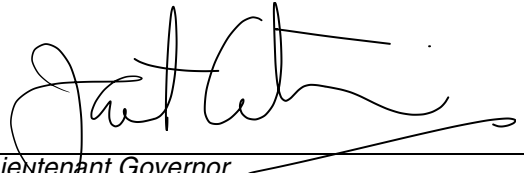


PROVINCE OF BRITISH COLUMBIA
ORDER OF THE LIEUTENANT GOVERNOR IN COUNCIL

Order in Council No. 433

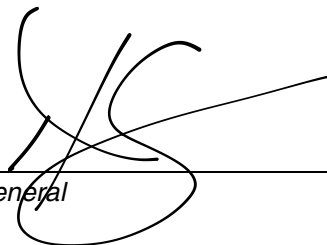
, Approved and Ordered July 8, 2024



Lieutenant Governor

Executive Council Chambers, Victoria

On the recommendation of the undersigned, the Lieutenant Governor, by and with the advice and consent of the Executive Council, orders that, effective August 12, 2024, the Schedule to the *Family Maintenance Enforcement Act* Regulation, B.C. Reg. 346/88, is repealed and the attached Schedule is substituted.



Attorney General



Presiding Member of the Executive Council

(This part is for administrative purposes only and is not part of the Order.)

Authority under which Order is made:

Act and section: *Family Maintenance Enforcement Act*, R.S.B.C. 1996, c. 127, s. 51

Other: OIC 1573/88

R30798455

SCHEDULE

FORMS

Statement of Finances

Notice of Attachment (net pay)

Notice of Attachment (gross pay)

Response by Attachee

Statement of Arrears (unsworn)

Statement of Arrears (sworn)

Statement of Income and Expenses

Notice to Attend Payment Conference

Personal Property Registry Consent

STATEMENT OF FINANCES

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

Court File Number

BCFMA Case ID

Court Location

STATEMENT OF FINANCES

In the case between:

NAME

CREDITOR

And:

NAME

DEBTOR

AFFIDAVIT

I, Name, at _____
in the Province of British Columbia

MAKE OATH AND SAY:

1. THAT I have made a full and complete disclosure of my present financial situation in the Statement of Finances (exhibit A) which is attached to my affidavit.
2. THAT all the information contained in my statement of finances is true and correct.

Sworn before me at Location in the Province of British Columbia, this
_____ day of _____, _____

A Commissioner for taking oaths in the Province of British Columbia

Debtor

TAKE NOTICE

IT IS AN OFFENCE TO GIVE FALSE INFORMATION

FAILURE TO PROVIDE the Statement of Finances may lead to action being taken under Section 14 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.

YOU MUST SUBMIT COPIES OF THE FOLLOWING DOCUMENTS WITH THE STATEMENT OF FINANCES:

- (a) 3 most recent income tax returns certified by Canada Revenue Agency and the assessment notice which relates to each of those returns;
- (b) each pay stub or similar statement received by you or on your behalf from your employer to account for your employee income and deductions during the past 6 months;
- (c) each statement of income other than employee income received by you or on your behalf during the past 6 months including employment insurance, disability, pension, superannuation and workers' compensation benefits;
- (d) most recent assessment notice for each property in which you hold a beneficial interest;
- (e) all statements of accounts you have received from a savings institution, insurer, broker or other investment institution during the past 12 months;
- (f) a copy of each credit card statement you have received during the past 12 months.

EXHIBIT A

PERSONAL INFORMATION – SECTION I

NAME – LAST	FIRST	SECOND
ADDRESS – STREET		CITY
PROVINCE		British Columbia
POSTAL CODE		
BIRTHDATE – DAY	MONTH	YEAR
AGE	DRIVERS LICENCE NO.	SOCIAL INSURANCE NO.
TELEPHONE – Home	MEDICAL CARE NO. (PERSONAL HEALTH NUMBER)	

Do you use any other names? (If yes give details)

Are you a member of a union/trade/professional organization? ☐ No ☐ Yes

If yes please specify organization and membership No.

Do you have a trade, profession or other occupational qualification? ☐ No ☐ Yes

If yes give details

Marital status ☐ Single ☐ Married ☐ Other Specify

*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

Name of present spouse

Address of present spouse

Employer or source of income of spouse:

Do you have any children who are legally dependent on you for financial support? ☐ No ☐ Yes

If yes please fill in the following information

Full name of dependent	Age
Address (If different)	
Relationship to you	

Full name of Dependent	Age
Address (If different)	
Relationship to you	

Full name of dependent	Age
Address (If different)	
Relationship to you	

Do you have any other person(s) dependent on your financial support ☐ No ☐ Yes

Full name of dependent	Age
Address	
Relationship to you	Reason for dependency

INCOME INFORMATION – SECTION II

Employment (a)

Monthly Income

Current Employer If more than one employer see below

PRESENT ADDRESS – STREET CITY PROVINCE POSTAL CODE
TELEPHONE

What type of business

Your Position ☐ Full Time ☐ Part Time

Gross monthly salary Attach pay slips \$ To calculate monthly salary weekly salary X 4.33 Net monthly salary \$

Worksite ☐ Same as above ☐ Other Specify

Current Employer Use this section if more than one employer

PRESENT ADDRESS – STREET CITY PROVINCE POSTAL CODE
TELEPHONE

What type of business

Your Position ☐ Full Time ☐ Part Time

Gross monthly salary Attach pay slips \$ To calculate monthly salary Weekly Salary X 4.33 Net monthly salary \$

