

STATEMENT OF INCOME AND EXPENSES

In the Provincial Court of British Columbia
Under the *Family Maintenance Enforcement Act*

Court File Number:
BCFMA Case ID:
Court Location:

Case name
as it appears on an
order.

Your current address
for service.

Dates for reporting
period

Indicate whether
you have received
income from any
of these sources.
If your answer
is "Yes", provide
the information
requested.

Check boxes and
provide information
about employment.

In the case between:

NAME

CREDITOR

And:

NAME

DEBTOR

Filed by:

NAME

ADDRESS

CITY

PROVINCE

British Columbia

POSTAL CODE

PHONE

This statement of income and expenses is for the period from _____ to _____

INCOME

You must report all income which you received during the period covered by this report, but do not report the same income twice
(for example, self-employed and business income).

Employment Income (Attach pay stubs)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Gross Amount	\$ 0.00
Self Employment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Gross Amount	\$ 0.00
Commissions/Bonuses	<input type="checkbox"/> Yes	<input type="checkbox"/> No		\$ 0.00
Tips/Gratuities	<input type="checkbox"/> Yes	<input type="checkbox"/> No		\$ 0.00
Other Business Income	<input type="checkbox"/> Yes	<input type="checkbox"/> No		\$ 0.00
Employment Insurance (attach cheque stubs)	<input type="checkbox"/> Yes	<input type="checkbox"/> No		\$ 0.00
Income Assistance (attach cheque stubs)	<input type="checkbox"/> Yes	<input type="checkbox"/> No		\$ 0.00
Pension/Disability Payments	<input type="checkbox"/> Yes	<input type="checkbox"/> No		\$ 0.00
Rental Income	<input type="checkbox"/> Yes	<input type="checkbox"/> No		\$ 0.00
Workers' Compensation Payments	<input type="checkbox"/> Yes	<input type="checkbox"/> No		\$ 0.00
Investment Income	<input type="checkbox"/> Yes	<input type="checkbox"/> No		\$ 0.00
Other Income (eg. inheritance, sale of assets, insurance settlement, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No		\$ 0.00
(If Yes, please specify) _____				
*Gross Income of a spouse	<input type="checkbox"/> Yes	<input type="checkbox"/> No		\$ 0.00

Total Income:

\$ 0.00

*Please note that spouse means a person who

(a) is married to a debtor, or (b) is living with a debtor in a marriage-like relationship

Details of Employment (if you reported employment income, you must complete this section.)

Employer Name _____

Employer Address _____

Employer telephone number _____

Is your employment ☐ Full Time ☐ Part Time ☐ Permanent
☐ Casual ☐ Ongoing ☐ Terminated

Other employment information _____

Do you expect any changes in your address, employment or other sources of income or in your expenses during the next reporting
period? ☐ Yes ☐ No

If yes, provide details: _____

STATEMENT OF INCOME AND EXPENSES

Check appropriate box

My salary/wages are paid: ☐ Daily ☐ Weekly ☐ Every two weeks
☐ Bi-monthly ☐ Monthly
☐ Other (specify) _____

Provide information where applicable

Expenses:

How many people do you support in your present household? _____

Has there been any change in your expenses since the last report? ☐ Yes ☐ No

If you answer "Yes" or if this is your first report, please complete the Monthly Expenses section of this form.

Note: Do not include under Monthly Debt Payments, any expenses taken into account under Monthly Expenses.

MONTHLY EXPENSES

Total

Rent	\$0.00
Mortgage	\$0.00
Property Tax	\$0.00
Utilities (heat, light and water)	\$0.00
Phone	\$0.00
Cable & Streaming Services	\$0.00
Home Repairs & Furnishings	\$0.00
House/Tenant Insurance	\$0.00
Life Insurance	\$0.00
Food	\$0.00
Restaurant Meals	\$0.00
Sundries & Personal Grooming	\$0.00
Clothing	\$0.00
Laundry & Dry Cleaning	\$0.00
Motor Vehicle (lease or loan) (licence, insurance, fuel & service)	\$0.00
Transportation (public)	\$0.00
Medical & Dental	\$0.00
Newspapers & subscriptions (including online subscriptions)	\$0.00
Entertainment	\$0.00
Alcohol & Tobacco	\$0.00
Gifts	\$0.00
Church & Charities	\$0.00
Maintenance Payments	\$0.00
Child Care & Babysitting	\$0.00
School Expenses	\$0.00
Children's Activities & Lessons (list) _____	\$0.00
Children's Allowance	\$0.00
Other (list) _____	\$0.00
Total Expenses	\$0.00

MONTHLY DEBT PAYMENTS

Credit Cards \$ _____
Balance Owing: \$ _____ /MO.
Date of last Payment: _____
Reason for borrowing: _____

Bank or Finance Company \$ _____
(do not include amount owing on mortgage) _____ /MO.
Balance Owing: \$ _____
Date of Borrowing: _____
Date of last Payment: _____
Reason for borrowing: _____

Other (attach list if necessary) \$ _____
Balance Owing: \$ _____
Date of last Payment: _____
Reason for borrowing: _____

Sign your name and state today's date.

Signature of Party

Dated _____

IT IS AN OFFENCE TO GIVE FALSE INFORMATION.

FAILURE TO PROVIDE the Statement of Income and Expenses may lead to action being taken under section 22 of the *Family Maintenance Enforcement Act*. This may include an order for your imprisonment, or an order for you to pay the creditor an amount of up to \$5,000.00