation, monthly income</i> ) Cooking for work ( <i>attach job search list</i> ) Receiving social assistance ( <i>monthly income</i> ) Going to school ( <i>type of course, how long, where</i> ) The respondent is paying support for me of ( <i>\$ monthly</i> , or other amount) and has not paid the whole amount. There is now unpaid support of \$   | Name of person:<br>Relationship to me:<br>Condition / Special Need:<br>documents attached |

|     | ther (details)  |
|-----|---|
| 32. | Compared to the time the respondent and I were together, my standard of living is now<br>much worse (Details of the differences)<br>worse<br>the same<br>better<br>much better  |
| 33. | If the Court orders support for me, I plan to make myself self-supporting by:           going to school to complete high school           going to school to obtain a certificate / diploma / degree           obtaining job / vocational training to get a job           I expect that when my plan is completed my standard of living will be ( <i>pick one</i> )           worse         better           OR, I will not be able to become self-supporting because |
| 34. | Details of my plan include: (list name of course, where offered, length of time it takes, whether full of part time, costs, and results to be achieved. If the training/course has a brochure or curriculum, attach it.)  |
|     | I have attached additional page(s) with more details about my claim, education, work experience, relationship with the respondent, medical information, present condition, and future plans, if applicable.   |

This document is attached to, and forms part of the evidence in, my support application/support variation application/answer:

Signature