

Provisional – Spousal

Court of Queen's Bench

Provisional Application to
Change Spousal Support



Resolution Services



Alberta 
Government

Instructions

Provisional Order to Change Child and/or Spousal Support

Before you Begin:

- This form is to be used to change an Order made on a divorce file when the other party lives in another province or territory in Canada. It does not matter if the divorce file is in Alberta or elsewhere in Canada.
- If the Order that you want to change was not made on a divorce file, or if the Order was made outside Canada, then this is not the proper procedure for you.
- See our booklet, "Making a Court Application in the Court of Queen's Bench (With an Application Form)" for more information about how to prepare, file and serve court forms and how to present your case in court.
- Be prepared to take several days or weeks to gather up the information that you need, and several hours to fill in your paperwork properly. This is not something you can dash off in a few minutes. If you have properly prepared, you will have a better chance of success. You only have one chance to make your application!

Gather up the documents you will need to prove your case

- You will need a copy of the order that you want to change. If the order was made outside Alberta, you will need a certified copy of the order. You can get that from the court that granted it. (There may be a fee for a certified copy.)
- Gather up your financial documents and fill in your Disclosure Statement before you start filling in these forms. See the package "Providing Financial Disclosure" for more information. **You must file complete financial disclosure at the same time as you file your application.**
- There may be other documents that you should attach to your court forms. For example:
- To support your request to change child support:
 - If you are asking for any special or extraordinary expenses for your children, you will need receipts for those expenses, if you have them.
 - If you are claiming support for a child over the age of 18, you will need proof of that child's income for any year in which they have earned an income.
 - If you are claiming support for a child over the age of 18 because they are in school, you will need proof that they are registered in an educational institution, including the number of classes and/or hours per week of instruction.
 - If you are asking for retroactive support, you must provide income information back to the date that you want the new support amount to begin.

- If you are claiming undue hardship, you will need proof of the amounts you are spending on the thing that causes you undue hardship and income information for any other adult in your household.
- If you are asking to reduce arrears, you must provide:
 - Income information back to the date when you first began to fall into arrears.
 - A copy of your Debtor's Statement of Account from the Maintenance Enforcement Program; and
 - A list of your assets, showing the value of each asset, and a list of your debts, showing the amount owing on each debt.
- If you are asking to change spousal support:
 - You must fill in a list of your assets, showing the value of each asset and your debts, showing the amount owing on each debt.
 - You must also fill in a budget, showing the amount you spend each month on your expenses.
 - If you are unable to support yourself because of medical problems or education, you will need proof of the medical problems or registration at an educational institution.



Tips:

The documents that you attach to your application are very important. You will not be in court when the final decision is made, so make sure your paperwork tells the judge everything they need to know to make a decision. Organize it well, make sure it is all legible, and add in written explanations if the documents are not clear.

You can print off a copy of your Debtor's Statement of Account from the Maintenance Enforcement website, if you have your account number and your pin. Or you can phone them at 480-422-5555 and ask them to mail it to you.

Fill in the Application form

- Follow the instructions on the form and in the "Making a Court Application" booklet.

Fill in the Affidavit form

- Follow the instructions on the form and in the “Making a Court Application” booklet.
- This form has been prepared with the information that the court is likely to want to see. You can, if you wish, change the content of the form to set out the information in a way that you think is best. If you type up your own Affidavit, it cannot be longer than 5 pages (or 8 pages if you are setting your matter for an afternoon Special).
- All of the documents that you want the judge to see must be written about in the Affidavit (and your Disclosure Statement, if you have filled one in) and attached as exhibits to the Affidavit (or attachments to your Disclosure Statement).
- You cannot have more than 40 pages of exhibits to your Affidavit, unless you get permission from a judge. If you must have more than 40 pages, ask us how to apply for permission.

