FORM 70D

File No. FD

FINANCIAL STATEMENT

(Heading as in Form 70A)

FINANCIAL STATEMENT OF ______ (Petitioner/Respondent)

I, _____, of the _____,

in the province of , SWEAR (or AFFIRM) THAT:

- 1. Attached are the following:

 - [] Part 1 Annual Income
 [] Part 2 Monthly Expenses
 [] Part 3 Assets of Both Parties
 [] Part 4 Debts of Both Parties
- 2. To the best of my knowledge, information and belief, the information set out in this financial statement is true and complete.

SWORN (or affirmed) before me at the)
of,)
in the Province of Manitoba,)
this,,	.)

A Commissioner for Oaths in and for the Province of Manitoba My Commission expires:

PART 1 – ANNUAL INCOME

1.	I am	
	[]	employed as (describe occupation)
		by (name and address of employer)
	[]	self-employed, carrying on business under the name of (<i>name and address of business</i>)
	[]	unemployed since
2.	(a)	Attached are copies of my Canada Customs and Revenue Agency income and deduction computer printouts for each of the three most recent taxation years,,,, (years)
	(b)	I cannot obtain the printouts for the years,,, because (give reasons) (years)

I expect my total income for this year to be as follows: 3. (a)

SOURCES OF INCOME

Employment income (wages, salary, commissions, including overtime and	d	
bonuses)		
Other employment income (<i>including tips and gratuities</i>) Old age security pension		
Canada or Quebec Pension Plan benefits		
Other pensions or superannuation		
Employment insurance benefits		
Taxable amount of dividends from taxable Canadian corporations		
Interest and other investment income		
Net partnership income		
Rental income	Gross	Net
Taxable capital gains		
Spousal support		
Child support (<i>taxable only</i>)		
Registered Retirement Savings Plan income	a	••••
Business income	Gross	Net
Professional income	Gross	Net
Commission income	Gross	Net
Farming income	Gross	Net
Fishing income	Gross	Net
Workers' Compensation benefits		
Social Assistance payments Net federal supplements		
Other income (<i>specify</i>)		
Outer income (specify)		
(A) TOTAL ANNUAL INCOME	<u>):</u>	
Total income as declared in most recent personal income tax return		
(year)		
ADJUSTMENTS TO INCOME		
Additions:		
Actual amount of dividends received from Canadian corporations		
Actual capital gains realized in excess of actual capital losses		
Salaries, benefits or other payments paid to non-arm's length persons,		
and deducted from self-employment income, unless necessary to earn		
self-employment income		
Allowable capital cost allowance for real property		
Employee stock options with a Canadian-controlled private corporation exe		
(Do not include if you dispose of the shares in the same year you exercise	e the	
option.)		
Value of chores of the time the entires are everyined		
Value of shares at the time the options are exercised Less: Amount paid for the shares		
Amount paid to acquire the options to purchase the shares		
Amount paid to acquire the options to purchase the shares		
(B) TOTAL ADDITIONS	5:	

Deductions:

Union, professional dues and other employment expenses allowed under Schedule III

Child support received and included in total income above Spousal support received from the other parent and included in total income above Social assistance received by the parent for other members of the	
household	
Taxable amount of dividends from taxable Canadian corporations	
Taxable capital gains Actual amount of business investment losses Carrying charges and interest expenses	
Self-employment income, net of reserves, included in income for tax purposes in excess of the self-employment income for the 12 months ending on December 31 of the reporting year	
Portion of partnership and sole proprietorship income that is required by the partnership to be re-invested	
(C) TOTAL DEDUCTIONS:	
Annual Income for Child Support Guidelines Table Amount (Total income (A) plus additions (B) less deductions (C))	
Annual Income for Special or Extraordinary Expenses Amount (Annual Income for Child Support Guidelines Table Amount less spousal support paid to the other parent, or, plus spousal support received from the other parent, as applicable)	

(b) (Do not complete this section where the only relief claimed is a table amount of child support under the child support guidelines and all children for whom relief is sought are under the age of majority.)

(i) I receive child support for the following persons who are not the subject of this application:

	Annual	Taxable or
Name	amount	not (indicate)

(ii) I receive the following non-taxable benefits, allowances or amounts: (*This includes items such as use of a vehicle and room and board. Where the benefit is not an amount, include an estimate of the value of the benefit on an annual basis.*)

		Annual
Benefit	Donofit	amount
Denem	Benefit	or value

(Note: It is not necessary to complete Parts 2, 3 or 4 where the only relief claimed is a table amount of child support under the child support guidelines and all children for whom relief is sought are under the age of majority.)

PART 2 - MONTHLY EXPENSES

4. My monthly expenses are as follows and are for me and the following members of my household:

(If the payment of an expense is shared with another person, insert only the amount that you pay. Convert all expenses incurred in a year, whether on a yearly, quarterly, weekly, or other basis, to monthly amounts. Give actual amounts where known or you can obtain the information. If this is impossible, give estimates.)