Worksite ☐ Same as above ☐ Other Specify

Have you received any tips, gratuities, bonuses or overtime payments within the last 12 months? ☐ No ☐ Yes

If yes please specify amount and give reason \$

Have you received any commission income within the last 12 months? ☐ No ☐ Yes

If yes please specify amount and give reason \$

Have you received any other benefits in the last 12 months? ☐ No ☐ Yes

☐ Company Car ☐ Loans ☐ Share Purchase Option ☐ House ☐ Savings Plan ☐ RRSP ☐ Other Specify

Estimated value of benefit \$

Miscellaneous Income (b)

Do you have any income producing hobbies? ☐ No ☐ Yes

If yes specify income received within the last 12 months, give details about type of hobby \$
Specify

List all monthly income received from any other sources.

Show any annual income received in the last 12 months as average monthly income by dividing by 12

Rental Income	\$
Dividends	\$
Pensions (State type or source)	\$
Annuities	\$
Employment Insurance	\$
Income Assistance	\$
Spouse's income (from pg. 11)	\$
Other (Income tax refunds, Canada Child Benefit, inheritance, insurance settlement etc.) <small>Please specify</small>	\$

INCOME INFORMATION – SECTION II (continued)

Self Employment (c)

Monthly Income

Please Note If you have, or are involved in more than one business, photocopy this section and complete for each business

Is your business a:

☐ Proprietorship ☐ Corporation ☐ Partnership ☐ Joint Venture ☐ Other Specify _____

If so provide the following information about any partners, principles, or participants.

NAME	ADDRESS	TELEPHONE
NAME	ADDRESS	TELEPHONE
NAME	ADDRESS	TELEPHONE
NAME	ADDRESS	TELEPHONE
NAME	ADDRESS	TELEPHONE
NAME	ADDRESS	TELEPHONE

What type of business? _____

Name of business _____

Location STREET _____ CITY _____
PROVINCE _____ POSTAL CODE _____ TELEPHONE _____

What is the net book value of your business (In total) \$ _____

List assets of your company (Vehicles, equipment, licences, etc.)

Name of Accountant	ADDRESS	TELEPHONE
--------------------	---------	-----------

Estimated Equity \$ _____

What is the estimated market value (Total) \$ _____

What % of the business is owned by you _____ %

Estimated value of your % \$ _____

List income received from this business for the last 12 months

<input type="checkbox"/> Salary	\$ _____	Show this income received as average monthly income by dividing by 12	\$ _____
<input type="checkbox"/> Bonuses	\$ _____		\$ _____
<input type="checkbox"/> Commission	\$ _____		\$ _____
<input type="checkbox"/> Dividends	\$ _____		\$ _____
<input type="checkbox"/> Other	\$ _____		\$ _____
Auto Expenses	\$ _____		\$ _____
Meal allowance	_____		
<small>Specify</small>	_____		

INCOME INFORMATION – SECTION II (continued)

Self Employment (c)

Please Note If you have, or are involved in more than one business, photocopy this section and complete for each business

Have you received any other benefits in the last 12 months? ☐ No ☐ Yes

☐ Company Car ☐ Loans ☐ Share Purchase Option ☐ House ☐ Savings Plan ☐ Pension Contributions
☐ Other Specify _____

Estimated value of benefits \$ _____

If the business is a corporation is it ☐ Public ☐ Private ☐ Professional ☐ Other

Specify _____

Are you an officer of the corporation? ☐ No ☐ Yes If yes state title _____

If the business is **not** a public corporation, complete the following:

Total number of shares issued and outstanding (Describe type and class of shares)

Class _____	Number _____	Net Book Value \$ _____
Class _____	Number _____	Net Book Value \$ _____
Class _____	Number _____	Net Book Value \$ _____
Class _____	Number _____	Net Book Value \$ _____
Class _____	Number _____	Net Book Value \$ _____
Class _____	Number _____	Net Book Value \$ _____
Class _____	Number _____	Net Book Value \$ _____

Total number of shares of each class held by you

Class _____	Number _____	Net Book Value \$ _____
Class _____	Number _____	Net Book Value \$ _____
Class _____	Number _____	Net Book Value \$ _____
Class _____	Number _____	Net Book Value \$ _____
Class _____	Number _____	Net Book Value \$ _____
Class _____	Number _____	Net Book Value \$ _____
Class _____	Number _____	Net Book Value \$ _____

State total amount of all loans payable to you by the corporation

Amount \$ _____	Interest earned \$ _____	Repayment Terms _____
Amount \$ _____	Interest earned \$ _____	Repayment Terms _____
Amount \$ _____	Interest earned \$ _____	Repayment Terms _____
Amount \$ _____	Interest earned \$ _____	Repayment Terms _____
Amount \$ _____	Interest earned \$ _____	Repayment Terms _____
Amount \$ _____	Interest earned \$ _____	Repayment Terms _____
Amount \$ _____	Interest earned \$ _____	Repayment Terms _____

Instructions

Attach a copy of the most recent financial statement of your business

Add total monthly income from pages 3–5, enter total here and in summary section VII (Box A) – Page 13

Total Monthly Income \$ _____

EXPENSES (MONTHLY) – SECTION III**Monthly Expenses**Landlord/Mortgagee NAMEADDRESS

Mortgage	\$
Rent	\$
Property taxes	\$
Utilities (heat, light and water)	\$
Phone	\$
Cable/streaming services	\$
Home repair/furnishings	\$
House/tenant insurance	\$
Newspapers/subscriptions (including online subscriptions)	\$
Life Insurance	\$
Restaurant meals	\$
Food/groceries	\$
Sundries/personal grooming	\$
Clothing	\$
Laundry/dry cleaning	\$
Motor vehicle (licence, insurance, fuel & service)	\$
Transportation (public)	\$
Medical/dental	\$
Entertainment	\$
Alcohol/tobacco	\$
Gifts (church/charities)	\$
Maintenance/support for others	\$
Childcare/babysitting	\$
School expenses	\$
Children's activities/ lessons	\$
Child allowance	\$
Savings (for emergencies, holidays)	\$
Payroll deductions (e.g. Canada savings bond, charities)	\$
Other	
<small>Specify</small>	
	\$
	\$
	\$
	\$
	\$
	\$
Total Monthly Expenses	\$

Instructions Add monthly expenses – enter total here
and in Summary– Section VII (Box B) – Page 13

EXPENSES (MONTHLY) - SECTION III (continued)

NOTE: Do not include under Monthly Debt Payments any expenses taken into account under monthly expenses.

List your monthly payments (loans, credit cards, personal debts, etc.)

Amount of debt	To whom payable	Date last paid	Monthly payment	Amount outstanding
\$	NAME		\$	\$
\$	NAME		\$	\$
\$	NAME		\$	\$
\$	NAME		\$	\$
\$	NAME		\$	\$
\$	NAME		\$	\$

List any other expenses not covered here which either require a monthly payment or **could be shown** as a monthly payment.

Description	Terms of payment	Date last paid	Monthly payment	Amount outstanding
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$

Instructions Add monthly payments – Enter total here
and in Summary – Section VII (Box D) – Page 13

\$

Instructions Add amount outstanding – enter total here
and in Summary – Section VII (Box G) – Page 13

\$

ASSETS AND LIABILITIES – SECTION IV

Real Estate

Fill in the requested information below regarding all real estate (homes, rental properties, cottages, condominiums, time shares, etc.) inside and outside the Province of British Columbia in which you own an interest:

<p>1</p> <p>Municipal address</p> <p>STREET CITY PROVINCE</p> <hr/> <table style="width: 100%;"> <tr> <td style="width: 30%;">Legal Description</td> <td style="width: 20%;">Date of purchase</td> <td style="width: 30%;"></td> <td style="width: 20%;">Purchase price</td> <td style="width: 10%;">\$</td> </tr> </table> <p>Mortgagee Address</p> <hr/> <p>Balance Owing</p> <p>\$</p> <p>Estimated current market value</p> <p>\$</p>	Legal Description	Date of purchase		Purchase price	\$	<p>Liabilities</p> <p>Assets</p>
Legal Description	Date of purchase		Purchase price	\$		

<p>2</p> <p>Municipal address</p> <p>STREET CITY PROVINCE</p> <hr/> <table style="width: 100%;"> <tr> <td style="width: 30%;">Legal Description</td> <td style="width: 20%;">Date of purchase</td> <td style="width: 30%;"></td> <td style="width: 20%;">Purchase price</td> <td style="width: 10%;">\$</td> </tr> </table> <p>Mortgagee Address</p> <hr/> <p>Balance Owing</p> <p>\$</p> <p>Estimated current market value</p> <p>\$</p>	Legal Description	Date of purchase		Purchase price	\$	<p>Liabilities</p> <p>Assets</p>
Legal Description	Date of purchase		Purchase price	\$		

ASSETS AND LIABILITIES – SECTION IV (continued)**Equipment (Motor vehicles etc.) (Photocopy this section and complete for any additional equipment)**

Fill in the requested information below regarding all equipment (cars, trucks, recreational vehicles, motorcycles, boats, vessels, aircraft, construction equipment, tools, trailers, etc.) in which you own an interest:

				Liabilities	Assets
1 Description					
TYPE	MAKE	MODEL	YEAR		
Creditor <small>Street Address</small>				Balance Owing	\$
Serial Number				Estimated current market value	\$
2 Description					
TYPE	MAKE	MODEL	YEAR		
Creditor <small>Street Address</small>				Balance Owing	\$
Serial Number				Estimated current market value	\$
Instructions: Add Liabilities from pages 7 – 8					
Enter total here and in Summary – Section VII (Box H) – Page 13					
Total Liabilities					\$

Bank Accounts

List all chequing and saving accounts, term deposits, registered savings plans, annuities, etc.:

				Assets
1 Type of Deposit				
Account No.				
Name of Institution		<small>ADDRESS</small>		
Name(s) in which account held				Amount \$
2 Type of Deposit				
Account No.				
Name of Institution		<small>ADDRESS</small>		
Name(s) in which account held				Amount \$
3 Type of Deposit				
Account No.				
Name of Institution		<small>ADDRESS</small>		
Name(s) in which account held				Amount \$

If you have holdings in a public corporation(s) complete the following:

List your shares, options, warrants, etc. and their current market value below:

Type	Number	
Location of Certificates		
Name of Broker	Current Market Value	\$
<small>ADDRESS</small>	<small>TELEPHONE</small>	
List all your bonds and debentures held and their current market value:		
Type	Number	
	Current Market Value	\$

ASSETS AND LIABILITIES – SECTION IV (continued)

Other Assets

List the kind, value and location of any other assets (whether solely owned or jointly owned) below

Type of Asset	Description	Sole owner	Location	Value
Interests in other businesses		<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
		<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Promissory Notes, Judgment Debts		<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
		<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Loans and Mortgages receivable		<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
		<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Pension Plans, Registered Pension Plans, Self-administered Pension Plans, Life Insurance Policies <small>(Cash Surrender Value)</small>		<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
		<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
		<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
		<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
		<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
		<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
		<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
		<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Objects of Art, Jewelry, Bullion, Coins, Cameras, Collections		<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
		<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
		<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
		<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Household contents (Appliances, electronics, computers, furniture, etc.)		<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
		<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
		<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
		<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
		<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Property or interests held in trust by others for you		<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
		<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
		<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
		<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Assets held in trust by you for others (children)		<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
		<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
		<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Other assets not already listed or described		<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
		<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
		<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
		<input type="checkbox"/> Yes <input type="checkbox"/> No		\$

Instructions

Add assets from pages 7–9 – enter total here and in Summary – Section VII (Box F) – Page 13

Total Assets \$

TRANSFER OF PROPERTY – SECTION V

Have you given away, sold, assigned, or otherwise transferred any property (land, buildings, vehicles, money, household furnishings, etc.) to anyone within the last 12 months? ☐ No ☐ Yes If yes give details;

1

Description of property

To whom transferred

Date of transfer

How much money or other compensation was received by you?

Specify

\$

2

Description of property

To whom transferred

Date of transfer

How much money or other compensation was received by you?

Specify

\$

SPOUSE'S INCOME AND ASSETS – SECTION VI

***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

Income of Spouse

Monthly Income

Employment

Current Employer _____

Position _____ ☐ Full Time ☐ Part Time

Gross monthly salary \$ _____ Net monthly salary \$ _____

Current Employer (If more than two employers) _____

Position _____ ☐ Full Time ☐ Part Time

Gross monthly salary \$ _____ Net monthly salary \$ _____

Bonuses received in past 12 months \$ _____

Commissions received in past 12 months \$ _____

Benefits received in past 12 months \$ _____

☐ Company Car ☐ Loans ☐ House ☐ Savings Plan ☐ Other Specify \$ _____

_____ \$ _____

Business Income

Type of Business

Interest in Business \$ _____

☐ Proprietorship ☐ Joint Venture ☐ Partnership ☐ Corporation ☐ Other Specify \$ _____

_____ \$ _____

Name of Business _____

Value of interest in business \$ _____

Income from business

Benefits

☐ Salary

☐ Company Car

☐ Bonuses

☐ Loans

☐ Commission

☐ Share Purchase Option

☐ Dividends

☐ Saving Plan

☐ Other

☐ Other Specify _____

Subtotal \$ _____

SPOUSE'S INCOME AND ASSETS – SECTION VI (continued)

Assets of Spouse

Real Estate #1

Net Value

ADDRESS

STREET

CITY

PROVINCE

Legal Description

Date of purchase

Purchase price \$

Market Value

\$

Mortgage Balance

\$

Real Estate #2

ADDRESS

STREET

CITY

PROVINCE

Legal Description

Date of purchase

Purchase price \$

Market Value

\$

Mortgage Balance

\$

Motor Vehicles

Description

Value \$

\$

Amount Owning \$

\$

Bank Accounts

Type

Bank / Branch

Balance \$

\$

Type

Bank / Branch

Balance \$

\$

Other Assets

RRSP'S

Institution

Balance \$

\$

Household contents, (appliances, electronics, computers, furniture, etc.)

Description

Value \$

\$

Recreational Equipment (boats, vehicles, etc.)

Description

Value \$

\$

Art, jewelry, cameras, collections

Specify

Value \$

\$

Total

\$

SUMMARY OF STATEMENT OF FINANCES – SECTION VII

Part 1 Monthly Income and Expenses

Enter total income from monthly total of Section II, page 5	A	Total Monthly Income	
Enter total monthly expenses from Section III, page 6	B	Total Monthly Expenses	
Subtract B from A. Enter total in C	C	Total Disposable income as per Statement	
Enter total monthly payments from Section III, page 7	–D	Total Monthly Payments	
Subtract D from C. Enter total in E	E	Total Net Income as per Statement	

Part 2 Total Assets and Liabilities

Enter total assets from Section IV, page 9		F	Total Assets	
Enter total amount outstanding from Section III, page 7	G	Total Amount Outstanding		
Enter total liabilities from Section IV, page 8	+H	Total Liabilities		
Add G + H. Enter total in I	I			
Subtract I from F. Enter total in J		J	Net Worth as per Statement	

NOTICE OF ATTACHMENT(net pay)
UNDER THE *FAMILY MAINTENANCE ENFORCEMENT ACT*
SERVED BY THE DIRECTOR OF MAINTENANCE ENFORCEMENT
through the BC Family Maintenance Agency office at:

Court File No.:
BCFMA Case ID.:
Court Location:
Attachment ID No.:

NOTICE TO:

NAME

ATTACHEE

ADDRESS

CITY

PROV

PHONE

POSTAL CODE

AND TO:

NAME

DEBTOR

NOW KNOWN AS (if
applicable)

ALSO KNOWN AS (if
applicable)

DOING BUSINESS AS (if applicable)

FOR THE BENEFIT OF:

NAME

CREDITOR

NOW KNOWN AS (if
applicable)

TO ATTACHEE:

The Director of Maintenance Enforcement has served this Notice of Attachment to enforce a maintenance order against the DEBTOR.