Serving the Court Materials

- In most cases, you can go to court without serving the other party. (They will be served once your application is sent to the province in which they live.)
- You do have to serve Maintenance Enforcement (MEP) – either by dropping off copies of each court form at their office, or by sending them to MEP by recorded mail. The address is on the Affidavit of Service form.
- If the judge in court tells you that you need to serve the other party, ask us for an Affidavit of Service to be filled in after they are served.

After Maintenance Enforcement has been served, fill in the Affidavit of Service form

- Follow the instructions on the form and in the “Making a Court Application” booklet.

What Happens After Court?

- The order that you received is a Provisional Order – that is, it is of no force or effect at this time.
- You must fill in the **Provisional Order Information Form** and file it at the Clerk’s counter.
- Once the order and Provisional Order Information Form are filed, the Clerk orders a transcript of your court hearing, then prepares a package of information to be sent on to the other province. This package includes the court forms that you have filled out, the transcript and the Provisional Order.

- The other province will set up a court date and serve the other party with a copy of the package from Alberta. The other party has a chance to file their own evidence with the court and to make arguments.
- The judge in the other province will make an order which will do one of the following:
 - Confirm the Provisional Order
 - Confirm, but vary the Provisional Order
 - Refuse to Confirm the Provisional Order
 - Send the matter back to Alberta so that you can provide further evidence.
- This whole process usually takes about 6 months, but it can take longer. You will receive a copy of the Order from the other province once it is received by our court.



Tip:

If you move, make sure to put your updated address on your court file.

While you are waiting for your application to be finished:

- If you are the payor and are applying to reduce your support, keep in mind that MEP will not change your support until the court in the other province has made an order.
- If you cannot afford to pay the same amount of support, you should apply to the court for a Stay of Enforcement. Ask us how to do that.

These instructions have been prepared for you by Resolution Services.

Contact us at:

Calgary

7th floor, Calgary Courts Centre
601 - 5 Street SW
Phone 403-297-6981

Edmonton

8th floor, Brownlee Building
10365 – 97 Street
Phone 780-415-0404

Grande Prairie

Main Floor, Court House
10260 - 99 St.
Phone: 780-833-4234

Lethbridge

1st Floor, Court House
320 - 4 St. S
Lethbridge AB T1J 1Z8
Phone: 403-388-3102

Red Deer

Main Floor, Court House
4909 - 48 Ave
Phone: 403-340-7187

Medicine Hat

Court House
460 First Street SE
Medicine Hat, AB T1A 0A8
Phone 403-529-8716

Outside these centres, contact us toll free at 310-0000

Clerk's Stamp

COURT FILE NUMBER

(File number, as on other court documents)

COURT

Court of Queen's Bench of Alberta

JUDICIAL CENTRE

(City or town where court is located)

APPLICANT

(Print your full name, as on other court documents)

RESPONDENT

(Print the other party's full name, as on other court documents)

DOCUMENT

**Family Law Application –
Provisional Application to
Change Spousal Support**

ADDRESS FOR SERVICE
AND CONTACT
INFORMATION OF PARTY
FILING THIS DOCUMENT

(Applicant's Name)

(Full address)

()

NOTICE TO THE RESPONDENT(S)

This application is made against you. You are a Respondent. You have the right to state your side of this matter before the judge. To do so, you must be in Court when the application is heard as shown below:

COURT DATE: _____, _____, 20____.
(Weekday) (Month) (Day) (Year)

TIME: _____
(Time of Day)

WHERE: _____
(Courtroom (if known), Street address of courthouse)

BEFORE WHOM: **Justice in Family Chambers**

Go to the end of this document to see what else you must do and when you must do it.

