Respond - Spousal

Court of King's Bench

Responding to Application For Spousal Support



Resolution Services





Instructions Responding to an Application

Before you Begin:

- There is an important date in the Application (or Originating Application) form that you have been served with. The court date is in the box on the first page. If you do not go to court on that date, the judge will assume that you agree with whatever the Applicant is asking for.
- If you want to respond to the application, you **must** fill in an Affidavit, setting out everything that you want the judge to know, and attaching any documents that the judge will want to see.
- If the application deals with support, you must also fill in a Disclosure Statement. See our booklet "Providing Financial Disclosure" for that form, and instructions on how to complete it.
- 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.

Gather up the documents you will need to prove your case

• If the application deals with support, the booklet "Providing Financial Disclosure" tells you what documents to gather up.

There may be other documents that you should attach to your court forms. For example:

- With respect to child support:
 - If you want to receive (or to continue to receive) payment for any special or extraordinary expenses for your children, attach receipts for those expenses, if you have them.
 - If you want to receive (or to continue to receive) support for a child over the age of 18, attach income information for that child for any year in which they have earned an income.
 - If you want to receive (or to continue to receive) support for a child over the age of 18 because they are in school, attach proof that they are registered in an educational institution, including the number of classes and/or hours per week of instruction.
 - If you are claiming undue hardship, attach income information for any other adult in your household, and evidence to support your undue hardship claim.

- With respect to spousal support:
 - Attach a list of your assets, showing the value of each asset and your debts, showing the amount owing on each debt.
 - If you are unable to support yourself because of medical problems or education, attach proof of the medical problems or registration at an educational institution.
- With respect to custody or access, think about which documents will help your case. Some of these might be relevant:
 - School report cards
 - Letters from the child's doctor, teacher or counsellor
 - Copies of e mails showing attempts to organize access
 - Your work schedule, if access must be scheduled around that
 - The children's extracurricular activity schedule

Fill in the Affidavit form

- 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.
- All of the documents that you want the judge to see must be written about in the Affidavit and attached as exhibits to the Affidavit.
- Make 2 copies of the sworn Affidavit and file the original with the Court of King's Bench.

Serving the other party

- You may serve the other party with your filed Affidavit in one of several ways:
 - You may serve them personally by handing a copy of the Affidavit to them.
 - o If they have a lawyer named on their application form, you can leave a copy with the lawyer or one of their staff.
 - You can leave a copy at the address for service listed on the Application form.
 - o If the Application form has a fax number or e mail address, you may fax or scan and e mail the form to the other party that way.



Tip:

You do not have to serve the other party yourself. You can have a friend or a process server do it for you.

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

• Make sure the Affidavit of Service states how you served the Applicant.

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

Calgary

7th floor, Calgary Courts Centre 8th floor, Brownlee Building 601 - 5 Street SW Phone 403-297-6981

Grande Prairie

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

Red Deer

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

Edmonton

10365 – 97 Street Phone 780-415-0404

Lethbridge

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

Medicine Hat

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

Outside these centres, call the Resolution Services Contact Centre at 1-855-738-4747

COURT FILE NUMBER	(File number, as on other court documents)	Cierk's Stamp
COURT	Court of King's Bench of Alberta	
JUDICIAL CENTRE	(City or town where court is located)	
APPLICANT (Print	the other party's full name, as on other court documents)	
RESPONDENT	(Print your full name, as on other court documents)	
DOCUMENT:	Affidavit – Responding 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)	
	(Full address of party filing this document)	
	()	
		, Alberta,
MAKE OATH / AFFIRM AN	ND SAY THAT:	

- 1. I am the Respondent. 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.
- 2. I have read the Affidavit filed by the Applicant, and I make this Affidavit in response to the application of the Applicant.

SPOUSAL SUPPORT

(Complete this section if you are responding to an application for spousal support. Make sure you complete the Income sections below) 3. I agree with the Applicant's application for spousal support. 4. I am opposing the Applicant's application for spousal support because: My income is not what the Applicant claims it is. (Complete #6) The Applicant's income is not what the Applicant claims it is. (Complete #7) Other reasons: (Give other reasons for opposing the Applicant's application, including your response to any claims for retroactive support.) Attached as Exhibit '_____' is my detailed information regarding my assets, liabilities and my 5. monthly budget of expenses. INCOME OF THE RESPONDENT 6. I have or will be filing a Financial Statement, which will provide evidence of my income. I ask the court to set my guideline income 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 guideline income and why you believe this amount should be accepted as your guideline income)

INCOME OF THE APPLICANT

7.	The	e Applicant 🗌 has 🔲 has not filed a Fina	ncial Statement, which has provided evidence of their
	inco	ome. I ask the court to set the Applicant's g	uideline income at \$, based on:
		This is what I believe the Applicant's gross	s annual income from all sources will be this year
		This is the Applicant's gross annual incom	e for last year
			Applicant's guideline income and why you believe this amount Attach any supporting documents as exhibits.)
отн	ER IN	NFORMATION	
8.	I hav	ve the following other information in respons	se to the Applicant's application:
		·	
	-		
	-		
Swor	n (OF	R Affirmed) before me	
	•	•	
on		, 20	
at		, Alberta.	(Signature of person swearing / affirming Affidavit)
			(Signature of person swearing / animiling Anidavit)
		Commission of the Cathe	
		Commissioner for Oaths, istice of the Peace, or Notary Public in and for the Province of Alberta	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.	Real Estate: (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.	Vehicles: (List cars, trucks, motorcycles, trailers, motor homes, boats, etc.)			
3.	Financial Assets: (List savings and chequing accounts, term deposits, GIC's, stocks, bonds, Canada Savings Bonds, mutual funds, insurance policies (indicate beneficiaries), accounts receivable, etc.)			
4.	Pensions and RRSP's: (Indicate name of institution where accounts are held, name and address of pension plan and pension details)			

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5.	Corporate / Business Interests:		
	(List any interest you hold,		
	directly or indirectly, in any corporation, unincorporated		
	business, partnership, trust,		
	joint venture, etc.)		
6.	Other:		
	(List anything else of value that you own, including		
	precious metals, collections,		
	works of art, jewelry or household items of high		
	value.)		
	(Include location of any safety deposit boxes)		
	deposit boxes)		

B. DEBTS

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

C. Monthly Budget

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

Rent or mortgage	\$ Clothing	\$
Property Taxes	\$ Laundry, dry cleaning	\$
Home insurance	\$ Haircuts, personal care	\$
Cable television	\$ Newspaper, subscriptions	\$
nternet	\$ Alcohol, tobacco	\$
Telephone	\$ Savings for future	\$
Jtilities	\$ Vacation Savings	\$
Home maintenance	\$ Entertainment, recreation	\$
/ehicle Loan	\$ Activities for children	\$
Gas for Vehicle	\$ School expenses	\$
/ehicle maintenance	\$ Day care, babysitting	\$
/ehicle 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 2	\$

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		
В		
		