

**SCHEDULE "D"**  
(04/07)

**IN THE PROVINCIAL COURT OF NEWFOUNDLAND AND LABRADOR**  
**COURT CENTRE:** \_\_\_\_\_  
**Court File No.** \_\_\_\_\_

**BETWEEN:** \_\_\_\_\_

**APPLICANT**

**AND:** \_\_\_\_\_

**RESPONDENT**

**FINANCIAL STATEMENT**  
**(Long Form)**

I am the \_\_\_\_\_ (Applicant or Respondent) in this proceeding and I do swear (or affirm) that:

1. The information set out in this Financial Statement is true and complete to the best of my knowledge and belief and sets out my financial situation as of the date of this Statement.

I do not anticipate any significant changes in the information set out in this Financial Statement.

I anticipate the following changes in the information set out in this Financial Statement:

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

2. I have completed the following sections of this schedule:

- A. Employment Information & Disclosure
- B. Income Statement
- C. Expense Statement
- D. Adjustments to Annual Income for Child Support Purposes
- E. Special or Extraordinary Expenses
- F. Undue Hardship
- G. Income of Other Persons in Household

**SWORN TO OR AFFIRMED**

at \_\_\_\_\_  
in the Province of Newfoundland and Labrador  
this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_  
before me:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Commissioner for Oaths, Justice of the Peace

**NOTE: If you have completed Parts C, E and/or F of this Schedule D, "Long Form Financial Statement", you are not required to complete an additional Schedule A, B and/or C.**

**Part A EMPLOYMENT INFORMATION AND DISCLOSURE**

1. I am:

employed as (occupation) \_\_\_\_\_

- paid weekly
- paid every two weeks
- paid twice per month
- paid monthly
- other, please specify: \_\_\_\_\_

self-employed, carrying on business, professional practice or farming (name and address of business, practice, farm) \_\_\_\_\_

unemployed, date of last employment: \_\_\_\_\_ and name and address of most recent employer \_\_\_\_\_

a shareholder, director, or officer of a corporation in which I have an interest (name and address of corporation) \_\_\_\_\_

a beneficiary under a trust (state trust settlement agreement) \_\_\_\_\_

a Registered Indian under the provisions of the *Indian Act*, RSC 1985, C.I-5 and I am exempt from payment of taxes to the Canada Revenue Agency. My gross income for the last three years was:

Year _____	Income: \$ _____
Year _____	Income: \$ _____
Year _____	Income: \$ _____

other: (please give details) \_\_\_\_\_

2. I have attached to or served with this form:

a copy of every Income Tax Return filed by me for each of the 3 most recent taxation years, together with a copy of all material filed with the returns and a copy of every Notice of Assessment or reassessment issued to me for each of those years

a statement from the Canada Revenue Agency that I have not filed an Income Tax Return for any or all of the last 3 years.

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**Part B ANNUAL INCOME**

**Complete this section if either of the following applies to you:**

1. A claim for child support is made and,
  - the amount claimed differs from the table amount,
  - there is, or a claim is made for, a shared or split parenting arrangement,
  - there is a claim for special/extraordinary expenses,
  - there is a claim for undue hardship,
  - if the annual income of the person paying support is more than \$150,000.00,
  - a child is 19 years of age or older,
  - there is a claim against you for child support, or,
  
2. If there is a claim for spousal, partner or parental support.

	Annual	
1. Employment Income		\$
2. Commissions		\$
3. Other employment benefits (including taxable and non -taxable benefits)(specify)		\$
4. Pension Income		\$
5. RRSP, RIF income		\$
6. EI benefits		\$
7. Interest, investment income		\$
8. Taxable dividends from taxable Canadian Corporations		\$
9. Taxable capital gains		\$
10. Partnership income	Gross \$	Net \$
11. Rental income	Gross \$	Net \$
12. Child support received	Total \$	Taxable \$
13. Spousal Support received		\$
14. Workers Compensation		\$
15. Income support		\$
16. Net federal supplements		\$
17. Self-employment income		
Business	Gross \$	Net \$
Professional	Gross \$	Net \$
Commission	Gross \$	Net \$
Farming	Gross \$	Net \$
18. Other income (specify)	Gross \$	Net \$
<b>TOTAL ANNUAL INCOME</b>		