1. **REMEDY CLAIMED OR SOUGHT** *(check off and fill in to show what you want the Court to order)*

Changing Spousal Support

A provisional order changing my spousal support starting on:

_____ *(Date you want the new spousal support payments to start)*

Check the box or boxes below that show the change(s) you want to your spousal support order:

A provisional order increasing the amount of spousal support that the other person is required to pay. I would like the other person to pay spousal support in the amount of \$ _____ per month.
(Amount)

A provisional order decreasing the amount of spousal support that I am required to pay. I would like to pay spousal support in the amount of \$ _____ per month.
(Amount)

A provisional order ending spousal support as of: _____
(Date you want the spousal support to end)

Other: *(Describe any other changes that you would like to your spousal support order)*

Arrears *(Check off the box or boxes that apply)*

A provisional order cancelling all of the arrears that I owe for spousal support.

A provisional order reducing my spousal support arrears to \$ _____
(Amount)

A provisional order setting out a payment plan for my arrears, so that I am required to pay \$ _____ per month towards my arrears.
(Amount)

Other: (Describe any other changes that you would like to your arrears.)

Other

Any other remedies, including costs, that the Court determines to be appropriate.

2. GROUNDS FOR MAKING THIS APPLICATION:

My grounds for making this application are set out in my Affidavit sworn on

(Date)

3. MATERIAL OR EVIDENCE TO BE RELIED ON:

I am relying on the evidence set out in my Affidavit sworn on _____
(Date)

I am relying on the following: (Describe the evidence, other than your Affidavit, that you are relying on)

4. APPLICABLE RULES:

Rule 12.46 – Provisional order to vary a support order under *Divorce Act*

Other: (List any Rule number(s) that apply to your application)

5. APPLICABLE ACTS AND REGULATIONS:

Divorce Act (Canada), s. 17, 18 and 19

Federal Child Support Guidelines

Other (List any other Acts / Regulations that apply to your application)

6. ANY IRREGULARITY COMPLAINED OF OR OBJECTION RELIED ON:

Not applicable

Specify: _____

7. HOW THE APPLICATION IS PROPOSED TO BE HEARD OR CONSIDERED:

(In most circumstances, this section will be left blank. But, if you are asking for your application to be heard in a different way (such as videoconference, or teleconference) you must speak with the Clerk about what to write in this space.)

WARNING

If you do not come to Court on the date and time shown above either in person or by your lawyer, the court may give the Applicant what the Applicant wants in your absence. You will be bound by any order that the Court makes.

If you intend to give evidence in response to the application, you must reply by filing an affidavit or other evidence with the Court, and serving a copy of that affidavit or other evidence on the Applicant(s) a reasonable time before the application is to be heard or considered.

Clerk's Stamp

COURT FILE NUMBER _____
(File number, as on other court documents)

COURT Court of Queen's Bench of Alberta

JUDICIAL CENTRE _____
(City or town where court is located)

APPLICANT _____
(Print your full name, as on other court documents)

RESPONDENT _____
(Print the other party's full name, as on other court documents)

DOCUMENT: **Affidavit – Provisional Change to Spousal Support**

SWORN / AFFIRMED BY: _____
(Name of person making this Affidavit)

SWORN / AFFIRMED ON: _____
(Date Affidavit sworn / affirmed)

ADDRESS FOR SERVICE AND CONTACT INFORMATION OF PARTY FILING THIS DOCUMENT _____
(Name of party filing this document)

() _____

I, _____, of _____, Alberta,
(Your name) (Name of City / Town)

SWEAR / AFFIRM AND SAY THAT:

1. I am the Applicant. I have personal knowledge of the facts set out below, except where I say that they are based on information and belief. In that case, I believe the facts to be true.

GENERAL INFORMATION

2. I am:

married to the Respondent. We separated on _____
(Date)

divorced from the Respondent. We were divorced on _____
(Date)

3. The chart below gives basic information about the child(ren) in this case:

(List all of the children involved in this case. If there are no children, cross this paragraph out.)

Child's full legal name	Age	Birthdate <i>(mm /dd/ yyyy)</i>

4. A copy of the Order I want to change is attached as Exhibit "_____". *(As this is your first exhibit, fill in the blank with the letter "A". Your next exhibit will be "B", and so on.)*

I have not attached a copy of the Order I want to change for the following reasons: *(Describe)*

SPOUSAL SUPPORT

5. *(Choose one)*

I am the person who will be receiving spousal support under a Court order (recipient).

