



# FAMILY LAW QUESTIONNAIRE

## A. INFORMATION ABOUT YOU

1. Your Full Name \_\_\_\_\_  
First Middle Last

2. Your Address \_\_\_\_\_  
Apt & Street # City Prov Postal Code

3. Telephone \_\_\_\_\_  
Home Work Messages  
 \_\_\_\_\_  
Cellular

Are your address or telephone number confidential? Yes  No

4. How long have you lived in Saskatchewan? \_\_\_\_\_ Years

5. If you left Saskatchewan, how long ago did you come back here to live?  
 \_\_\_\_\_

6. Maiden Name or Other Surnames used \_\_\_\_\_

**If your address or phone number changes please let us know right away.**

7. Your Birthdate \_\_\_\_\_ Your Age \_\_\_\_\_  
Month Day Year

8. Your Place of Birth \_\_\_\_\_  
City/Town Province Country(If not Canada)

9. SIN \_\_\_\_\_ Hospitalization Number \_\_\_\_\_

10. Are you a student? Yes  No  School Name? \_\_\_\_\_  
 What are you taking? \_\_\_\_\_  
 Full Time  Part Time  When do you expect to finish? \_\_\_\_\_  
Date

11. What is your highest education level you have? \_\_\_\_\_  
Grade/Year of College/Univ or Degree/Diploma

12. Are you a Treaty or Status Yes  No  Metis Yes  No   
 If yes-Treaty Number \_\_\_\_\_  
 What band are you registered with? \_\_\_\_\_

13. Do you work? Yes  No  If Yes: Full Time  or Part Time   
  
 Self Employed, please explain \_\_\_\_\_  
 Casual

14. Who do you work for now? \_\_\_\_\_  
 Employer/Company Name  
 \_\_\_\_\_  
 Employers Address City Phone  
 \_\_\_\_\_  
 Your Job Title Your Job duties

15. How long have you worked for this employer? \_\_\_\_\_ Months(or)years  
 Do you own a business? Yes  No   
 If yes, business name \_\_\_\_\_

16. If you are **NOT** working now where do you get your money from each month?  
 Social Assistance (SAP)  Training Allowance  
 E.I. Benefits  Student Loan  
 Child/ Spousal Support  Pension Income  
 Workers Compensation  
 Other(please specify) \_\_\_\_\_

17. Are you presently:  single  married  common-law

18. Do you live with any other adults? Yes  No   
 Name of other adults that you live with \_\_\_\_\_  
 Is this person a common-law partner/boyfriend/girlfriend? Yes  No   
  
 Their source of Income  
 Social Assistance (SAP)  Training Allowance  
 E.I.  Student Loan  
 Child/ Spousal Support  Pension Income  
 Other(please specify) \_\_\_\_\_  
 Monthly income: \$ \_\_\_\_\_

**B. INFORMATION ABOUT OTHERS**

The person you need a lawyer to help you with is called the "other party"

19. Check *one* box below and fill in the other information required below that selection

a) The other party is my:  Spouse (or)  ex-spouse  other

Date Married: \_\_\_\_\_ Place married \_\_\_\_\_  
Month/Day/Year City/Province

Date Separated \_\_\_\_\_ Date of Divorce \_\_\_\_\_  
Month/Day/year Month/Day/Year

(If Applicable) Date you began to live together before marriage: \_\_\_\_\_  
Month/Day/Year

Before Marriage to the other party you were:  divorced  widowed  single

Before Marriage to the other party was:  divorced  widow(ed)  single

b) The other party is my:  common law spouse  former common law spouse

Date started to live together: \_\_\_\_\_ Where \_\_\_\_\_  
Month/Day/Year

Date stopped living together: \_\_\_\_\_  
(If applicable) Month/Day/Year

c) The other party is my:  former boyfriend or former girlfriend – If never lived together

When did you start dating? \_\_\_\_\_  
Month/Day/Year

When did you stop dating? \_\_\_\_\_  
Month/Day/Year

d) The other party is my \_\_\_\_\_  
Relationship to you?  
 (i.e. your parent, grandparent, aunt, sister, etc.)



