

Client Disclosure List

- **1.** A copy of every personal income tax return you have filed for each of the 3 most recent taxation years. If you have not filed a tax return for the previous year, you must provide copies of your T4, T4A, and all other relevant tax slips and statements disclosing any and all sources of income for the previous year.
- **2.** A copy of every notice of assessment and reassessment issued to you for each of the 3 most recent taxation years, or a copy of the Canada Revenue Agency printout of your last 3 years' income tax returns.
- **3.** If you are an employee, a copy of each of your 3 most recent statements of earnings indicating your total earnings paid in the year to date, including overtime, or where such a statement is not provided by your employer, a letter from your employer setting out that information, including your rate of annual salary or remuneration.
- **4.** If you receive income from employment insurance, social assistance, a pension, workers' compensation, disability payments, dividends or any other source, the most recent statement of income indicating the total amount of income from the applicable source during the current year or, if such a statement is not provided, a letter from the appropriate authority stating the required information.
- **5.** If you are a student, a statement indicating the total amount of student funding you have received during the current academic year, including loans, grants, bursaries, scholarships and living allowances.
- **6.** If you are self-employed in an unincorporated business:
 - a).** particulars or copies of every cheque issued to you during the last 6 weeks from any business or corporation in which you have an interest, or to which you have rendered a service;
 - b).** the financial statements of your business or professional practice for the 3 most recent taxation years; and
 - c).** a statement showing a breakdown of all salaries, wages, management fees or other payments or benefits paid to yourself, or to persons or corporations with whom you do not deal at arm's length, for the 3 most recent taxation years.
- **7.** If you are a partner in a partnership, confirmation of your income and draws from, and capital in, the partnership for its 3 most recent taxation years.

- **8.** If you have a 1% or more interest in a privately held corporation:
 - a).** the financial statements of the corporation and its subsidiaries for its 3 most recent taxation years;
 - b).** a statement showing a breakdown of all salaries, wages, management fees or other payments or benefits paid to yourself, or to persons or corporations with whom the corporation, and every related corporation, does not deal at arm's length for the corporation's 3 most recent taxation years; and
 - c).** a record showing your shareholder's loan transactions for the past 12 months.
- **9.** A detailed list of any special or extraordinary expenses claimed (where child support is an issue) as well as copies of receipts or other documentation providing the amount of those expenses, namely:
 - a).** child care costs;
 - b).** health care and extended medical and dental insurance premiums attributable to the child;
 - c).** uninsured health care and dental expenses;
 - d).** extraordinary educational expenses;
 - e).** post-secondary educational expenses; and
 - f).** extraordinary expenses for extracurricular activities.
- **10.** If you are a beneficiary under a trust, a copy of the trust settlement agreement and copies of the trust's 3 most recent financial statements.
- **11.** Copies of all statements and cancelled cheques for all bank accounts held solely or jointly in your name for the most recent 6 months.
- **12.** Copies of credit card statements for all credit cards solely or jointly in your name for the most recent 6 months.
- **13.** Your monthly budget of expenses (template attached).
- **14.** An itemized list of your income, assets and liabilities (template attached as Schedule A).
- **15.** Copies of the most recent statement for all RRSPs, pensions, term deposit certificates, guaranteed investment certificates, stock accounts and other investments in your name or in which you have an interest.
- **16.** A list of any exemptions claimed (where the action involves the division of matrimonial property)

BUDGET

Monthly Income		Monthly Deductions	
Gross Income from employment - Disability	\$ <input type="text"/>	Income Tax	\$ <input type="text"/>
Bonuses	\$ <input type="text"/>	Union or other dues	\$ <input type="text"/>
Commissions	\$ <input type="text"/>	Unemployment insurance	\$ <input type="text"/>
Unemployment Insurance	\$ <input type="text"/>	Canada Pension Plan	\$ <input type="text"/>
Worker's Compensation	\$ <input type="text"/>	Employer pension plans	\$ <input type="text"/>
Social Assistance	\$ <input type="text"/>	Payroll savings plan	\$ <input type="text"/>
Pension - CPP disability	\$ <input type="text"/>	RRSP rollover deduction	\$ <input type="text"/>
Allowance and support from other	\$ <input type="text"/>	Dental / Medical insurance	\$ <input type="text"/>
Investments Dividends/ interest/etc.	\$ <input type="text"/>	Other	\$ <input type="text"/>
Other	\$ <input type="text"/>	TOTAL DEDUCTIONS	\$ <input type="text"/>
GROSS INCOME	\$ <input type="text"/>		