**Part C MONTHLY EXPENSES**

*Do not complete this form if you are seeking only the basic table amount of child support.*

Deductions from Employment		Personal		Health	
CPP	\$	Hair care, toiletries	\$	Medical, dental premiums (not deducted at source)	\$
El premiums	\$	Clothing, footwear	\$	Health care (therapy)	\$
Pension	\$	Entertainment	\$	Drugs, prescriptions	\$
Insurance	\$	Alcohol/Tobacco	\$	Dental care (i.e. orthodontics)	\$
Income tax	\$	Vacation	\$	Optical care	\$
Union dues	\$	School fees, etc.	\$	Other	\$
Other (specify)	\$	Other	\$		
<b>Housing</b>		<b>Children</b>		<b>Savings for Future</b>	
Rent/Mortgage	\$	School fees, supplies	\$	RRSP	\$
Insurance	\$	School activities	\$	RESP	\$
Condo fees	\$	Clothing, footwear	\$	Other (specify)	\$
Property taxes	\$	Daycare, sitter	\$	<b>Other</b>	
Water, sewer	\$	Allowances, gifts	\$	Support paid in this case	\$
Repairs/maintenance	\$	Other (specify)	\$	Support paid in any other case	\$
Heat, Fuel	\$			Banking, legal, accounting	\$
Electricity	\$	<b>Transportation</b>		Church, charitable donations	\$
Telephone	\$	Car payment		Life insurance premiums	\$
Cable	\$	Insurance	\$	Newspapers, publications	\$
Internet	\$	Licenses	\$	Debts (other than mortgage) (specify)\$	\$
Other (specify)	\$	Public transit, taxis	\$	Other (specify)	\$
<b>Household expenses</b>		Gas, oil	\$		
Groceries, household supplies	\$	Maintenance	\$		
Meals outside home	\$	Parking	\$		
Dry cleaning, laundry	\$	Other (specify)	\$		
Furnishings	\$				
Repairs, maintenance	\$				
Other (specify)	\$			<b>Total Monthly Expenses</b>	\$

**Part D ADJUSTMENTS TO ANNUAL INCOME FOR CHILD SUPPORT PURPOSES**  
*(Basic child support and special expenses)*

**Annual Income to Determine Basic Child Support:**

1. Total Annual Income (from page 3 of this Form) \$ \_\_\_\_\_

2. Replacements in income:

Replace taxable amount of dividends from Canadian corporations with the actual amount of dividends. Insert net amount added to Income.	\$ _____
Replace taxable capital gains with the actual amount of capital gains realized in excess of the actual capital losses. Insert net amount added to income.	\$ _____
<b>ADJUSTED INCOME (Total Annual Income plus replacements)</b>	<b>\$ _____</b>

3. Deductions from income

	Annual
Union, professional, association or like dues	\$ _____
Other employment expenses (specify)	\$ _____
Taxable amount of child support received	\$ _____
Spousal support received from the other party	\$ _____
Income support received for other members of the family	\$ _____
Actual amount of business investment losses	\$ _____
Carrying charges, interest expenses deductible per the <i>Income Tax Act</i>	\$ _____
Prior period earnings included in self-employment income, net of reserves	\$ _____
Portion of partnership or sole proprietorship properly required for capitalization	\$ _____
<b>TOTAL DEDUCTIONS FROM ADJUSTED INCOME</b>	<b>\$ _____</b>

4. Additions to income: (Annual)

Payments to non-arms length persons	\$ _____
Allowable capital cost allowance with respect to real property	\$ _____
Value of exercised stock options in Canadian controlled private corporations	\$ _____
<b>TOTAL ADDITIONS TO ADJUSTED ANNUAL INCOME</b>	<b>\$ _____</b>