31. What is this person's job history?

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32. If this person is not working where does this person get His/Her money from each month?

- |   |   |
|---|---|
| <input type="checkbox"/> Social Assistance(SAP) | <input type="checkbox"/> Employment Insurance |
| <input type="checkbox"/> Student Loan           | <input type="checkbox"/> Training Allowance   |
| <input type="checkbox"/> Pension Income         | <input type="checkbox"/> Other                |

33. List the property or other assets owned by this person? (example-house, car, boat, etc.): \_\_\_\_\_

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34. Has either party made a Residential School Claim? Yes  No   
 If so, do you know the Court file # \_\_\_\_\_  
 Lawyers Name: \_\_\_\_\_ Stage of action \_\_\_\_\_

### C. HISTORY

35. Why did you and the other party break up/separate for the last time?

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36. Did you break up/separate before this? Not applicable  Yes  No   
 If yes, list the dates and the reason:

From \_\_\_\_\_ to \_\_\_\_\_ because: \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_ because: \_\_\_\_\_

37. Is it possible for you and the other party to get back together?

Not applicable  Yes  No

If not, why? \_\_\_\_\_

38. Would counseling help you get back together?

Not Applicable  Yes  No

39. Has the other party ever abused you? Yes  No

40. Has the other party ever abused the children Yes  No

41. Have you ever abused the other party or the child(ren)? Yes  No

42. For you alone or for you and/or your children please tell us about:

a) the most recent incident of abuse? \_\_\_\_\_  
\_\_\_\_\_

b) the most serious incident of abuse? \_\_\_\_\_  
\_\_\_\_\_

c) when did the abuse first happen? \_\_\_\_\_  
\_\_\_\_\_

d) how often has the abuse happened? \_\_\_\_\_  
\_\_\_\_\_

e) Were the incident(s) were reported to the police? Yes  No

f) Is there any kind of restraining order in place right now? Yes  No

43. Do either you or the other party have problems with drugs, alcohol, gambling or has either party had a problem in the past?  Yes  No

Please indicate who has or had the problem? \_\_\_\_\_

Please indicate what type of addiction it was. To what substance? \_\_\_\_\_

### D. Information About Your Children

If you do not have any children check this box  and move to Section E

Include information about all of the children you had with the other party and that either of you had before or since your relationship with the other party. If there are more than 5 children, please provided all of the information required below for the additional children on the back of this page or on a separate piece of paper.

**1. Name of child:** \_\_\_\_\_ Male  Female   
First Middle Last

Child's birth mother's name: \_\_\_\_\_

Child's birth father's name: \_\_\_\_\_

Child's birthdate: \_\_\_\_\_ Age \_\_\_\_\_

Month/Day/Year

Is this child treaty  Métis

Child's City/Province/Country Place of Birth: \_\_\_\_\_

Present Grade: \_\_\_\_\_ Present School: \_\_\_\_\_

Who does this child live with now? \_\_\_\_\_

Who do you think the child should live with? \_\_\_\_\_

**2. Name of child:** \_\_\_\_\_ Male  Female   
First Middle Last

Child's birth mother's name: \_\_\_\_\_

Child's birth father's name: \_\_\_\_\_

Child's birthdate: \_\_\_\_\_ Age \_\_\_\_\_

Month/Day/Year

Is this child treaty  Métis

Child's City/Province/Country Place of Birth: \_\_\_\_\_

Present Grade: \_\_\_\_\_ Present School: \_\_\_\_\_

Who does this child live with now? \_\_\_\_\_

Who do you think the child should live with? \_\_\_\_\_

**3. Name of child:** \_\_\_\_\_ Male  Female

First Middle Last

Birth mother's name: \_\_\_\_\_

Birth father's name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age \_\_\_\_\_

Month/Day/Year

Is this child treaty  Métis

Child's City/Province/Country Place of Birth: \_\_\_\_\_

Present Grade: \_\_\_\_\_ Present School: \_\_\_\_\_

Who does this child live with now? \_\_\_\_\_

Who do you think the child should live with? \_\_\_\_\_

**4. Name of child:** \_\_\_\_\_ Male  Female

First Middle Last

Birth mother's name: \_\_\_\_\_

Birth father's name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age \_\_\_\_\_