NET INCOME TAKE HOME	\$ <input type="text"/>
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Expenses			
	Monthly	Other (e.g. Annual)	Explanation
A. BASIC EXPENSES			
1. Food, household supplies and laundry	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
2. Housing			
Rent (Subsidy, if any)	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Mortgage	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Property taxes	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Utilities	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Telephone	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Cable TV	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Insurance	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Repairs	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Other	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
3. Medical Insurance	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
SUBTOTAL	\$ <input type="text"/>	\$ <input type="text"/>	

B. CLOTHING			
1. Winter outerwear	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
2. Footwear	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
3. Sports clothing	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>

4. Summer clothes	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
5. Dress clothes	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
6. Underwear, socks, pyjamas	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
7. Other	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
SUBTOTAL:	\$ <input type="text"/>	\$ <input type="text"/>	

C. OTHER			
1. Dental Insurance	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
2. Medical/ dental costs not covered by insurance	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
3. Prescriptions and vitamins	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
4. Education expenses	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
5. Transportation			
Public Transit	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Vehicle	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Gas and Oil	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Insurance	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
License	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Repairs & Maintenance	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
6. Library fees	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
SUBTOTAL	\$ <input type="text"/>	\$ <input type="text"/>	

D. ADDITIONAL EXPENSES			
1. Recreation	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
2. Haircuts, Personal Care	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
3. Counselling – Uninsured portion	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
4. Meals outside home	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
5. Vacation	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
6. Books and Magazines	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
7. Dry cleaning	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
8. Gifts to others	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
9. Education-savings	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
10. Life insurance	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
11. Alcohol/Tobacco	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
12. Charities	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
13. Income Tax (not deducted at source)	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
14. Savings	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
15. Legal fees	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
16. Other	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
SUBTOTAL:	\$ <input type="text"/>	\$ <input type="text"/>	
TOTAL:	\$ <input type="text"/>	\$ <input type="text"/>	
TAKE HOME PAY LESS EXPENSES DEFICIT	\$ <input type="text"/>	\$ <input type="text"/>	

SCHEDULE A TO FORM FL-17

Statement Of Income, Assets And Liabilities

This is the statement of income, assets and liabilities of [name] the [Plaintiff/Defendant] in this action.

A. INCOME

All of my sources of income and amounts of income per month are as follows:

- a). Employment income of \$ from [employer];
- b). Employment insurance benefits of \$ [] ;
- c). Worker's Compensation Benefits of \$ [] ;
- d). Interest and investment income of \$ [] ;
- e). Pension income of \$ [] ;
- f). Government assistance income of \$ [] from [] ;
SOURCE
- g). Self-employment income of \$ [] ;
- h). Other income of \$ [] from [] .

My total income last year as indicated at line 150 of my [] tax return was
YEAR
\$ [] .

I expect my income at line 150 of my tax return this year to be \$ [] .

B. ASSETS

B. Assets			
Asset	Particulars	Date Acquired	Value (Estimated)
1. Real Estate (List any interest in land, including leasehold interests and mortgages, whether or not you are registered as owner. Provide legal descriptions and indicate estimated market value of your interest 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, cash, term deposits, GICs, stocks, bonds, Canada Savings Bonds, mutual funds, insurance policies (indicate beneficiaries), accounts receivable, etc.)			
4. Pensions and RRSPs (Indicate name of institution where accounts are held, name and address of pension plan and pension details.)			

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

C. DEBTS

C. Debts			
Asset	Particulars	Date Acquired	Value (Estimated)
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, including obligations that are relevant to a claim for undue hardship – e.g. car lease payment)			

I, _____ solemnly declare that the facts set out in this document are true. I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath.

Declared before me to be true on _____, 20____
DATE
 at _____, Alberta.
TOWN

 Signature of person completing document

 Commissioner for Oaths in and for Alberta

 Print name and expiry/Lawyer/Student-at-Law

NOTE: It is an offence to make a false declaration.