

This is the **number** affidavit
of **Full Name** in this case,
and was made on **Date**

Court File No.: **number**
Court Registry: **Town**

In the Supreme Court of British Columbia

Claimant:

FULL NAME

Respondent:

FULL NAME

CHILD SUPPORT AFFIDAVIT

I, **FULL NAME**, **occupation**, of **Street Address** in the City of **Town**, in the Province of British Columbia, SWEAR (OR AFFIRM) THAT:

1. I am the **Claimant or Respondent**.
2. The following is true to the best of my information and belief.

(a) Parties:

Claimant's name	Province of residence
Full Name	Province
Respondent's name	Province of residence
Full Name	Province

(b) Children

Child's name	Birthdate	Age	Child now living with	Relationship to Claimant 1	Relationship to Claimant 2
			Party	Natural child	Natural child

				<i>or Stepchild</i>	<i>or Stepchild</i>
			Party	Natural child <i>or Stepchild</i>	Natural child <i>or Stepchild</i>
			Party	Natural child <i>or Stepchild</i>	Natural child <i>or Stepchild</i>
			Party	Natural child <i>or Stepchild</i>	Natural child <i>or Stepchild</i>

Pick which of these three paragraphs is correct and delete the other ones.

3. The **Notice of Family Claim / Counterclaim** includes a claim for a child support order.
3. The **Notice of Family Claim / Counterclaim** included a claim for a child support order but that claim has been withdrawn.
3. The **Notice of Family Claim / Counterclaim** never included a claim for a child support order.

Pick whichever of these four paragraphs are required under the Child Support Guidelines and delete the ones that are not required.

- 4a. Claimant's annual income as determined under sections 15 to 20 of the Guidelines:
\$amount
- 4b. Respondent's annual income as determined under sections 15 to 20 of the Guidelines:
\$amount
- 4c. The Claimant and the Respondent have entered into an agreement as to income pursuant to section 15(2) of the Guidelines, a copy of which agreement is attached.
- 4d. Section 4 is omitted as inapplicable.

Pick which of these two paragraphs is correct and delete the other one. If you are using the second paragraph, list the fact sheets being attached and delete the ones that are not being attached.

5. The monthly amount in Schedule 1 of the Guidelines is **\$amount**, payable by the Claimant and the Respondent.
5. I have completed and attach to this Affidavit **Supplementary Child Support Fact Sheet B** (if the circumstances described in s 9 of the Child Support Guidelines exist) *and / or* **Supplementary Child Support Fact Sheet C** (if the circumstances described in s 8 of the Child Support Guidelines exist) *and / or* **Supplementary Child Support Fact Sheet D** (one

or more children is over the age of majority) *and / or* Supplementary Child Support Fact Sheet E (undue hardship is alleged) *and / or* Supplementary Child Support Fact Sheet F (at least one of the party's incomes exceeds \$150,000)

Pick which of these five paragraphs is correct and delete the other ones.

6. The proposed order sets out that \$amount is the amount of child support payable by the Claimant or Respondent which amount accords with the Guidelines.
6. The proposed order by consent, pursuant to section 15.1(7) of the *Divorce Act* (Canada) or section 150(2) of the *Family Law Act*, sets out that \$amount is the amount of child support payable by the Claimant or Respondent, which amount is different than the amount required by the Guidelines.
6. The proposed order sets out that \$amount is the amount of child support payable by the Claimant or Respondent, which amount is different than the amount required by the Guidelines, but the following special provisions, within the meaning of section 15.1(5) of the *Divorce Act* (Canada), have been made: describe
6. The proposed order sets out that \$amount is the amount of child support payable by the Claimant or Respondent, in accordance with the agreement referred to in section 4(c) of this Affidavit.
6. The proposed order does not include child support but the following arrangements have been made for the support of the child: describe

Pick which of these two paragraphs is correct and delete the other one.

7. Expenses under section 7 of the Child Support Guidelines are not included in the proposed order.
7. I have completed and attached to this affidavit Supplementary Child Support Fact Sheet A (special expenses), and the amount set out in the proposed order for the expenses under section 7 of the Guidelines is \$amount.

Pick whichever of these three paragraphs are correct and delete the ones that are not correct.

- 8a. Medical coverage is available for the children under the Claimant's medical insurance plan.
- 8b. Medical coverage is available for the children under the Respondent's medical insurance plan.
- 8c. Medical coverage is not available for the children under either of the party's medical insurance plans.

Pick which of these two paragraphs is correct and delete the other one.

- 9. There is no order of any court in force dealing with support of the children.
- 9. Attached as Exhibit **LETTER** is the order in force that deals with the support of the children.

Pick which of these two paragraphs is correct and delete the other one.

- 10. There is no agreement dealing with support of the children.
- 10. Attached as Exhibit **LETTER** is the written agreement that deals with the support of the children.
- 11. The amount of arrears of child support, as at **date**, under any existing order or written agreement is **nil or \$amount**.

SWORN (OR AFFIRMED) BEFORE)
ME at **Town**, British Columbia, this **number**)
day of **Month**, **year**.)
))
))
))
))
))
_____)
A Commissioner for taking Affidavits for the) **FULL NAME**
Province of British Columbia)

COMPLETE AND ATTACH ONLY THOSE CHILD SUPPORT FACT SHEETS WHICH ARE MENTIONED IN THE FINAL AFFIDAVIT AND DELETE THE REST.

