

We need to collect the following information from you, in order to represent you on the legal matter for which you have applied for Legal Aid Services. The Saskatchewan Legal Aid Commission is committed to protecting your privacy. Its entire operations are subject to *The Freedom of Information and Protection of Privacy Act.*

**SASKATCHEWAN LEGAL AID COMMISSION
REGINA CITY AREA OFFICE**

When we have all this information we will be in a position to consider bringing a variation of the maintenance provisions contained in the existing Court Order, nothing will be done on your behalf until we have this information .

PERSONAL INFORMATION FOR VARIATION APPLICATION

(Questions must be answered on a separate sheet and in full)

Employment History

- 1. Were you working when you married or started living together?**
(include name of employer(s) and gross salary and length of time employed there)
- 2.. Did you work while you were living together?**
(include name of employer(s) and gross salary and length of time employed)
- 3. Were you working when you broke up?**
(include name of employer(s) and gross salary and length of time employed)
- 4. Where have your been working since the support order was made? Are you working now? Where?** (Attached Financial Statement must be completed)
- 5. Regarding the person you are ordered to pay money to, did you ex work while you were together? Was your ex working when you broke up? Was your ex working when the order was made?**(include name of employer and gross salary and length of time employed)
- 6. For right now, are you married or living with someone? What is your partner's name? Is your current partner working? We need income information about your partner.**

9. **What type of work are you trained for, courses completed and certificates obtained.**
10. **What is the highest grade you completed in school?**
11. **Do you have any special skills?**
12. **List the places you have applied to work in the last six months?**

Other Information Required

13. Your former spouse's current marital status?
14. Your former spouse's ordinary residence?
15. The ordinary residence of the children?
16. The current support payments made each month?
17. Your proposed changes in support payments?
18. The amount of arrears, if any, under any prior Support Order?
19. List any changes in circumstances(your's, your former spouse's, or the children since the Support Order was made)?
20. The names and dates of birth of the children for whom support is paid?
21. Details of any disabilities or special circumstances that apply to the children, if any?

Other Financial Information

22. Copies of your Income Tax returns for the past **several** years, as well as Notices of Assessment and Re-Assessment as received from Revenue Canada. **This financial information will be required for the time since the arrears accumulated and may include a number of years of Income Tax Returns, Notices of Assessments or Re-Assessments. If you do not have these available, you should contact Revenue Canada at 1-800-959-8281 and request a computer printout or attend at the Revenue Canada Office at #260 – 1783 Hamilton Street in Regina. They will require you to bring proof of identification, two pieces of ID with your signature on, or a picture driver's license. You will as well need to provide your Social Insurance number.**
***** You may sign the authorization which is attached to the Financial Statement*****
23. Copies of payroll stubs for the current calendar year (containing year-to-date total gross income earned), any Employment Insurance Benefits you have received in this calendar year, Workers Compensation Benefits, Disability or Pension Benefits, or Social Assistance Benefits received in this calendar year.
24. Provide an explanation for arrears (why were payments not being made?)

When we have all this information we will be in a position to consider bringing a variation of the maintenance provisions contained in the existing Court Order, nothing will be done on your behalf until we have this information .

Your assistance is appreciated.

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:

9 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.

9 a statement from the Canada Revenue Agency that I have not filed any income tax returns for the past 3 years.

9 a declaration that I am not required to file an income tax return because of the *Indian Act* (Canada).

9 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	
Rental Income Gross:	
Child Support Received (If Taxable)	
Spousal Support: this relationship \$ From another relationship\$	
Registered retirement savings plan income	
Self Employment income:	
a. Business income Gross \$	
b. Professional income Gross \$	
c. Commission income Gross \$	
d. Farming income Gross \$	
e. Fishing income Gross \$	
Worker's Compensation benefits	
Total Social Assistance payments	
Saskatchewan Employment Supplement	
Federal Universal Child Care Benefit	
Other (specify) (Provincial Training Allowance)	
TOTAL ANNUAL INCOME	

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	

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?

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

(A) Annual Income	
Total deductions from income	
ADJUSTED ANNUAL INCOME	

Part 2 - ANNUAL EXPENSES

Source Deductions	
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	

Housing	
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	
RESP	
Support payments	
Support being paid in this case	
Support being paid in any other case	
Debt payments (other than mortgage) (loans, credit cards,	

Other	
Life or term insurance premiums	
Banking, legal, accounting	
Church, charitable donations	
Entertainment & recreation	
Vacation	
Alcohol/tobacco	
TOTAL ANNUAL EXPENSES	

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.