Month/Day/Year

Is this child treaty  Métis

Child's City/Province/Country Place of Birth: \_\_\_\_\_

Present Grade: \_\_\_\_\_ Present School: \_\_\_\_\_

Who does this child live with now? \_\_\_\_\_

Who do you think the child should live with? \_\_\_\_\_

**5. Name of child:** \_\_\_\_\_ Male  Female

First Middle Last

Birth mother's name: \_\_\_\_\_

Birth father's name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age \_\_\_\_\_

Month/Day/Year

Is this child treaty  Métis

Child's City/Province/Country Place of Birth: \_\_\_\_\_

Present Grade: \_\_\_\_\_ Present School: \_\_\_\_\_

Who does this child live with now? \_\_\_\_\_

Who do you think the child should live with? \_\_\_\_\_

If you have more than five children, note the above information for each additional child(ren) on the back of this page.

44. Does the other party spend time now with any of his/her children who live with you?  
 Tell us about how those visits work.  
 How many times per week?  
 What days and times?  
 Do you think this is a good arrangement?  
 Should he/she spend more time with the children or less time?  
 Should his/her time with the children be supervised?

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45. If you want to spend time with your children who are living with the other party, please give us information about time you want with the children (specific) circumstances.

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46. At any time before this have you or the other party started any Court actions asking for

<i>Custody</i>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<i>Access</i>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<i>Support</i>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

What date was the Court action started? \_\_\_\_\_

At the Court in what City/Province? \_\_\_\_\_

Name of Lawyer? \_\_\_\_\_

Have you entered into any Agreements?  Yes  No

**Please give us copies of all previous Court documents, including any Order or Judgments or Written Agreements**

## E. INFORMATION ABOUT MONEY & PROPERTY

47. What do you pay for day care/babysitting each month? \_\_\_\_\_  
Do you receive a day care subsidy, if yes, how much subsidy do you receive a month?

\_\_\_\_\_

What is the name and address of your day care provider/babysitter?

\_\_\_\_\_

Name

Address

Phone Number

48. **What activities are your children currently registered in:**

Child	Activity or Group	Registration/Enrollment Fee	Monthly fee or Special additional costs(indicate what cost is for)
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$

**PLEASE provide us with copies of child care receipts for the last three months. In order to ask for reimbursement of these expenses, receipts MUST be submitted to the Court..**

49. **Do you have expenses such as orthodontic work, prescriptions, or eye glasses for your children?**

Child	For What Expense	How much per month	For How Many Months	1 <sup>st</sup> payment date/last payment date
		\$		
		\$		
		\$		
		\$		

**In order to claim for these expenses, copies of treatment plans and receipts MUST be provided.**

50. Are you getting support for:  
 The child(ren) Yes  How Much? \$\_\_\_\_\_/month -or- No   
 Last payment received date: \_\_\_\_\_  
 Total amount of support received: \$ \_\_\_\_\_
- Yourself Yes  How much? \$\_\_\_\_\_/month -or- No   
 Last payment received date: \_\_\_\_\_  
 Total amount of support received: \$ \_\_\_\_\_

**Legal Aid cannot deal with property issues but we do need to know:**

51. Do you and the other party own a home? Yes  No  Joint Names
52. Who is living in this home right now? \_\_\_\_\_
53. Do you have any concerns about your home or about any personal property either of you has?
- |                                   |                          |                     |                          |
|-----------------------------------|--------------------------|---------------------|--------------------------|
| Home                              | <input type="checkbox"/> | Land                | <input type="checkbox"/> |
| Rental Property                   | <input type="checkbox"/> | Vehicles            | <input type="checkbox"/> |
| Insurance Policies                | <input type="checkbox"/> | RRSP's              | <input type="checkbox"/> |
| Company or Personal Pension Plans | <input type="checkbox"/> | Savings/Investments | <input type="checkbox"/> |
| Business Interests                | <input type="checkbox"/> | Stocks/Bonds        | <input type="checkbox"/> |
| Household Goods/Furnishings       | <input type="checkbox"/> |                     |                          |

**GIVE US CONFIRMATION OF YOUR INCOME**

- (a) Copies of three of your most recent pay stubs, EI cheques, etc., indicating income earned year to date.
- (b) Copies of your three most recent income slips from the Department of Community Resources and Employment (Social Services).
- (c) If you are a student, provide copies of your student loan assessment data documents.

**DESCRIPTION SHEET**

**(this is not regarding you but the opposing party)**

of Respondent husband/wife/spouse

1. Name: \_\_\_\_\_

2. Normal first name this person goes by? \_\_\_\_\_

Alias -- other names (if any): \_\_\_\_\_

3. Address: \_\_\_\_\_

4. Phone Number: (Home) \_\_\_\_\_(Work) \_\_\_\_\_

(Cell) \_\_\_\_\_

5. Employed at: (include name and address if possible)

\_\_\_\_\_

6. Age \_\_\_\_\_ Birthdate: \_\_\_\_\_

7. Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Distinguishing Marks: \_\_\_\_\_

8. Type of Vehicle he/she drives (include make, year and color):

\_\_\_\_\_

9. Picture enclosed:  (Yes) (No)

**OTHER INFORMATION WHICH MAY BE OF ASSISTANCE IN LOCATING AND SERVING RESPONDENT WITH COURT DOCUMENTS IF REQUIRED:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**AUTHORIZATION**

TO:

Attention: \_\_\_\_\_

Dear \_\_\_\_\_:

I, \_\_\_\_\_, authorize you to release to any representative of the SASKATCHEWAN LEGAL AID COMMISSION, \_\_\_\_\_ any and all pertinent and relevant information and documentation you have in your possession with respect to my diagnosis, treatment, and future prognosis.

**DATED** at the City of \_\_\_\_\_, in the Province of Saskatchewan, this \_\_\_\_ day of \_\_\_\_\_, A.D. 200\_\_.

\_\_\_\_\_  
Witness

**TO: Canada Revenue Agency**

This form authorizes Canada Revenue Agency to release taxpayer information to the designated persons.

My name is (**Full legal name**):

I live at *(latest address shown on tax records)*

My social insurance number is: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**I ASK AND AUTHORIZE YOU** to send to:

Saskatchewan Legal Aid Commission

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

a copy of:

- (a) my income tax returns for the last three taxation years inclusive; and
- (b) any material that was filed with each of the returns for those same years; and
- (c) any notice of assessment or re-assessment issued to me for those same years.

\_\_\_\_\_  
*Signature of taxpayer*

\_\_\_\_\_  
*Date of signature*

(\_\_\_\_\_) \_\_\_\_\_  
*Telephone number*

*Note: Upon receipt of the information requested, the requesting party or the requesting party's lawyer shall file the information in court.*

**This form MAY NOT BE used by all Legal Aid Area Offices. Please check with the Legal Aid Area Office you are dealing with as to whether this form is required.**

Vs.

## CLIENT'S FINANCIAL STATEMENT

1. The particulars of my income and expenses, property and debts are accurately set out below to the best of my knowledge, information and belief.

Your Name: \_\_\_\_\_

Your Address: \_\_\_\_\_

Name of Your Employer: \_\_\_\_\_

Position Held: \_\_\_\_\_ How long been employed: \_\_\_\_\_

Are you paid weekly, every 2 weeks, twice a month, monthly, other? \_\_\_\_\_

Do you qualify for Saskatchewan Employment Supplement? (If not inquire at 787-4723) \_\_\_\_\_

**If you are a Student:** \_ Where are you going to school? \_\_\_\_\_

Course you are taking? \_\_\_\_\_ When finished? \_\_\_\_\_

2. The total income declared on my last income tax return in (year) \_\_\_\_\_ was \$ \_\_\_\_\_

and my net taxable income was \$ \_\_\_\_\_.

