## FORM 80 (RULE 20-5 (3))

This is the[	[1st/2nd/3rd/e	etc.] affidavit
of	[name]	in this case
and w	as made on	[date]

[Style of Proceeding]

## AFFIDAVIT IN SUPPORT OF ORDER TO WAIVE FEES

*[Rule 22-3 of the Supreme Court Civil Rules applies to all forms.]* 

	[			
	[name], of[address][occupation], SWEAR (OR И) ТНАТ:			
1	I am the[party] in this proceeding.			
2	I make this affidavit in support of my application for an order directing that I am not required to pay any fees to the government under Schedule 1 of Appendix C of the Supreme Court Civil Rules.			
3	I am years old.			
4	I have the following dependants: [List all the dependants in the household.]			
5	The following persons contribute to my household expenses: [List all in the household who contribute to expenses.]			
6	I am [] employed [] unemployed.			
7	Attached as Exhibit A is [Check whichever one of the following boxes is correct and attach the required exhibit.]			
	[] a financial statement that accurately sets out the monthly income, expenses and assets of my household.			
	[] proof that I receive benefits under the <i>Employment and Assistance Act</i> or the <i>Employment and Assistance for Persons with Disabilities Act</i> .			
8	Attached as Exhibit B is an accurate description of my educational and employment history.			
9	Attached as Exhibit C is an accurate description of my workplace skills.			
10	Attached as Exhibit D is a copy of the document I wish to file or with which I wish to proceed.			
	[The following paragraphs must be included if the affidavit was sworn or affirmed by video conference:			
	[#] "I acknowledge the solemnity of making a sworn statement/solemn declaration and acknowledge the consequences of making an untrue statement." <i>and</i>			

[##] "I was not physically present before the person before whom this affidavit was sworn or affirmed but was in that person's presence using video conferencing."]

, swo	orn (or affirmed) ]
L STATEMENT	
MONTHLY INCOME	
ubs or payment advice, etc., if ava	ilable.]
	\$
	\$
	\$
	\$
	<u>\$</u>
\$ <u></u>	
IONTHLY EXPENSES	
e following, if available.]	
ng	\$
oortation	\$
hold expenses	\$
al and dental expenses	\$
1	L STATEMENT MONTHLY INCOME rubs or payment advice, etc., if ava

	Estimated m	nonthly exp	oenses, r	not included in	above, rel		dependa		
	Estimated m	nonthly del	bt payme	ents [specify]				\$	
	Estimate of	other mon	thly expe	enses [ <i>specify</i> ]			······································		
				TOTAL (Esti	imated mo	onthly ex	(penses)	\$ <u></u>	<u></u>
			[Spec	ify assets and set	out their es	timated v	alue.]		
								\$	•••••
								\$	
								\$	
								\$	•••••
			•••••				•••••	<u>\$</u>	<u></u>
	TOTAL (Estimated asset values)		es)	\$ <u></u>					
					before r	me on		to in the af sworn (or a ate] affidavits f	ffirmed) A
			EDUC	ATIONAL AND	EMPLOYM	IENT HIS	TORY		
	et out details of			-					
1	Highest	level 	of 	education	attaiı	ned 	and	date	completed:
•••									•••••
2	Employmer	nt history:							
Er 	mployer			Dates		Position			

	This is Exhibit C referred to in the affidavit of, sworn (or affirmed) before me on[date]
	A commissioner for taking affidavits for British Columbia
WORKPL	ACE SKILLS
[sp	ecify]