1. You must deduct money from any sum you presently owe to the **DEBTOR**, or which you may owe the DEBTOR in the future, until (date).

The DEBTOR owes the following amounts:

- (a) maintenance arrears of \$ [amount] as of [date],
- (b) ongoing maintenance payments of \$ [amount] which are due [date], and
- (c) any interest accrued on unpaid maintenance and/or outstanding default fees.

You must assume that any ongoing maintenance payments which have become due since the date of this Notice have not yet been paid. Add ongoing maintenance payments in paragraph 1 (b) which have become due to the maintenance arrears in paragraph 1 (a).

2. To calculate the amount you must deduct and send to the BC Family Maintenance Agency, follow the instructions next to the box marked below and use the applicable formula on the reverse side of this Notice:

- ☐ (a) DEBTOR is entitled to exemptions and can claim a tax deduction for maintenance. Use Formula 1 (if the DEBTOR is an employee) or Formula 3 (if the DEBTOR is not an employee).
- ☐ (b) DEBTOR is entitled to exemptions but cannot claim a tax deduction for maintenance. Use Formula 2 (if the DEBTOR is an employee) or Formula 4 (if the DEBTOR is not an employee).
- ☐ (c) None of the money you owe the DEBTOR is exempt from attachment. Deduct the lesser of either the amount you owe the DEBTOR or the total amount due under paragraph 1 (a), (b) and (c).
- ☐ (d) For Employment Insurance, Canada Pension Plan, and Old Age Security payments, deduct the lesser of 25% of the payment or the total amount due under paragraph 1 (a), (b), and (c).

After the amounts in this Notice are paid, contact BCFMA for an updated arrears balance, including the amounts owing under paragraph 1 (c).

3. Payments must be made by electronic means or sent by cheque within 5 days after you deduct them from money owing to the DEBTOR.

Mail payments to: BCFMA Payment Services
Box 9233
Victoria, BC V8W 9J1

4. You **must complete and return** the enclosed Response by Attachee form within 10 days of receipt of this Notice, even if you do not owe anything to the DEBTOR.

5. **If you do not pay as set out in this Notice, or if you do not return the Response by Attachee form within 10 days after receiving the Notice, you may be taken to court and may be held liable for the amount you failed to pay.**

Dated

Signed

Delegate of the Director of Maintenance Enforcement

☐ BCFMA copy

☐ PAYOR copy

☐ ATTACHEE copy

☐ SERVICE copy

6-2-7

DEDUCTION FORMULAS FOR NET PAY (GAPDA)

A. For Employees and Those Receiving Income Replacement (Formula 1 or Formula 2)

To be applied to:

- a) wages, salary, commissions and other money paid by an employer to an employee.
- b) benefits payable on a periodic basis under a pension or superannuation plan or under the Workers' Compensation Act.
- c) benefits payable on a periodic basis for long or short term disability.

i. Deduct and send the **lesser** of:

- a) the total of the amounts calculated according to the formula, or
- b) the total amount due under paragraphs 1 (a) and (b) on the face of this Notice of Attachment.

ii. If the pay period frequency is not set out in the formula, multiply the net amount payable by the number of pay periods per year, divide by 12 to convert it to a monthly amount, and calculate the amount to deduct using the formula for monthly pay periods.

iii. The formula applies to amounts paid on a regular pay schedule. For additional amounts paid separately from the regularly scheduled net amount payable, use the formula for weekly pay periods.

FORMULA 1 – Debtor is an employee; Maintenance is tax deductible as noted in box 2 (a) on the face of this Notice of Attachment.

To determine what you should send to BCFMA, add the remaining arrears and the most recently due new maintenance, then calculate the amount to deduct by using this formula or by using Table 3 in the Family Maintenance Enforcement Act Regulation.

Pay Period Frequency	Debtor's Minimum	Amount to Send for the Creditor		
	Debtor receives first: (Net Amount)	Calculate 45% of Net Amount between	Calculate 80% of Net Amount between	Calculate 100% of Net Amount above
Weekly	\$125	\$125.01 - \$425	\$425.01 - \$925	\$925
Every two weeks	\$250	\$250.01 - \$850	\$850.01 - \$1,845	\$1,845
Twice per month	\$275	\$275.01 - \$925	\$925.01 - \$2,000	\$2,000
Monthly	\$550	\$550.01 - \$1,850	\$1,850.01 - \$4,000	\$4,000

FORMULA 2 – Debtor is an employee; Maintenance is not tax deductible as noted in box 2 (b) on the face of this Notice of Attachment.

To determine what you should send to BCFMA, add the remaining arrears and the most recently due new maintenance, then calculate the amount to deduct by using this formula or by using Table 4 in the Family Maintenance Enforcement Act Regulation.

Pay Period Frequency	Debtor's Minimum	Amount to Send for the Creditor		
	Debtor receives first: (Net Amount)	Calculate 35% of Net Amount between	Calculate 60% of Net Amount between	Calculate 100% of Net Amount above
Weekly	\$125	\$125.01 - \$425	\$425.01 - \$925	\$925
Every two weeks	\$250	\$250.01 - \$850	\$850.01 - \$1,845	\$1,845
Twice per month	\$275	\$275.01 - \$925	\$925.01 - \$2,000	\$2,000
Monthly	\$550	\$550.01 - \$1,850	\$1,850.01 - \$4,000	\$4,000

B. For Those Who Are Not Employees (Formula 3 or Formula 4)

To be applied to fees paid for work or services where the debtor is not an employee.

FORMULA 3 – Debtor is not an employee; Maintenance is tax deductible as noted in box 2 (a) on the face of this Notice of Attachment.

Deduct and send the **lesser** of:

- a) 50% of the amount payable to the Debtor, or
- b) the combined total amount due under paragraphs 1 (a) and (b) on the face of this Notice of Attachment.

FORMULA 4 – Debtor is not an employee; Maintenance is not tax deductible as noted in box 2 (b) on the face of this Notice of Attachment.

Deduct and send the **lesser** of:

- a) 35% of the amount payable to the Debtor, or
- b) the combined total amount due under paragraphs 1 (a) and (b) on the face of this Notice of Attachment.

NOTICE OF ATTACHMENT (gross pay)
UNDER THE *FAMILY MAINTENANCE ENFORCEMENT ACT*
SERVED BY THE DIRECTOR OF MAINTENANCE ENFORCEMENT
through the BC Family Maintenance Agency office at:

Court File No.:
BCFMA Case ID.:
Court Location:
Attachment ID No.:

NOTICE TO:

NAME

ATTACHEE

ADDRESS

CITY

PROV

PHONE

POSTAL CODE

AND TO:

NAME

DEBTOR

NOW KNOWN AS (if applicable)

ALSO KNOWN AS (if applicable)

DOING BUSINESS AS (if applicable)

FOR THE BENEFIT OF:

NAME

CREDITOR

NOW KNOWN AS (if applicable)

TO ATTACHEE:

The Director of Maintenance Enforcement has served this Notice of Attachment to enforce a maintenance order against the DEBTOR.

1. You must deduct money from any sum you presently owe to the **DEBTOR**, or which you may owe the DEBTOR in the future, until (date).

The DEBTOR owes the following amounts:

- (a) maintenance arrears of \$ [amount] as of [date],
- (b) ongoing maintenance payments of \$ [amount] which are due [date], and
- (c) any interest accrued on unpaid maintenance and/or outstanding default fees.

You must assume that any ongoing maintenance payments which have become due since the date of this Notice have not yet been paid. Add ongoing maintenance payments in paragraph 1 (b) which have become due to the maintenance arrears in paragraph 1 (a).

2. To calculate the amount you must deduct and send to the BC Family Maintenance Agency, follow the instructions next to the box marked below and use the applicable formula on the reverse side of this Notice:
- ☐ (a) DEBTOR is entitled to exemptions and can claim a tax deduction for maintenance. Use Formula 1 (if the DEBTOR is an employee) or Formula 3 (if the DEBTOR is not an employee).
 - ☐ (b) DEBTOR is entitled to exemptions but cannot claim a tax deduction for maintenance. Use Formula 2 (if the DEBTOR is an employee) or Formula 4 (if the DEBTOR is not an employee).
 - ☐ (c) None of the money you owe the DEBTOR is exempt from attachment. Deduct the lesser of either the amount you owe the DEBTOR or the total amount due under paragraph 1 (a), (b) and (c).
 - ☐ (d) For Employment Insurance, Canada Pension Plan, and Old Age Security payments, deduct the lesser of 25% of the payment or the total amount due under paragraph 1 (a), (b), and (c).

After the amounts in this Notice are paid, contact BCFMA for an updated arrears balance, including the amounts owing under paragraph 1 (c).

3. Payments must be made by electronic means or sent by cheque within 5 days after you deduct them from money owing to the DEBTOR.

Mail payments to: BCFMA Payment Services
Box 9233
Victoria, BC V8W 9J1

4. You **must complete and return** the enclosed Response by Attachee form within 10 days of receipt of this Notice, even if you do not owe anything to the DEBTOR.
5. **If you do not pay as set out in this Notice, or if you do not return the Response by Attachee form within 10 days after receiving the Notice, you may be taken to court and may be held liable for the amount you failed to pay.**

Dated

Signed

Delegate of the Director of Maintenance Enforcement

☐ BCFMA copy

☐ PAYOR copy

☐ ATTACHEE copy

☐ SERVICE copy

6-2-8

DEDUCTION FORMULAS FOR GROSS PAY

A. For Employees and Those Receiving Income Replacement (Formula 1 or Formula 2)

To be applied to:

- a) wages, salary, commissions and other money paid by an employer to an employee.
- b) benefits payable on a periodic basis under a pension or superannuation plan or under the Workers' Compensation Act.
- c) benefits payable on a periodic basis for long or short term disability.

i. Deduct and send the **lesser** of:

- a) the total of the amounts calculated according to the formula, or
- b) the total amount due under paragraphs 1 (a) and (b) on the face of this Notice of Attachment.

ii. If the pay period frequency is not set out in the formula multiply the remuneration by the number of pay periods per year, divide by 12 to convert it to a monthly amount, and calculate the amount to deduct using the formula for monthly pay periods.

iii. The formula applies to amounts paid on a regular pay schedule. For additional amounts paid separately from the regularly scheduled remuneration, use the formula for weekly pay periods.

