# Form FD 6

20 No.

 **Supreme Court of Nova Scotia**

 **(Family Division)**

Between:

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

Applicant/Petitioner

and

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

Respondent

**Statement of Expenses**

**of** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_ prepared on\_**\_\_\_\_\_\_\_\_\_\_\_\_

I make oath/affirm and give evidence as follows:

1. The following are my current budgeted monthly expenses: (*If you reside with another person with whom you share living expenses,* ***list only your expenses****, not the expenses paid by the person with whom you reside*).

**NOTE: ALL ITEMS ARE TO BE CONVERTED TO A MONTHLY AMOUNT**

| **EXPENSES** | **MONTHLY BUDGETED EXPENSES** | **COMMENTS** |
| --- | --- | --- |
| 1. Rent/Mortgage |  |  |
| 2 . Municipal Taxes |  |  |
| 3. Property - Fire Insurance |  |  |
| 4. Heat |  |  |
| 5. Electricity |  |  |
| 6. Water |  |  |
| 7. Telephone, Postage |  |  |
| 8. Cable |  |  |
| 9. House Repairs, Maintenance, Appliance & Furniture Repairs and Replacement |  |  |
| 10. Food |  |  |
| 11. Toiletries, Household Supplies |  |  |
| 12. Clothing |  |  |
| 13. Laundry and Dry-Cleaning |  |  |
| 14. Motor Vehicle:(a) Payment |  |  |
|  |  |  |
| (b) Gas |  |  |
| (c) Maintenance/Repair |  |  |
| (d) Insurance, License, Registration & Inspection |  |  |
| (e) Parking & Tolls |  |  |
| 15. Taxis, Public Transportation |  |  |
| 16. Section 7 Child Related Expenses:(a) Child Care Expense (day-care or baby-sitting) |  |  |
| (b) Childrens Medical or Dental Insurance Premiums  |  |  |
| (c) Health Related Expenses |  |  |
| (d) Primary or Secondary School Expense |  |  |
| (e) Post Secondary School Expense |  |  |
| (f) Extracurricular Activities |  |  |
| 17. School Supplies, Tuition, Books |  |  |
| 18. Childrens Allowances and Activities |  |  |
| 19. Costs related to having time or interaction with a child or children (for example, travel costs) |  |  |
| 20. Hair and Grooming |  |  |
| 21. Life Insurance/Medical Insurance |  |  |
| 22. Drugs |  |  |
| 23. Dental |  |  |
| 24. Glasses |  |  |
| 25. Christmas, Birthdays, Events & Gifts |  |  |
| 26. Newspapers and Magazines |  |  |
| 27. Charitable Donations |  |  |
| 28. Holidays |  |  |
| 29. Entertainment |  |  |
| 30. Savings |  |  |
| 31. Child Support (paid for a child other than the child(ren) to whom this proceeding relates)32. Spousal Support (for a spouse other than a party to  the proceeding) |  |  |
| 33. Miscellaneous |  |  |
| 34. Other - |  |  |
| 35. Other - |  |  |
| **SUB-TOTAL** (add lines 1 to 35) |  |  |
| Debt Payments: |  |  |
| 36.  |  |  |
| 37.  |  |  |
| 38.  |  |  |
| **SUB-TOTAL** (lines 1 to 35 + lines 36 to 38) |  |  |
| 39. Income Source Deductions, excluding Income Tax |  |  |
| * + - 1. CPP
 |  |  |
| * + - 1. EI
 |  |  |
| Pension |  |  |
| Union Dues |  |  |
| Medical Plan |  |  |
| Other - |  |  |
| **TOTAL EXPENSES** (Sub-total from above, + line 39 total) |  |  |
| **SUMMARY** |  |  |
| Total Income Before Tax (from Statement of Income) |  |  |
| Less: Total Expenses (from above) |   |  |
| Surplus (Deficit) Before Tax |  |  |
| Less: Income Tax (Attach Calculations) |  |  |
| **SURPLUS (DEFICIT)** |  |  |

[To be completed if either party is making a claim for *undue hardship* pursuant to Section 10 of the Child Support Guidelines **or** *spousal support*.]

2. The following are the names, occupations or sources of income of all persons with whom I currently reside or with whom I share living expenses or from whom I receive an economic benefit as a result of living with that person.

*If you are making a claim for undue hardship, you must provide the following information. If you do not provide the following information your application for undue hardship may not be considered*.

|  |  |
| --- | --- |
| **NAME** | **OCCUPATION OR SOURCE OF INCOME** |
|  |  |
|  |  |
|  |  |

*Sworn to*/*Affirmed* before me)

on , 20 )

at , Nova Scotia )

)

)

 ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Authority Signature of

Print Name:

Official Capacity: