

Spousal Support

# Court of King's Bench

Application for Spousal Support



**Resolution Services**



*Alberta*  
Government

# Instructions

## Spousal Support

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### Before you Begin:

- You must have a divorce file in the Court of King's Bench to use this form. If you do not, talk to us about how to start.
- See our booklet, "Making a Court Application in the Court of King'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

- 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 claim for 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.

### 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.

## **After the other party has been served, fill in the Affidavit of Service form**

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

**These instructions have been prepared for you by Resolution Services.  
Contact us at:**

### **Calgary**

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

### **Edmonton**

8<sup>th</sup> floor, Brownlee Building  
10365 – 97 Street  
Phone 780-415-0404

### **Grande Prairie**

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

### **Lethbridge**

1<sup>st</sup> 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 King'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 for 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)*

**Spousal Support**

An order for spousal support to be paid in the amount of \$ \_\_\_\_\_ per  
*(Amount)*  
month, starting on \_\_\_\_\_  
*(Date you want your spousal support payments to start)*

An order for spousal support to be paid in a one-time lump sum of \$ \_\_\_\_\_  
*(Amount)*  
to be paid by \_\_\_\_\_  
*(Date you want lump sum to be paid)*

Other: *(Describe any other terms that you would like in your spousal support order)*  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Other**

- Variation of time for service.
- 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 13.5 – Variation of time period
- Other: *(List any Rule number(s) that apply to your application)*

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**5. APPLICABLE ACTS AND REGULATIONS:**

- Divorce Act (Canada)*
- Federal Child Support Guidelines*
- Other *(List any other Acts / Regulations that apply to your application)*

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**6. ANY IRREGULARITY COMPLAINED OF OR OBJECTION RELIED ON:**

- Not applicable
- Specify: \_\_\_\_\_

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**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.)*

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**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 King'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 - 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)

\_\_\_\_\_  
(Full address of party filing this document)

\_\_\_\_\_  
( )

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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 any)*

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

**SPOUSAL SUPPORT**

4. *(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).

5. *(Check off the box that contains the statement that is true for you)*

The other party and I **do not** have a verbal or written agreement for me or the other party to pay spousal support.

The other party and I have a verbal or written agreement for  me  the other party to pay spousal support. *(If you checked this box, provide the details below.)*

| Date of agreement | Present monthly spousal support amount | Other details about our spousal support agreement |
|-------------------|--|---|
|                   | \$                                     |   |

Attached as Exhibit "\_\_\_\_\_" is a copy of the written agreement for spousal support.



6. I am asking for the following spousal support order: *(Check all that apply)*

An order for spousal support to be paid in the amount of \$ \_\_\_\_\_  
per month starting \_\_\_\_\_  
*(Date you want the new order to start)*

An order for spousal support to be paid in a one-time lump sum of \$ \_\_\_\_\_  
by \_\_\_\_\_  
*(Date you want the lump sum to be paid)*

Other: *(Describe any kind of order you would like for spousal support order)*

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**Income of the Applicant**

7. 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)*

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**Income of the Respondent**

8. The Respondent  has  has not filed a Financial Statement, which has provided evidence of their income. 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

Other: *(Explain how you have calculated the Respondent's income and explain why you believe this amount should be accepted as their income)*

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**Retroactive Spousal Support**

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

9. I am asking for the spousal support to be retroactive to \_\_\_\_\_  
*(Date you want spousal support to start)*

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

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**Other Information**

10. The Respondent and I lived together for \_\_\_\_\_ years.

11. During the time that the Respondent and I lived together, I was: *(check all that apply)*

- attending school
- employed full time
- employed part time
- a stay-at-home parent
- I suffered from an illness or disability that affected my ability to work *(Describe your illness or disability)*

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- Other *(Describe)* \_\_\_\_\_
- 
- 

12. During the time that the Respondent and I lived together, the Respondent was: *(check all that apply)*

- attending school
- employed full time
- employed part time
- a stay-at-home parent
- The Respondent suffered from an illness or disability that affected his/her ability to work  
*(Describe the illness or disability)*

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- Other *(Describe)* \_\_\_\_\_
- 
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13. During the time the Respondent and I lived together: *(Check all that apply)*

- both of us earned income to pay our expenses
  - I was the person primarily responsible for earning income to pay our expenses
  - The respondent was the person primarily responsible for earning income to pay our expenses
- Other *(Describe how your expenses were paid during the time you were together)*

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14. I have the following education and training:

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15. I have worked at the following jobs:

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16. *(Choose one)*

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

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17. Attached as Exhibit “\_\_\_\_\_” is my detailed information regarding my assets, liabilities and my monthly budget.