FORMULA 1 – Debtor is an employee; Maintenance is tax deductible as noted in box 2 (a) on the face of this Notice of Attachment.

To determine what you should send to BCFMA, add the remaining arrears and the most recently due new maintenance then calculate the amount to deduct by using this formula or by using Table 1 in the Family Maintenance Enforcement Act Regulation.

Pay Period Frequency	Debtor's Minimum	Amount to Send for the Creditor		
	Debtor receives first: (Gross Amount)	Calculate 35% of Gross Amount between	Calculate 50% of Gross Amount between	Calculate 55% of Gross Amount above
Weekly	\$150	\$150.01 - \$520	\$520.01 - \$1,155	\$1,155
Every two weeks	\$300	\$300.01 - \$1,040	\$1,040.01 - \$2,310	\$2,310
Twice per month	\$325	\$325.01 - \$1,125	\$1,125.01 - \$2,500	\$2,500
Monthly	\$650	\$650.01 - \$2,250	\$2,250.01 - \$5,000	\$5,000

FORMULA 2 – Debtor is an employee; Maintenance is not tax deductible as noted in box 2 (b) on the face of this Notice of Attachment.

To determine what you should send to BCFMA, add the remaining arrears and the most recently due new maintenance then calculate the amount to deduct by using this formula or by using Table 2 in the Family Maintenance Enforcement Act Regulation.

Pay Period Frequency	Debtor's Minimum	Amount to Send for the Creditor		
	Debtor receives first: (Gross Amount)	Calculate 25% of Gross Amount between	Calculate 40% of Gross Amount between	Calculate 45% of Gross Amount above
Weekly	\$150	\$150.01 - \$520	\$520.01 - \$1,155	\$1,155
Every two weeks	\$300	\$300.01 - \$1,040	\$1,040.01 - \$2,310	\$2,310
Twice per month	\$325	\$325.01 - \$1,125	\$1,125.01 - \$2,500	\$2,500
Monthly	\$650	\$650.01 - \$2,250	\$2,250.01 - \$5,000	\$5,000

B. For Those Who Are Not Employees (Formula 3 or Formula 4)

To be applied to fees paid for work or services where the debtor is not an employee.

FORMULA 3 – Debtor is not an employee; Maintenance is tax deductible as noted in box 2 (a) on the face of this Notice of Attachment.

Deduct and send the **lesser** of:

- a) 50% of the amount payable to the Debtor, or
- b) the combined total amount due under paragraphs 1 (a) and (b) on the face of this Notice of Attachment.

FORMULA 4 – Debtor is not an employee; Maintenance is not tax deductible as noted in box 2 (b) on the face of this Notice of Attachment.

Deduct and send the **lesser** of:

- a) 35% of the amount payable to the Debtor, or
- b) the combined total amount due under paragraphs 1 (a) and (b) on the face of this Notice of Attachment.

RESPONSE BY ATTACHEE

UNDER THE *FAMILY MAINTENANCE ENFORCEMENT ACT*
SERVED BY THE DIRECTOR OF MAINTENANCE ENFORCEMENT
through the BC Family Maintenance Agency (BCFMA) office at:

--

Court File No.:

BCFMA Case ID.:

Court Location:

Attachment ID No.:

NOTICE TO:

NAME

ATTACHEE

ADDRESS

PHONE

CITY

PROV

POSTAL CODE

AND TO:

NAME

DEBTOR

NOW KNOWN AS (if applicable)

ALSO KNOWN AS (if applicable)

DOING BUSINESS AS (if applicable)

FOR THE BENEFIT OF:

NAME

CREDITOR

NOW KNOWN AS (if applicable)

CONCERNING THE ENCLOSED NOTICE OF ATTACHMENT:

Part 1 - If you agree that you owe or will owe monies to the debtor, briefly describe the amount(s), date(s) due, etc.

<name of attachee> is indebted to the DEBTOR as follows:

OR

Part 2 - If you disagree that you owe monies to the debtor, briefly describe below.

<name of attachee> disputes the fact that any monies are or will be owing to the DEBTOR:

FILL IN YOUR NAME

NAME	TITLE/POSITION
SIGNATURE	DATED

If you have a fax machine that can receive confidential messages (e.g. your payroll office) and you want BCFMA to fax future correspondence, please state your fax number:

--

You must send the Response to the Director within 10 days of receipt of the Notice of Attachment.

THIS SECTION FOR THE USE OF THE DIRECTOR OF MAINTENANCE ENFORCEMENT	Decision of the Director respecting ATTACHEE's response in Part 2

STATEMENT OF ARREARS

UNDER THE *FAMILY MAINTENANCE ENFORCEMENT ACT*

BCFMA CASE ID:

COURT FILE NO:

STATEMENT OF ARREARS

Filed at:

COURT LOCATION

Between:

NAME ON ORDER

CREDITOR

NOW KNOWN AS
(if applicable)

And:

NAME ON ORDER

DEBTOR

NOW KNOWN AS
(if applicable)

Attach copies of
Maintenance Orders
and Separation
Agreements

1. The Debtor must pay maintenance to the Creditor under the terms of the Maintenance Order(s) and/or Separation Agreement(s), copies of which are attached to this Statement of Arrears and marked as Exhibits "A" to "_____", respectively.

