

The information contained in these Data Sheets must be consistent with that in the court order and any supporting affidavit and documents.

Action Number: _____

PAYOR:

Full Name: _____

Province of Residence: _____

RECIPIENT:

Full Name: _____

Province of Residence: _____

CHILDREN:

Names (list youngest to oldest)	Birth date : (month/day/year)	Age (at Dec 31 of current year):	Residing with?		Shared
			Payor	Recipient	
_____	____/____/____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	____/____/____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	____/____/____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	____/____/____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

GUIDELINE INCOME (annual amounts)

All sources of gross income:

		<u>Payor</u>	<u>Recipient</u>
employment income	+	\$ _____	\$ _____
employment insurance benefits	+	\$ _____	\$ _____
social assistance benefits attributable to spouse	+	\$ _____	\$ _____
Other: (specify sources) _____	+	\$ _____	\$ _____
_____	+	\$ _____	\$ _____

Total annual gross income: = \$ _____ \$ _____

Guideline adjustments to total income:

Deduct: professional and union dues	-	\$ _____	\$ _____
Other:(specify) _____	-/+	\$ _____	\$ _____

Total guideline adjustments: = \$ _____ \$ _____

Guideline income: \$ _____ \$ _____

TAX INFORMATION (Does not affect guideline incomes or table amounts. Complete only if undue hardship, or if child care, health related or post-secondary expenses are being claimed)

	<u>Payor</u>	<u>Recipient</u>
Marital Status - married or common-law?: (check if yes)	<input type="checkbox"/>	<input type="checkbox"/>
Annual "net income" for income tax purposes of new spouse or common-law	\$ _____	\$ _____

ANNUAL SPOUSAL SUPPORT PAID TO THE OTHER SPOUSE:

(Does not affect guideline incomes or table amounts. Affects proportionate share of special expenses. Complete only if undue hardship or if special expenses are being claimed)

\$ _____ per year paid by _____ (Check box if tax deductible)
 (state 'Payor' or 'Recipient')

ADDITIONAL ANNUAL SPECIAL EXPENSES (complete only those expenses being claimed):

	<u>Payor</u>	<u>Recipient</u>	<u>Check box if expense is claimed as a tax deduction</u>
child care expenses	\$ _____	\$ _____	<input type="checkbox"/>
medical/dental premiums	\$ _____	\$ _____	
health related expenses	\$ _____	\$ _____	<input type="checkbox"/>
extraordinary school expenses	\$ _____	\$ _____	
post-secondary education expenses	\$ _____	\$ _____	<input type="checkbox"/>
extraordinary extracurricular activities	\$ _____	\$ _____	
contribution to s.7s from child	\$ _____	\$ _____	

UNDUE HARDSHIP (Complete only if claiming undue hardship under section 10 of Guidelines)

- **Undue Hardship Circumstances** (list Annual amounts and check box if tax deductible):

	<u>Payor</u>		<u>Recipient</u>	
10(2)(a) unusually high level of debts	\$ _____		\$ _____	
10(2)(b) unusually high access costs	\$ _____		\$ _____	
10(2)(c) amounts of other support orders/written agreements	\$ _____	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>
10(2)(d) amounts of other child support	\$ _____	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>
10(2)(e) amounts of support to any person due to illness etc.	\$ _____		\$ _____	
Other (specify) _____	\$ _____		\$ _____	

- **Household Composition:**

number of additional adults residing with: _____

number of children residing with: _____

- of the marriage (each shared child is counted in both households) _____
- other children _____

- **Estimated annual guideline income of other adults in household** \$ _____ \$ _____