

CANADA

Province of Quebec

District of _____

Case file number _____

_____ — c. — _____

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 (Rule 22).

I receive only income security benefits in the amount of ___ per month.

1. I am the _____ 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 year _____.

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

CATEGORY	Per week	Per month	Per year
Gross salary	_____	_____	_____
Commissions/tips	_____	_____	_____
Net income from business or self-employment (attach financial statements)	_____	_____	_____
Unemployment or Parental Insurance	_____	_____	_____
Support paid by a third party	_____	_____	_____
Retirement or disability pension, or other pension	_____	_____	_____
Interest and dividends	_____	_____	_____
Net rentals (attach a statement of income and expenses for each property)	_____	_____	_____
Other income (Please specify: _____)	_____	_____	_____
TOTAL	_____	_____	_____
Total per week	_____	X 4,33	= a) _____
Total per month	_____		= b) _____
Total per year	_____	÷ 12	= c) _____
Total monthly income (a + b + c)			=====

Expenses on a monthly basis

CATEGORY	Per month
1. Contributions to the Régime des rentes du Québec and the Canada Pension Plan	
2. Unemployment insurance	
3. Retirement plan premiums	
4. Group insurance premiums	
5. Union dues and professional fees	
6. Rent/mortgage	
7. Common charges (co-ownership)	
8. Municipal, school and water taxes	
9. Premiums for insurance on dwelling	
10. Insurance: life, accident, invalidity	
11. Electricity	
12. Heating	
13. Phone	
14. Cable TV	
15. Repairs to, and upkeep of main residence	
16. Housekeeping	
17. Purchase of furniture, appliances and bedding	
18. Repairs to furniture and appliances	
19. Food	
20. Restaurant (work)	
21. Restaurant (leisure)	
22. Medicine and toilet articles	
23. Diapers and baby formula	
24. Dental care	
25. Eye glasses, contact lenses and products for their upkeep	
26. Clothing	
27. Laundry and dry cleaning	
28. Hair dressing and beauty care	
29. Taxi and public transport	
30. Vehicle - payment/rental	
31. Vehicle - insurance	
32. Vehicle - license and registration	
33. Vehicle - gas	
34. Vehicle - repairs	
35. Vehicle - parking	
36. Education costs (tuition, books, supplies, meals, outings extra-curricular activities, uniform)	
37. Registered education savings plan	
38. Child day care (for work)	
39. Child day care (for leisure)	
40. Outings and entertainment	
41. Sport activities	
42. Equipment: sports, leisure, etc.	
43. Courses / lessons	
44. Toys, gifts	

CATEGORY	Per month
45. Books, magazines, newspapers and records	
46. Pets	
47. Tobacco and alcohol	
48. Vacations	
49. Camp	
50. Children's allowance	
51. Savings / Retirement savings	
52. Debt payment	
53. Lawyer's fees	
54. Secondary residence (enclose details on separate sheet)	
55. Other anticipated expenditures	
Total monthly expenditures	

Summary

Total monthly income	
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*	
Please complete in block letters.	

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

Assets

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.

Category and details	Value
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
Others (attach details)	_____
Assets total	_____

Liabilities

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

Debt and name of creditor	Value
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
Others (attach details)	_____
Liabilities total	_____

Summary of assets and liabilities

Assets total	_____
Liabilities total	_____
NET VALUE	_____

Signature

Oath taken before _____
(name and position, profession or quality)

at _____, on _____
(Municipality) (date)

(signature of person receiving the oath)