Compulsory Deductions		SUB-TOTAL	\$ <u> </u>
Income Tax	\$ <u></u>		
Employment insurance	\$ <u></u>	Adult Household Members	
Canada Pension Plan	\$	Clothing	\$
Employer pension	\$	Hair care	\$
Union dues	\$	Toiletries, cosmetics	\$
Insurance	\$	Education fees, supplies	\$
Other (<i>specify</i>)	\$	Entertainment and recreation	\$
Household Expenses		Fitness	\$
Groceries and household		Insurance	\$
supplies	\$	Charitable donations	\$
Meals outside the home	\$	Gifts to others	\$
Telephone	\$	Alcohol, tobacco	\$
Cable television	\$	Children	
Laundry and dry cleaning	\$	Child care	\$
Newspapers, publications	\$	Babysitting	\$
Stationery, computer supplies	\$	Clothing	\$
Vacation	\$	Hair care	\$
Pet care	\$	Allowances	\$
Housing (primary residence)		School fees and supplies	\$
Rent or mortgage	\$	Entertainment and recreation	\$
Taxes	\$	Insurance	\$
Home Insurance	\$	Gifts (toys, books, etc)	\$
Heat	\$	Activities, lessons and supplies	\$
Water	\$	Camp	\$
Hydro	\$	Gifts to other children	\$
House repairs and		Savings for the future	
maintenance	\$ <u></u>	RRSP	\$
Yard maintenance	\$	RESP	\$
Other (specify)	\$	Other	\$
		Debt (other than mortgage	
Health		repayment) (calculated as	\$
Medical Insurance	\$ <u></u>	in Part 4)	
Drugs (Net of coverage)	\$	Lease payments (specify)	\$
Dental Care (Net of coverage)	\$	Support payments to others	·
Optical Care (Net of coverage)	\$	(specify)*	\$
Other (specify)	\$	Reserve for income taxes	\$
Transportation	·	Other (specify)	\$
Public transit, taxis, etc.	\$	(1));	·
Car Operation	\$ <u></u>	TOTAL	\$
Gas and Oil	\$		•
Insurance and licence	\$		
Maintenance	\$		
Parking	Ś		
SUBTOTAL	\$		

* List only persons whose support is not at issue in this application. Specify the person who is supported, whether the payments are tax deductible to you, and whether they are voluntary or pursuant to a court order or agreement.

5. (Complete only if claiming child support and special or extraordinary expenses.)

I have the following special or extraordinary expenses for the named children:

(a) Child care expenses

Name of child	Gross annual cost	Net annual cost
(specify expense)		
(b) Health-related expenses that exceed insurance reimbe	ursement by at least \$100 annuall	y:
Name of child	Gross annual cost	Net annual cost
(specify expense)		
(c) Extraordinary expenses for primary or secondary sch meet the child's particular needs	nool education or for any education	nal programs that
Name of child	Gross annual cost	Net annual cost
(specify expense)		
(d) Post-secondary education		
Name of child	Gross annual cost	Net annual cost
(specify expense)		
(e) Extraordinary expenses for extracurricular activities		
Name of child	Gross annual cost	Net annual cost
(specify expense)		

PART 3 — ASSETS OF BOTH PARTIES

6. Our assets are as follows:

(Include all assets, whether or not shareable under The Family Property Act, including jointly owned assets. Where there is a claim under The Family Property Act, identify with an asterisk (*) those assets alleged to be non-shareable. Do not complete the column headed "Market Value at Date of Separation" if there is no claim under The Family Property Act.)

	Asset in Possession of Petitioner (P) or Respondent (R)	Present Market Value	Market Value at Date of Separation
Real estate (municipal address)		\$	\$
Cars, boats, vehicles (year, make, model)		\$	\$
Household goods, furniture and appliances		\$	\$
Tools, sports and hobby equipment		\$	\$
Bank accounts and cash on hand		\$	\$
R.R.S.P.		\$	\$
Bonds, shares, term deposits, investment certificates, mutual funds		\$	\$
Money owed to us		\$	\$
Life Insurance (cash value)		\$	\$
Pension plans		\$	\$
Business assets		\$	\$
Other (specify)		\$	\$
TOTAL		\$	\$

7. Our debts and liabilities are as follows:

(List all your debts and liabilities as well as any joint debts and liabilities. Identify joint liabilities with an asterisk (*). Do not complete the column headed "Amount Outstanding at Date of Separation" if there is no claim under The Family Property Act.)

	Debt of Petitioner (P) or Respondent (R) or Joint (*)	Present Amount Outstanding	Amount Outstanding at Date of Separation	Present Monthly Payments
Mortgage		\$	\$	\$
Loans (<i>specify</i>)		\$ \$ \$	\$ \$ \$	\$ \$ \$
Credit cards		\$ \$ \$	\$ \$ \$	\$ \$ \$
Other (specify)		\$ \$ \$	\$ \$ \$	\$ \$ \$
τοτα	L	\$	\$	\$