I am the person who will be paying spousal support under the Court order (payor).

6. As of today:

all spousal support required to be paid under the court order has been paid (there are no spousal support arrears).

there are spousal support arrears in the amount of \$ _____

7. Since the Order was made, our circumstances have changed as follows:

(Describe what has changed for you, or for the other party, and how it has affected your spousal support.)

8. I am asking for the following changes to my spousal support order: *(Check all that apply)*

A provisional order changing my previous order for spousal support starting on

_____ *(Date you want the new order to start)*

A provisional order increasing the amount of spousal support that the Respondent is required to pay. I would like the Respondent to pay spousal support in the amount of \$_____ per month.

A provisional order decreasing the amount of spousal support that I am required to pay. I would like to pay spousal support in the amount of \$_____ per month.

A provisional order ending my spousal support obligation as of _____ *(Date you want spousal support to end)*

Other: *(Describe any other changes that you would like to your spousal support order)*

Income of the Applicant

9. I have or will be filing a Financial Statement, which will provide evidence of my income. I ask the court to set my income for spousal support at \$_____, based on:

This is what I believe my gross annual income from all sources will be this year

This is my gross annual income for last year

Other: *(Explain how you have calculated your income and explain why you believe this amount should be accepted as your income)*

Income of the Respondent

10. I ask the court to set the Respondent's income at \$ _____, based on:

- This is what I believe the Respondent's gross annual income from all sources will be this year
- This is the Respondent's gross annual income for last year
- I believe the Respondent is employed as _____
(type of occupation or employment)

Attached as Exhibit "_____" is a printout from either a provincial or federal source showing the average incomes earned by those in that type of occupation in the province where the Respondent lives.

- Other: *(Explain how you have calculated the Respondent's income and why you believe this amount should be accepted as their income. Attach any supporting documents as exhibits.)*

Retroactive Spousal Support

(Complete only if you are asking that the change in spousal support be retroactive.)

11. I am asking for the change in spousal support to be retroactive to _____
(Date you want spousal support change to start)

I am asking for a retroactive order for the following reasons:

Other Information

12. I have the following education and training:

13. I have worked at the following jobs:

14. (Choose one)

- I am in good health.
- I suffer from an illness or disability that affects my ability to work. (Provide details)

15. Attached as Exhibit “_____” is my detailed information regarding my assets, liabilities and my monthly budget.

REDUCING OR CANCELLING ARREARS

(Complete #16 – 20 only if you want to reduce or cancel arrears. Cross them off if they do not apply.)

- 16. Attached as Exhibit “_____” to my Affidavit is a copy of my Debtor Statement of Account from the Maintenance Enforcement Program
- I have not attached a copy of my Debtor’s Statement of Account for the following reasons: (Describe)

17. (Choose those that apply)

- I am asking for a provisional order cancelling all of the arrears that I owe for child and spousal support.
- I am asking for a provisional order reducing my child and spousal support arrears to \$ _____.
- I am asking for a provisional order setting out a payment plan for my child and spousal support arrears so that I am required to pay \$_____ per month towards my arrears amount.
- I am asking for the following additional change to my arrears:

18. Since the time the Order was granted I was unable to pay the support at the time it was due for the following reasons:

19. I cannot pay the arrears of support now for the following reasons:

20. I will not be able to pay the arrears of support in the future for the following reasons:

ADDITIONAL INFORMATION

21. I have the following other information in support of my application:

Sworn (OR Affirmed) before me

on _____, 20 ____

at _____, Alberta.

