

**FORM III**

CANADA

PROVINCE OF QUÉBEC

SUPERIOR COURT

DISTRICT OF

Family Chamber

NO \_\_\_\_-\_\_\_\_-\_\_\_\_

\_\_\_\_\_

Party \_\_\_\_\_

v.

\_\_\_\_\_

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.

I receive only income security benefits in the amount of \$\_\_\_\_\_ per month.

(1) I am the \_\_\_\_\_ (applicant 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 years \_\_\_\_\_.

(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

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<b>Category</b>	<b>Per week</b>	<b>Par month</b>	<b>Par year</b>
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Gross salary

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Commissions/tips

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Net income from business or self-employment (attach financial statement)

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Employment insurance

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Support paid by a third party

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Retirement or disability pension, or other pension

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Interest and dividends

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Net rentals (attach a statement of income and expenses for each property)

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Other (Please specify)

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TOTAL

a)

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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 expenses by 4.33 and divide an annual expense by 12)

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**Category**

**Per month**

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1 Contributions to the Québec Pension Plan and the Canada Pension Plan

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2 Employment insurance premiums

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3 Contributions to a retirement plan

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4 Group insurance premiums

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5 Union dues and professional association fees

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6 Rent/mortgage

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7 Common expenses (co-ownership)

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8 Municipal, school and water taxes

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9 Home insurance premiums

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10 Insurance: life, accident, invalidity

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11 Electricity

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12 Heating

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13 Telephone

---

14 Cable T.V.

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15 Repairs to and upkeep of main residence

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16 Housekeeping

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17 Purchase of furniture, appliances and bedding

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18 Repairs to furniture and appliances

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19 Food

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20 Restaurant meals: – For work – For leisure

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21 Medicines and toilet articles

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22 Diapers and baby formula

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23 Dental care

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24 Eye glasses, contact lenses and products for their upkeep

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25 Clothing

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26 Laundry and dry-cleaning

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27 Hairdresser and beauty care

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28 Taxis and public transport

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29 Vehicle – Payments/rental – Insurance – Licence and registration –  
Fuel – Repairs – Parking

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30 Education costs (tuition, books, supplies, meals, outings, extra-curricular  
activities, uniform)

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31 Registered education savings plan

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32 Child day care costs (day care, babysitter, day camp) – For work – For leisure

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33 Outings and entertainment

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34 Sports activities

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35 Equipment: sports, leisure activities, etc.

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36 Courses/lessons

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37 Toys, gifts

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38 Books, magazines, newspapers, records and cassettes

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39 Pets

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40 Tobacco and alcohol

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41 Vacations

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42 Camp

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43 Children's allowance

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44 Savings – retirement savings

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45 Payment of debts      1)                              2)                              3)

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46 Lawyer's fees

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47 Secondary residence (enclose details on separate sheet)

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48 Other:                              Anticipated expenditures:

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TOTAL MONTHLY EXPENDITURES

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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

\_\_\_\_\_

\_\_\_\_\_

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ASSETS

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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.

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**Category**

**Details**

**Value**

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Total assets \$ \_\_\_\_\_

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LIABILITIES

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In the following table indicate all debts or financial commitments of any kind 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.

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<b>Debt</b>	<b>Balance</b>	<b>Name of creditor</b>
<b>(Specify hypothec, personal loan, credit card, etc.)</b>		

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1.

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2.

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3.

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4.

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Total liabilities \$ \_\_\_\_\_

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**Summary of assets and liabilities**

Total assets: \$ \_\_\_\_\_

(less) -

Total liabilities: \$ \_\_\_\_\_

NET WORTH \$ \_\_\_\_\_

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Signature

Oath taken before \_\_\_\_\_ (name and position, profession or quality) \_\_\_\_\_ at \_\_\_\_\_ (municipality and province) \_\_\_\_\_, on \_\_\_\_\_ (date) \_\_\_\_\_

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(signature of person administering the oath)