

This is the 1st affidavit
of Jordan Lee in this case
and was made on dd/mmm/yyyy

Court File No.: _____
Court Registry: .: _____

In the Supreme Court of British Columbia

Claimant: Jordan Lee

Respondent: Simrit Gill

CHILD SUPPORT AFFIDAVIT

I, Jordan Lee, of Address, Occupation, SWEAR (OR AFFIRM) THAT:

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

(a) Parties:

Claimant's name	Province of residence
Jordan Lee	British Columbia
Respondent's name	Province of residence
Simrit Gill	_____

(b) Children:

Child's name	Birthdate [dd/mmm/yyyy]	Age	Child now living with	Relationship to claimant	Relationship to respondent
_____	dd/mmm/yyyy	___	Claimant / Respondent / Both Parties	Biological child / Stepchild	Biological child / Stepchild
_____	dd/mmm/yyyy	___	Claimant / Respondent / Both Parties	Biological child / Stepchild	Biological child / Stepchild

3. The Notice of Family Claim includes a claim for a child support order.
- 4a. Claimant's annual income as determined under sections 15 to 20 of the Guidelines:
\$ _____.

4b. Respondent's annual income as determined under sections 15 to 20 of the Guidelines:
\$ _____.

5. The monthly amount in Schedule 1 of the Guidelines is \$[specify], payable by the [claimant/respondent].

OR

5. I have completed and attach to this affidavit:

- Supplementary Child Support Fact Sheet A; [Special Expenses]
- Supplementary Child Support Fact Sheet B [Shared Custody]
- Supplementary Child Support Fact Sheet C [Split Custody]
- Supplementary Child Support Fact Sheet D [Children over age of majority]
- Supplementary Child Support Fact Sheet E [Undue Hardship]
- Supplementary Child Support Fact Sheet F [Income over \$150,000]

6. The proposed order does not include child support but the following arrangements have been made for the support of the child(ren): [specify]

7. The expenses under section 7 of the Guidelines are not included in the proposed order.

8. Medical coverage is available for the children under the claimant's medical insurance plan.

8. Medical coverage is available for the children under the respondent's medical insurance plan.

8. Medical coverage is available for the children under both parties' medical insurance plan.

8. Medical coverage is not available for the children under either of the party's medical insurance plans.

9. There is no order of any court in force dealing with support of the children.

OR

9. Attached as **Exhibit A** is the order in force that deals with the support of the child(ren).

10. There is no agreement dealing with support of the children.

OR

10. Attached as **Exhibit A** is the written agreement in force that deals with the support of the child(ren).

11. The amount of arrears of child support, as at dd/mmm/yyyy, under any existing order or written agreement is \$ _____.

SWORN (OR AFFIRMED) BEFORE ME at

|

[Sworn City]
British Columbia,
on dd/mmm/yyyy

A Commissioner for taking
affidavits for British Columbia

[insert commissioner stamp]

Jordan Lee

**SUPPLEMENTARY CHILD SUPPORT FACT SHEET A –
SPECIAL OR EXTRAORDINARY EXPENSES**

Section 7 expenses (net of tax credits and contributions from child(ren), etc.)

		Annual	Monthly
(a)	Child care expenses		
(b)	Portion of medical and dental premiums attributable to the child(ren)		
(c)	Health related expenses that exceed insurance reimbursement by at least \$100		
(d)	Extraordinary primary, secondary or other educational expenses		
(e)	Post-secondary school expenses		
(f)	Extraordinary extracurricular activities expenses		
(g)	Total Section 7 expenses	\$0.00	\$0.00
Total Monthly Section 7 expenses (<i>Annual/12 + Monthly</i>)			\$0.00

Parties' respective proportionate shares of the total net monthly Section 7 expenses referred to at line (g) above:

	%	Amount
Claimant's proportionate share		\$0.00
Respondent's proportionate share	100	\$0.00