Commissioner for Oaths in and for the Province of
Alberta, Justice of the Peace or Notary Public



(Signature of person swearing / affirming Affidavit)

ID Verified _____

Assets, Debts and Monthly Budget of _____
(Your name)

as of _____
(Date you complete this form)

A. ASSETS

	Asset	Particulars	Date Acquired	Value (Estimated)
1.	<u>Real Estate:</u> (List any interest in land, including leasehold interests and mortgages owing to you, whether or not you are registered as owner. Provide legal descriptions and indicate without deducting encumbrances or costs of disposition. Record encumbrances under debts)			
2.	<u>Vehicles:</u> (List cars, trucks, motorcycles, trailers, motor homes, boats, etc.)			

3.	<p><u>Financial Assets:</u> <i>(List savings and chequing accounts, term deposits, GIC's, stocks, bonds, Canada Savings Bonds, mutual funds, insurance policies (indicate beneficiaries), accounts receivable, etc.)</i></p>			
4.	<p><u>Pensions and RRSP's:</u> <i>(Indicate name of institution where accounts are held, name and address of pension plan and pension details)</i></p>			
5.	<p><u>Corporate / Business Interests:</u> <i>(List any interest you hold, directly or indirectly, in any corporation, unincorporated business, partnership, trust, joint venture, etc.)</i></p>			
6.	<p><u>Other:</u> <i>(List anything else of value that you own, including precious metals, collections, works of art, jewelry or household items of high value.)</i> <i>(Include location of any safety deposit boxes)</i></p>			

B. DEBTS

Debt	Particulars	Date incurred	Balance Owing	Monthly Payment
1. Secured Debts: <i>(List all mortgages, lines of credit, car loans, and any other debt secured against an asset that you own.)</i>				
2. Unsecured Debts: <i>(List all bank loans, personal loans, lines of credit, overdrafts, credit cards and any other debts that you have)</i>				
3. Other: <i>(List any other debts not listed above)</i>				
—				
—				
—				

C. Monthly Budget

Line 1: Total Net Monthly Income from all sources (e.g. include employment income (After payroll deductions), EI Benefits, social assistance, Child Tax Benefit etc.) \$ _____

Monthly expenses:			
Rent or mortgage	\$	Clothing	\$
Property Taxes	\$	Laundry, dry cleaning	\$
Home insurance	\$	Haircuts, personal care	\$
Cable television	\$	Newspaper, subscriptions	\$
Internet	\$	Alcohol, tobacco	\$
Telephone	\$	Savings for future	\$
Utilities	\$	Vacation Savings	\$
Home maintenance	\$	Entertainment, recreation	\$
Vehicle Loan	\$	Activities for children	\$
Gas for Vehicle	\$	School expenses	\$
Vehicle maintenance	\$	Day care, babysitting	\$
Vehicle Insurance	\$	Gifts, allowances	\$
Public transportation	\$	Other: (please specify)	\$
Food, groceries, Household supplies	\$		\$
Meals outside the home	\$		\$
Dental/Medical Insurance (if not deducted by your employer)	\$		\$
Dental/Medical expenses not covered by insurance	\$		\$
Total Monthly Debt payments	\$		\$
Total Column 1	\$	Total Column 2	\$
Line 2: Total of Column 1 + Column 2 = Total Monthly Expenses:			
			\$

Total Monthly Income from Line 1:		\$
(Minus) Total Monthly Expenses from Line 2:	-	\$
Equals Monthly Surplus or Deficit	+/-	\$

TABLE OF EXHIBITS

(Exhibits are numbered, starting with the first page of the first exhibit being #1, and continuing through to the last page of the last exhibit. On this chart, write the page number where each exhibit starts.)

Exhibit Letter	Brief Description of Exhibit	Page Number
A		
B		

COURT FILE NUMBER

(File number, as on other court documents)

COURT

Court of Queen's Bench of Alberta

JUDICIAL CENTRE

(City or town where court is located)

APPLICANT

(Print your full name, as on other court documents)

RESPONDENT

(Print the other party's full name, as on other court documents)

Clerk's Stamp

DOCUMENT:

**Affidavit of Service on
Maintenance Enforcement
Program (M.E.P)**

SWORN / AFFIRMED BY:

(Name of person making this Affidavit)

SWORN / AFFIRMED ON:

(Date Affidavit sworn / affirmed)

ADDRESS FOR SERVICE
AND CONTACT
INFORMATION OF PARTY
FILING THIS DOCUMENT

(Name of party filing this document)

(Full address of party filing this document)

()

I, _____, of _____, Alberta,
(Name of person who served) *(Name of City / Town)*

SWEAR / AFFIRM AND SAY THAT:

1. I have personal knowledge of the facts set out below, except where I say that they are based on information and belief. In that case, I believe the information to be true.
2. I am 18 years of age or older.

3. On _____ I served the Director of Maintenance Enforcement
(Date)

with the following documents:

Application form filed: _____
(Date filed)

Affidavit filed: _____
(Date filed)

Claim filed: _____
(Date filed)

Statement filed: _____
(Date filed)

Disclosure Statement filed: _____
(Date filed)

Order filed: _____
(Date filed)

Other: (State the name of the document and the date filed with the court. If it is not a filed document, attach a copy as an exhibit to this Affidavit.)

4. I served the documents listed above by using the following method:

Handing the documents to a staff member at the Maintenance Enforcement office, at 7th floor North, 10365 – 97 Street, Edmonton, Alberta.

Sending the documents by recorded mail to the Director of Maintenance Enforcement at 7th floor North, 10365 – 97 Street, Edmonton, AB, T5J 3W7.

Sending the documents by way of facsimile transmission to the following fax number: (780) 401- 7575. Attached as Exhibit ' _____ ' is the fax transmission sheet showing the fax was completed.

Other: (Describe the method and attach documents proving receipt, if any, as Exhibits to this Affidavit.)

Sworn (OR Affirmed) before me

on _____, 20 ____
at _____, Alberta.

Commissioner for Oaths
in and for the Province of Alberta, Justice of the Peace
or Notary Public



(Signature of person swearing / affirming Affidavit)

I.D. Verified _____

COURT FILE NUMBER

(File number, as on other court documents)

COURT

Court of Queen's Bench of Alberta

JUDICIAL CENTRE

(City or town where court is located)

APPLICANT

(Print your full name, as on other court documents)

RESPONDENT

(Print the other party's full name, as on other court documents)

Clerk's Stamp

DOCUMENT

Provisional Order Information Form

ADDRESS FOR SERVICE
AND CONTACT
INFORMATION OF PARTY
FILING THIS DOCUMENT

(Applicant's Name)

(Full address)

()

1. CLAIMANT INFORMATION

LAST NAME	FIRST	MIDDLE	SIN (CAN) (SSN USA)	SEX	DATE OF BIRTH		
				M <input type="checkbox"/> F <input type="checkbox"/>	D	M	Y
IS A MAINTENANCE ENFORCEMENT PROGRAM/COURT IN ANOTHER PROVINCE/TERRITORY/STATE ENFORCING YOUR MAINTENANCE ORDER? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, LIST NAME AND ADDRESS OF PROGRAM/COURT FILE/CASE NUMBER							

2. DEPENDENT CHILDREN/CHILDREN INFORMATION

	NAME OF CHILD/CHILDREN IN THE ORDER			PROVINCE/TERRITORY/ STATE OF RESIDENCE (LAST 6 MONTHS)	SEX OF CHILD		DATE OF BIRTH		
	LAST NAME	FIRST	MIDDLE		M	F	D	M	Y
1.					<input type="checkbox"/>	<input type="checkbox"/>			
2.					<input type="checkbox"/>	<input type="checkbox"/>			
3.					<input type="checkbox"/>	<input type="checkbox"/>			
4.					<input type="checkbox"/>	<input type="checkbox"/>			

3. RESPONDENT INFORMATION
(Respondent means person in other jurisdiction)

LAST NAME	FIRST	MIDDLE	SIN (CAN) (SSN USA)			SEX		DATE OF BIRTH		
						M <input type="checkbox"/>	F <input type="checkbox"/>	D	M	Y

IS A MAINTENANCE ENFORCEMENT PROGRAM/COURT IN ANOTHER PROVINCE/TERRITORY/STATE ENFORCING YOUR MAINTENANCE ORDER?

