

Instructions

Child Support Data Sheets

Before you Begin:

If you are representing yourself in a child support application, or doing your own divorce and there are children involved, you must complete the attached Child Support Data Sheets and bring them to Family Justice Services / Family Law Information Centre to be reviewed.

The Family Law Information Centre staff will provide you with a Review Memo and Child Support Summary Sheet to bring with you to court, or to file with your application for Divorce Judgment.

Gather up the documents you will need to prove your case

When having the Data Sheets reviewed, you must provide proof of your income, such as:

- Your latest pay stub, if it shows your total year-to-date income, or a letter from your employer(s) stating your total income this year, or other proof of your total gross income this year; and
- Your last year's tax return and/or Notice of Assessment/Re-assessment from Canada Customs and Revenue Agency (available from their office at 220 - 4 Avenue S.E.);
- If you are self employed, the financial statements for the business, including an accounting of income and expenses for this year.

If you have the same information for the other parent, you must provide that as well.

You may be asked to provide additional information before the review can be completed.

Fill in the Child Support Data Sheet

- If you are asking only for the table amounts, complete only the names and the income section on page 1.
- If there are special or extraordinary expenses, also complete the Tax Information, Annual Spousal Support and Additional Annual Special Expenses sections on page 1 and page 2.
- If you or the other party are claiming Undue Hardship, complete the entire form.

Come to Family Justice Services / Family Law Information Centre

Bring the completed Child Support Data Sheets and your income information to Family Justice Services / Family Law Information. The addresses are below.

These instructions have been prepared for you by Family Justice Services / Family Law Information Centre. Contact us at:

Calgary

Family Justice Services
7th floor, Calgary Courts Centre
601 - 5 Street SW
Phone 403-297-6981

Edmonton

Family Law Information Centre
Main Floor, Law Courts
1A Sir Winston Churchill Square
97 Street & 102A Avenue
Phone 780-415-0404

Grande Prairie

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

Lethbridge

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

Red Deer

Family Justice Services
Main Floor, Court House
4909 - 48 Ave
Phone: 403-755-1468

Medicine Hat

Family Justice Services
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

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):

Check box if expense is

	<u>Payor</u>	<u>Recipient</u>	<u>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** \$ _____ \$ _____