**TOTAL ADJUSTED ANNUAL INCOME FOR CHILD SUPPORT (BASIC) \$ \_\_\_\_\_**

**Part E SPECIAL OR EXTRAORDINARY EXPENSES**

**Complete this Part only if you claim special or extraordinary expenses as part of a claim for child support and refer to Section 7 of the Child Support Guidelines Regulations, NLR 40/98.**

1. I am claiming an amount to cover special or extraordinary expenses for one or more of the following reasons: (Check all appropriate items.)

- child care expenses incurred as a result of my employment, illness, disability, education or training for employment;
- that portion of the medical and dental insurance premiums attributable to the child;
- health-related expenses that exceed insurance reimbursement by at least \$100 annually per illness or event, including orthodontic treatment, professional counselling provided by a psychologist, social worker, psychiatrist or any other person, physiotherapy, occupational therapy, speech therapy and prescription drugs, hearing aids, glasses and contact lenses;
- extraordinary expenses for primary or secondary school or for any education programs that meet the child's particular needs;
- expenses for post-secondary education;
- extraordinary expenses for extracurricular activities.

2. (a) **In the boxes below**, state the name of the child to whom each expense relates and give the details of each type of expense you are claiming as well as the total annual amount of each expense.

(b) If a child contributes to payment of an expense, please indicate the amount of that contribution.

(c) If you are claiming a health-related expense and you receive reimbursement from an insurance plan or elsewhere, please indicate the amount which you are reimbursed.

Child's Name	Details of Expense	Total Amount	Contributions/ Reimbursements

- Receipts (or other documentation) to show the amount of each of the expenses I am claiming for each child are attached,

**OR**

- I cannot obtain receipts or other documentation to show the amount of the expense I am claiming because: (please explain why) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**AND/OR**

- I am eligible to claim or I receive the following subsidies, benefits or income tax deductions or credits relating to the above expenses: (provide details)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Part F UNDUE HARDSHIP**

**Complete this Part only if you claim a different amount of child support on the basis of undue hardship and refer to section 10 of the Child Support Guidelines Regulations, NLR 40/98 if you require further information.**

I am claiming:

- Responsibility for unusually high level of debts reasonably incurred to support the family prior to the separation or to earn a living:

Owed to	Purpose	Date Incurred	Terms of Debt	Annual Amount

- Unusually high expenses for exercising access to a child:

Details of Expense	Annual amount

- Legal duty under a judgment, order or written separation agreement to support another person. **(Attach a copy of any judgment, order or written agreement under which the legal duty arises and provide the information requested in the boxes below.)**

- Legal duty to support a child, other than a child for whom support is claimed in this application, who is under the age of 19 or at or above the age of 19 but unable to support himself or herself because of illness, disability or other cause: **(give details and provide the information requested in the boxes below.)** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- Legal duty to support a person who is unable to support him or herself because of illness or disability: **(attach a copy of any judgment, order or written agreement under which the legal duty arises and provide the information requested in the boxes below.)**

Name of Person	Relationship	Nature of Duty	Annual Amount

- Other undue hardship circumstances: **(give details)** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Part G INCOME OF OTHER PERSON(S) IN HOUSEHOLD**

The following are the names, occupations or sources of income, annual incomes and amount of federal and provincial taxes payable thereon, of

- (a) any person who has a legal duty to support me or whom I have a legal duty to support;
- (b) any person who shares living expenses with me or from whom I otherwise receive an economic benefit as a result of living with that person, and
- (c) any child whom I or the person described in paragraph (a) or (b) has a legal duty to support.

Other person's name	Occupation or source of income	Annual income*	Taxes paid

\*Where the information on which to base the income determination is not provided, the court may impute income in the amount it considers appropriate.

You **must** also file current Income Tax Returns, Notices of Assessment and proof of year-to-date earnings for every income-earner in the household.

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