Supplementary Child Support Fact Sheet A: Special or Extraordinary Expenses

Section 7 expenses (net of tax credits and contribution from child, etc.):

		Annual	Monthly
A	Child care expenses	\$amount	\$amount
B	Portion of medical and dental premiums attributable to the child(ren)	\$amount	\$amount
C	Health related expenses that exceed insurance reimbursement by at least \$100	\$amount	\$amount
D	Extraordinary primary, secondary or other educational expenses	\$amount	\$amount
E	Post-secondary school expenses	\$amount	\$amount
F	Extraordinary extracurricular activities expenses	\$amount	\$amount
G	Total section 7 expenses	\$amount	\$amount

Parties' respective proportionate shares of the total net monthly section 7 expenses referred to at Line G above:

	Percentage	Amount
Claimant's proportionate share	number%	\$amount
Respondent's proportionate share	number%	\$amount

Total monthly child support payable by the **Claimant or Respondent**, including the monthly Guidelines table amount under Schedule 1 of the Guidelines and the section 7 expenses, is **\$amount**.

**Supplementary Child Support Fact Sheet B:
If the Circumstances Described in s. 9 of the Child Support Guidelines Exist**

	Claimant	Respondent
Number of children: <i>number</i>		
Approximate percentage of time children spend with each parent	<i>number</i> %	<i>number</i> %
Annual Guidelines income	\$ <i>amount</i>	\$ <i>amount</i>
Guidelines table amount	\$ <i>amount</i>	\$ <i>amount</i>
Difference between the Guidelines table amount of the Claimant and the Guidelines table amount of the Respondent	\$ <i>amount</i>	
Section 7 expenses paid directly by each party	\$ <i>amount</i>	\$ <i>amount</i>

Any other relevant information regarding the conditions, means, needs and other circumstances of each spouse or of any child for whom support is sought: *describe or leave blank*

It is proposed that child support in the amount of \$*amount* per month be paid by the *Claimant or Respondent*.

**Supplementary Child Support Fact Sheet C:
If the Circumstances Described in s. 8 of the Child Support Guidelines Exist**

		Amount
A	Number of children principally resident with the Claimant for whom support is claimed	number
B	Respondent's annual Guidelines income	\$amount
C	Guidelines table amount payable by the Respondent for number children	\$amount
D	Number of children principally resident with the Respondent for whom the Claimant is obliged to pay support	number
E	Claimant's annual Guidelines income	\$amount
F	Guidelines table amount payable by the Claimant for number children	\$amount

Difference between the Guidelines table amounts at Lines C and F: \$amount

**Supplementary Child Support Fact Sheet D:
Child(ren) 19 Years or Older**

- (a) Number of child(ren) 19 years of age or older for whom support is claimed: **number**
- (b) Child support is to be paid by the **Claimant or Respondent** (the “payor”)
- (c) Monthly Guidelines table amount of the payor under Schedule 1 of the Guidelines: **\$amount**

Pick which of these two paragraphs is correct and delete the other one.

The person swearing this affidavit says that the Guidelines table amount is appropriate.

The person swearing this affidavit says that the Guidelines table amount is inappropriate and that the appropriate amount would be **\$amount** for the following reasons: **describe**

Supplementary Child Support Fact Sheet E: Undue Hardship

1. Responsibility for unusually high debts reasonably incurred to support the family before separation or in order to earn a living

Debt owed to:	Terms of debt:	Monthly amount
Name of Creditor	describe	\$amount
Name of Creditor	describe	\$amount

2. Unusually high expenses for exercising parenting time or contact with, or access to a child

Details of expense:	Amount
describe	\$amount
describe	\$amount

3. Legal duty under a court order or separation agreement to support another person

Name of person:	Relationship:	Nature of duty:
Full Name	relationship	describe
Full Name	relationship	describe

4. Legal duty to support a child, other than a child for whom support is claimed, who is
- (a) under age 19, or
 - (b) 19 or older but unable to support himself or herself because of illness, disability or other cause

Name of child:	Relationship:	Nature of duty:
Full Name	relationship	describe
Full Name	relationship	describe

5. Legal duty to support a person who is unable to support himself or herself because of illness or disability

Name of person:	Relationship:	Nature of duty:
Full Name	relationship	describe
Full Name	relationship	describe

6. Other undue hardship circumstances:

Describe

Income of Other Persons in Household

Name of person:	Annual income
Full Name	\$amount
Full Name	\$amount
Total	\$amount

**Supplementary Child Support Fact Sheet F:
Income Over \$150,000**

A	Number of children for whom support is claimed: number	
B	Guidelines table amount for \$150,000:	\$amount
C	Plus number % of income over \$150,000:	\$amount
D	Guidelines table amount	\$amount

Pick which of these two paragraphs is correct and delete the other ones.

We have agreed on the Guidelines table amount set out at Line D above as the amount of child support.

We have agreed on an amount of child support that differs from the Guidelines table amount and the amount of child support agreed on is:

- (a) **\$amount**, and
- (b) differs from the Guidelines table amount because **describe**.