Assets, Debts and Monthly Budget of \_\_\_\_\_  
(Your name)

as of \_\_\_\_\_  
(Date you complete this form)

## A. ASSETS

|    | <b>Asset</b>   | <b>Particulars</b> | <b>Date Acquired</b> | <b>Value (Estimated)</b> |
|----|--|--------------------|----------------------|--------------------------|
| 1. | <b><u>Real Estate:</u></b><br>(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. | <b><u>Vehicles:</u></b><br>(List cars, trucks, motorcycles, trailers, motor homes, boats, etc.)  |                    |                      |                          |

|    |  |  |  |  |
|----|--|--|--|--|
| 3. | <p><b><u>Financial Assets:</u></b><br/> <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><b><u>Pensions and RRSP's:</u></b><br/> <i>(Indicate name of institution where accounts are held, name and address of pension plan and pension details)</i></p>   |  |  |  |
| 5. | <p><b><u>Corporate / Business Interests:</u></b><br/> <i>(List any interest you hold, directly or indirectly, in any corporation, unincorporated business, partnership, trust, joint venture, etc.)</i></p>                                    |  |  |  |
| 6. | <p><b><u>Other:</u></b><br/> <i>(List anything else of value that you own, including precious metals, collections, works of art, jewelry or household items of high value.)</i><br/> <i>(Include location of any safety deposit boxes)</i></p> |  |  |  |

## B. DEBTS

| Debt  | Particulars | Date incurred | Balance Owing | Monthly Payment |
|---|-------------|---------------|---------------|-----------------|
| <b>1. Secured Debts:</b><br><i>(List all mortgages, lines of credit, car loans, and any other debt secured against an asset that you own.)</i>          |             |               |               |                 |
| <b>2. Unsecured Debts:</b><br><i>(List all bank loans, personal loans, lines of credit, overdrafts, credit cards and any other debts that you have)</i> |             |               |               |                 |
| <b>3. Other:</b><br><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.) \$ \_\_\_\_\_

| <b>Monthly expenses:</b>  |    |                           |    |
|---|----|---------------------------|----|
| 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,<br>Household supplies                                | \$ |                           | \$ |
| Meals outside the home  | \$ |                           | \$ |
| Dental/Medical Insurance<br>(if not deducted by your<br>employer)     | \$ |                           | \$ |
| Dental/Medical expenses<br>not covered by insurance                   | \$ |                           | \$ |
| Total Monthly Debt<br>payments  | \$ |                           | \$ |
| <b>Total Column 1</b>   | \$ | <b>Total Column 2</b>     | \$ |
| <b>Line 2: Total of Column 1 + Column 2 = Total Monthly Expenses:</b> |    |                           |    |
|   |    |                           | \$ |

|   |     |    |
|---|-----|----|
| 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.)*

| <b>Exhibit Letter</b> | <b>Brief Description of Exhibit</b> | <b>Page Number</b> |
|-----------------------|-------------------------------------|--------------------|
| A                     |                                     |                    |
| B                     |                                     |                    |
|                       |                                     |                    |
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|                       |                                     |                    |
|                       |                                     |                    |

Clerk's Stamp

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

COURT Court of King'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 of Personal Service**

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)

\_\_\_\_\_  
( )

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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  Applicant  Respondent  
(Date)

\_\_\_\_\_  
(Name of person who was served)

with the following documents:

Application form filed: \_\_\_\_\_  
(Date filed)

Originating Application 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 personal service, that is, I left the documents with the  
 Applicant  Respondent at: (Complete address where you served the Applicant or Respondent)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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 \_\_\_\_\_