Amount of arrears
the debtor owes

2. The Debtor owes arrears under the Maintenance Order(s) and/or Separation Agreement(s) described above in the amount of \$ _____ as of _____

Attach copy of
Record of Payments

3. Details of the arrears owing by the Debtor are contained in the Record(s) of Payments attached as Exhibit(s) "_____" to "_____".

4. The Debtor has failed or refused to pay the above-noted arrears.

DATED

at _____, British Columbia

on _____

PRINT NAME OF DELEGATE

DELEGATE OF THE DIRECTOR OF
MAINTENANCE ENFORCEMENT

STATEMENT OF ARREARS

UNDER THE *FAMILY MAINTENANCE ENFORCEMENT ACT*

BCFMA CASE NO:

COURT FILE NO:

STATEMENT OF ARREARS

FILED AT:

COURT LOCATION

BETWEEN:

NAME ON ORDER

CREDITOR

NOW KNOWN AS
(if applicable)

AND:

NAME ON ORDER

DEBTOR

NOW KNOWN AS
(if applicable)

I, _____, of
NAME OF CREDITOR
_____,
CITY PROVINCE

SWEAR THAT:

1. The Debtor must pay maintenance to me under the terms of the Maintenance Order(s) and/or Separation Agreement(s), copies of which are attached to this Statement of Arrears and marked as Exhibits "A" to "_____", respectively.
2. The Debtor owes arrears under the Maintenance Order(s) and/or Written Agreement(s) described above in the amount of \$ _____ as of _____
3. Details of the arrears owing by the Debtor are contained in the Record(s) of Payments attached as Exhibit(s) "_____" to "_____".
4. The Debtor has failed or refused to pay the above-noted arrears.

SWORN BEFORE ME

at _____, British Columbia
on _____

*A Commissioner for Taking Affidavits for British Columbia
or a Notary Public in and for the Province of British Columbia*

Signature of Creditor

Attach copies of
Maintenance Orders
and Separation
Agreements

How much arrears
does the debtor owe
to you?

Attach copy of
Record of Payments

Swear and sign this
Statement before a
Commissioner for
Taking Affidavits or
a Notary Public

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

NOTICE TO ATTEND PAYMENT CONFERENCE

Under the *Family Maintenance Enforcement Act*

Court File Number:

BCFMA Case ID:

Court Location:

Notice To:

Name:

Address:

Phone:

In the case between:

Name:

CREDITOR

And:

Name:

DEBTOR

You are requested to attend a payment conference on [dd/mmm/yyyy] at [time a.m./p.m.] at [court location and address]

The purpose of this conference is to review the documents referred to below and to arrange for payment of the arrears. Please contact the undersigned if you cannot attend on the above date.

Please bring with you the documents marked below:

- ☐ a copy, certified by Canada Revenue Agency, of each of the 3 most recent income tax returns filed with Canada Revenue Agency by you and of the assessment notice that relates to each of those returns;
- ☐ a copy of each pay stub or similar statement received during the past 6 months by you or on your behalf from your employer to account for your employee income and deductions;
- ☐ a copy of each statement of income other than employee income received during the past 6 months by you or on your behalf, including employment insurance, disability, pension, superannuation and workers' compensation benefits;
- ☐ a copy of the most recent assessment notice for each property in which you have a beneficial interest;
- ☐ a copy of each credit card statement you have received during the past 12 months.

TAKE NOTICE

Please note that if you refuse to participate in this review or decline to discuss all or part of the information that is or should be set out in these documents, the Director may report this lack of co-operation to the court and the court may take this lack of co-operation into account in making any order.

This notice is issued pursuant to section 12.1(1) of the *Family Maintenance Enforcement Act*.

Dated

Delegate of the Director of Maintenance Enforcement

PERSONAL PROPERTY REGISTRY

CONSENT

UNDER THE *FAMILY MAINTENANCE ENFORCEMENT ACT*

COURT FILE NO.
BCFMA CASE ID:
COURT LOCATION:

NOTICE TO:

REGISTRAR OF MANUFACTURED HOMES

AND TO:

DEBTOR	
ADDRESS	
CITY	POSTAL CODE

MAINTENANCE LIEN

MANUFACTURED HOME REGISTRATION NO.
BASE REGISTRATION NO.

MANUFACTURED HOME

OWNER NAME

SECURED PARTY

THE DIRECTOR OF MAINTENANCE ENFORCEMENT CONSENTS TO THE FOLLOWING ACTION:

- ☐ ISSUING A TRANSPORT PERMIT FOR THE MANUFACTURED HOME UNDER S.25 OF THE *MANUFACTURED HOME ACT*
- ☐ REGISTERING A TRANSFER OF THE MANUFACTURED HOME
- ☐ REGISTERING AN AGREEMENT FOR SALE OF A MANUFACTURED HOME

THIS CONSENT IS ISSUED PURSUANT TO SECTION 26.1 OF THE *FAMILY MAINTENANCE ENFORCEMENT ACT* AND IS EFFECTIVE FOR A PERIOD OF 30 DAYS FROM THE DATE SHOWN BELOW.

DATE: _____

DELEGATE OF THE DIRECTOR OF MAINTENANCE ENFORCEMENT

NAME: _____

TELEPHONE #: _____ FAX #: _____