Yes No

IF YES, LIST NAME AND ADDRESS OF PROGRAM/COURT FILE/CASE NUMBER

ALIASES/OTHER NAMES USED		MOTHER'S MAIDEN NAME		RESPONDENT/PAYOR'S CURRENT SPOUSE	
CURRENT OR LAST KNOWN ADDRESS <i>(street & number)</i>		CITY		AREA CODE & PHONE – HOME	
PROVINCE/TERRITORY/ STATE	COUNTRY	POSTAL/ZIP CODE	AREA CODE & PHONE – WORK		
CURRENT OR LAST KNOWN EMPLOYER			USUAL OCCUPATION (INCLUDE UNION AND LOCAL, TRADE OR PROFESSIONAL MEMBERSHIP)		
ADDRESS <i>(street & number)</i>		CITY		AREA CODE & PHONE	
PROVINCE/TERRITORY STATE	COUNTRY	POSTAL/ZIP CODE	AREA CODE & FAX		

4. DESCRIPTION OF RESPONDENT/PAYOR

HEIGHT	WEIGHT	EYE COLOUR	COMPLEXION	GLASSES/ CONTACT LENSES	PLACE OF BIRTH
				NO YES	

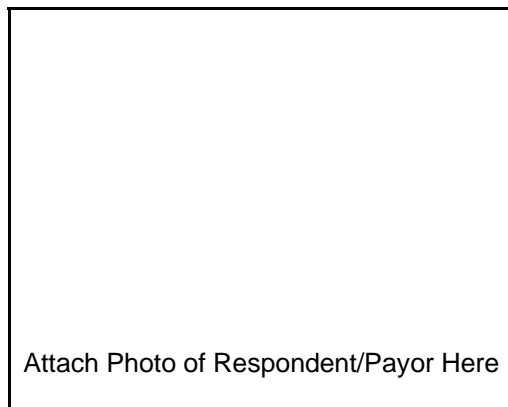
VISIBLE AND DISTINGUISHABLE MARKS *(TATTOOS, BEAUTY MARKS, SCARS, ETC.)*

FRIENDS AND/OR RELATIVES WHO KNOW WHERE TO CONTACT THE RESPONDENT/PAYOR

NAME	RELATION	ADDRESS	CITY	PROV/TERR/ STATE	POSTAL/ ZIP CODE	TELEPHON E NUMBER
1.						
2.						
3.						

5. ASSETS OF RESPONDENT/PAYOR (Complete ONLY if Respondent is the payor)

MOTOR VEHICLES (INCLUDES CARS, BOATS, RECREATIONAL VEHICLES) MAKE	YEAR	COLOUR	LICENCE PLATE NO./FROM WHAT PROVINCE/TERRITORY/STATE
1.			
2.			
3.			
REAL ESTATE (INCLUDES HOME(S), COTTAGES, INVESTMENT PROPERTY) STREET ADDRESS	CITY	PROV/ TERR/ STATE	LEGAL DESCRIPTION (IF KNOWN)
1.			
ASSETS/NAME OF BANK	ADDRESS	TYPE OF ACCOUNT	ACCOUNT NUMBER
1.			
2.			
3.			
CREDIT CARDS			
COMPANY NAME	ACCOUNT NUMBER	NAME OF COMPANY	ACCOUNT NUMBER
1.			
2.			
OTHER RELEVANT INFORMATION			



THE INFORMATION I HAVE GIVEN ON THIS FORM IS TRUE AND CORRECT, TO THE BEST OF MY KNOWLEDGE AND BELIEF.

CLAIMANT OR AUTHORIZED OFFICER