Total monthly child support payable by the [claimant/respondent] after taking into account the monthly Guidelines table amount under Schedule 1 of the Guidelines and the Section 7 expenses is \$[specify]

**SUPPLEMENTARY CHILD SUPPORT FACT SHEET B –
IF THE CIRCUMSTANCES DESCRIBED IN SECTION 9 OF THE CHILD SUPPORT GUIDELINES EXIST**

	Claimant	Respondent
Number of children = [number]		
Approximate percentage of time children spend with each parent		
Annual Guidelines income <i>[determine amount under sections 15 to 20 of the Guidelines]</i>		
Guidelines table amount <i>[use applicable amount from Schedule 1 of the Guidelines]</i>		
Difference between the Guidelines table amount of the claimant and the Guidelines table amount of the respondent		
Section 7 expenses paid directly by each party		

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

It is proposed that child support in the amount of \$[specify] per month be paid by the [claimant/respondent]

**SUPPLEMENTARY CHILD SUPPORT FACT SHEET C –
IF THE CIRCUMSTANCES DESCRIBED IN SECTION 8 OF THE CHILD SUPPORT GUIDELINES EXIST**

(a)	Number of children principally resident with claimant for whom support is claimed	
(b)	Respondent's annual Guidelines income <i>[determine amount under sections 15 to 20 of the Guidelines]</i>	
(c)	Guidelines table amount payable by respondent for [insert number from paragraph (a)] children	
(d)	Number of children principally resident with respondent for whom the claimant is obliged to pay support	
(e)	Claimant's annual Guidelines income <i>[determine amount under sections 15 to 20 of the Guidelines]</i>	
(f)	Guidelines table amount payable by claimant for [insert number from paragraph (d)] children	

Difference between Guidelines table amounts: *[difference between paragraphs (c) and (f)]*

**SUPPLEMENTARY CHILD SUPPORT FACT SHEET D –
CHILD 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/respondent] (the “payor”)
- (c) Monthly Guidelines table amount of the payor under Schedule 1 of the Guidelines: \$[specify]

The person swearing this affidavit says that the Guidelines table amount is [appropriate.][inappropriate and that the appropriate amount would be \$(specify) for the following reasons:]

**SUPPLEMENTARY CHILD SUPPORT FACT SHEET E –
UNDUE HARDSHIP**

[Complete this form only if it applies to you under section 10 (3) and (4) of the Guidelines.]

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

Owed to	Terms of debt	Monthly Amount
[List]	[Provide details]	

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

DETAILS OF EXPENSE	
[List]	

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

Name of person	Relationship	Nature of duty

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 person	Relationship	Nature of duty

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

6. Other undue hardship circumstances *[provide details]*

INCOME OF OTHER PERSONS IN HOUSEHOLD

Name of person	Annual Income

	Total	\$0.00
--	-------	---------------

**SUPPLEMENTARY CHILD SUPPORT FACT SHEET F –
INCOME OVER \$150,000**

1	Total number of children for whom support is claimed = [number]	
2	Guidelines table amount for \$150,000 =	
3	Plus number % of income over \$150,000 <i>[determine applicable percentage from the Guidelines table]</i> =	
4	Guidelines table amount <i>[Total amount of lines 2 and 3]</i>	

We have agreed on the Guidelines table amount set out in line 4 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

- (a) is \$[specify], and
- (b) differs from the Guidelines table amount because [provide details, having regard to the condition, means, needs and other circumstances of the child and the financial ability of each parent and the child to contribute to the support of the child].

We have not agreed on an amount of child support and the amount of child support the claimant is claiming is the Guidelines table amount set out in line 4 above.

We have not agreed on an amount of child support and the amount of child support the claimant is claiming

- (a) is \$[specify], and
- (b) differs from the Guidelines table amount because [provide details, having regard to the condition, means, needs and other circumstances of the child and the financial ability of each parent and the child to contribute to the support of the child].