3. I have attached to this form:

- a copy of every personal income tax return filed by me for each of the 3 most recent taxation years, together with a copy of all material filed with the returns and a copy of every notice of assessment or re-assessment issued to me for each of those years.
- a statement from the Canada Revenue Agency that I have not filed any income tax returns for the past 3 years.
- a declaration that I am not required to file an income tax return because of the *Indian Act* (Canada).
- a Canada Revenue Agency Consent in Form 640C signed by me, for the disclosure of my tax returns and assessments for the past 3 years.

**\*You can either obtain copies of your Tax Returns from Canada Revenue Agency or sign the Canada Revenue Agency Form which is attached and our office will obtain that information. Regina Office is located at #260 - 1783 Hamilton Street, telephone: 1-800-959-8281.**

### Part 3 - SPECIAL OR EXTRAORDINARY EXPENSES

I am claiming an amount to cover special or extra ordinary expenses for one or more of the following reasons:

child care expenses incurred as a result of my employment, illness, disability, education or training for employment;

that portion of the medical or dental insurance premiums attributable to child;

health related expenses that exceed insurance reimbursement by at least \$100 annual per illness or event, including orthodontic treatment, professional counseling provided by a psychologist, social worker, psychiatrist or any other person, physiotherapy, occupational therapy, speech therapy and prescription drugs, hearing aids, glasses and contact lenses;

extraordinary expenses for primary or secondary school or for any educational programs that meet the child's particular needs;

expenses for post-secondary education;

extraordinary expenses for extracurricular activities.

CHILD'S NAME	DETAILS OF EXPENSE	Total Amount	Contribution/ Reimbursement

Receipts or other documentation which shows the amount of the expenses I am claiming for each child are attached to this financial statement

**Or**

I cannot obtain receipts or other documentation to show the amount of the expense I am claiming because: (please explain why)

I am eligible to claim or I receive the following subsidies, benefits or income tax deductions or credits relating to the above expenses: (provide details)

Complete this page only if this applies to you

My name is (full legal name):

I live in (municipality and province):

AND I DECLARE THAT THE FOLLOWING IS TRUE:

I am an Indian within the meaning of the *Indian Act* of Canada.

Because of my status, my income is tax exempt and I am not required to file an income tax return.

I have therefore not filed an income tax return for the last three years.

1. ANNUAL INCOME

Employment income: (before deductions)	
Employment Insurance Benefits	
Pension Income (disability, Canada Pension Plan, Survivor Benefits)	
Rental Income <span style="float: right;">Gross:</span>	
Child Support Received <span style="float: right;">(If Taxable)</span>	
Spousal Support: this relationship \$ <span style="float: right;">From another relationship\$</span>	
Registered retirement savings plan income	
Self Employment income:	
a. Business income <span style="float: right;">Gross \$</span>	
b. Professional income <span style="float: right;">Gross \$</span>	
c. Commission income <span style="float: right;">Gross \$</span>	
d. Farming income <span style="float: right;">Gross \$</span>	
e. Fishing income <span style="float: right;">Gross \$</span>	
Worker's Compensation benefits	
Total Social Assistance payments	
Saskatchewan Employment Supplement	
Other (specify) (Provincial Training Allowance)	
<b>TOTAL ANNUAL INCOME</b>	

**Benefits**

**Monetary benefits:** Income that is exempt from federal or provincial tax:

Student Loans (Provide Student loan Assessment Data Sheet)	
GST Rebate	
Child Tax Benefits	
Federal Universal Child Care Benefit	
Band Allowance	
Other (specify)	

**Medical or dental insurance coverage:**

Is medical or dental insurance coverage for your children available to you through your employer or otherwise at a reasonable rate?

Do you have medical or dental insurance coverage for your children?

**Deductions from income:**

Union, professional association or like dues	
Taxable amount of child support I receive	
Spousal support I receive from the other party	
Social assistance I receive for other members of my household	
<b>(A) Annual Income</b>	
<b>Total deductions from income</b>	
<b>ADJUSTED ANNUAL INCOME</b>	

**Part 2 - ANNUAL EXPENSES**

<b>Source Deductions</b>	
Canada Pension Plan contributions	
Employment Insurance premiums	
Employee pension contributions to a registered pension plan	
Medical and dental insurance premiums (deducted at source)	
Income Tax	
<b>Housing</b>	
Rent / Mortgage / Room & Board (Indicate if paid by Social Services, how much)	
Property Tax	
Property Insurance	
Water, sewer and garbage(if paid by Social Services, how much)	
House repairs, maintenance, yard care	
Heat (if paid by Social Services, how much)	
Electricity (if paid by Social Services, how much)	
Telephone (if paid by Social Services, how much)	
Other (specify)	

**Household expenses**

Food	
Meals Outside the home	
General household supplies	
Hair care, toiletries and sundries	
Dry cleaning and laundry	
Furnishings and equipment	
Other (specify)	

**Transportation**

Public Transit, taxis	
Car insurance, registration and license	
Gas and oil	
Parking	
Car repairs and maintenance	

**Health**

Medical and dental insurance premiums (not deducted at source)	
Health care (physiotherapy, etc.)	
Drugs, prescriptions	
Dental care (including orthodontist)	
Optical care (eyeglasses, contact lenses)	

**Personal**

Clothing, footwear	
Educational expenses (self)	

**Children**

Clothing, footwear	
Children's allowance, gifts	
School fees, books and supplies	
School activities (field trips, etc.)	
Activities, lessons and supplies (music lessons, clubs, sports)	
Child care, babysitting	

**Savings for the future**

RRSP	
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RESP	
<b>Support payments</b>	
Support being paid in this case	
Support being paid in any other case	
<b>Debt payments (other than mortgage) (loans, credit cards, etc.)</b>	
<b>Other</b>	
Life or term insurance premiums	
Banking, legal, accounting	
Church, charitable donations	
Entertainment & recreation	
Vacation	
Alcohol/tobacco	
<b>TOTAL ANNUAL EXPENSES</b>	

## **SPECIAL EXPENSES REGARDING YOUR CHILD/CHILDREN**

**If you are making a claim for CHILD SUPPORT PLEASE Indicate monies you spend in each category on a monthly basis:**

(complete only categories that apply to you)

**CHILD'S NAME:** \_\_\_\_\_

**A. Daycare/Babysitting Expenses: \$\_\_\_\_\_ per month**

**Comments:** \_\_\_\_\_

**ARE YOU RECEIVING OR ENTITLED TO DAYCARE SUBSIDY. IF SO, WHAT IS THE AMOUNT OF THE DAYCARE/BABYSITTING COSTS WHICH YOU PAY FROM YOUR POCKET EACH MONTH \$\_\_\_\_\_. Please provide receipts or a letter from daycare confirming the above.**

**B. Medical and dental insurance premiums you pay on behalf of your child/children:**

**\$\_\_\_\_\_ per month**

**Comments:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*\*it would be helpful if you could provide proof of premiums paid (letter or benefits statement)**

**C. Other health-related costs that exceed any insurance coverage you may have, including dental/orthodontic treatment, professional counselling provided by a psychologist, social worker, psychiatrist or any other person, physiotherapy, occupational therapy,**

speech therapy and prescription drugs, hearing aids, glasses and contact lenses  
(remember these are costs regarding the child/children not yourself)

\$ \_\_\_\_\_ per month

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**D. Extraordinary expenses for primary or secondary school education or for any educational programs that meet the child's particular needs.**

\$ \_\_\_\_\_ per month

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**E. Expenses for Post-secondary education (university, tech school, etc - after high school).**

\$ \_\_\_\_\_ per month

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**F. Extraordinary expenses for extracurricular activities for the child/children.**

**this would include sports, music lessons, etc.**

**(you should specify the costs each month and what they are for)**

**\$ \_\_\_\_\_ per month for \_\_\_\_\_ (specify activity)**

**\$ \_\_\_\_\_ per month for \_\_\_\_\_**

**\$ \_\_\_\_\_ per month for \_\_\_\_\_**

**\$ \_\_\_\_\_ per month for \_\_\_\_\_**

**Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**YOU MUST PROVIDE COPIES OF RECEIPTS FOR THE ABOVE COSTS.**