

Date: _____

FINANCIAL SUMMARY FOR DISPUTE RESOLUTION**

Spouse 1: _____

Spouse 2: _____

A. <u>Family Property at Separation Date</u>	<u>Registered Owner</u>	<u>Value</u>	<u>Date Acquired</u>
1. Real Estate			
• Family Residence			

<p>6. Business Interests</p> <ul style="list-style-type: none"> Corporations (operating and holding), partnerships, sole proprietorship, trust, joint venture 	<u>Registered Owner</u>	<u>Value</u>	<u>Date Acquired</u>
<p>7. Insurance Policies (List insurance company, face amount, beneficiary)</p>	<u>Owner</u>	<u>Insured</u>	<u>Cash Surrender Value</u>
<p>8. Other</p> <ul style="list-style-type: none"> Jewelry, art collections, precious metals, household items of extraordinary value 	<u>Value</u>		
<p>9. Canada Pension Plan Credits</p>			
<p>B. <u>Potential Excluded Property</u></p> <ul style="list-style-type: none"> Property that spouse came into relationship with 		<u>Value at Start of Relationship</u>	<u>Traceable to Present Family Property</u>

<ul style="list-style-type: none"> • Debts at commencement of relationship 		<u>Balance at Start of Relationship</u>	<u>Balance Owing</u>

E. Expected Income – Spouse 1

• I am employed by
• I am self employed as
• I operate an incorporated business named
• I am unemployed

• Employment Income		\$
• Self Employment Income		
- Gross	\$	
- Net	\$	
- Income available for support		\$
• Other employment income		\$
• Net partnership income		\$
• Rental income		
- Gross	\$	
- Deductions	\$	
- Net rental income		\$
• Dividend income		
- Taxable CDN dividends (all)	\$	
- Taxable CDN dividends (non-eligible)	\$	
- Actual CDN dividends (eligible)		\$
- Actual CDN dividends (non-eligible)		\$
• Capital gains	\$	\$
- Net gain after capital losses		\$
• Interest & Investment income		\$
• Employment insurance benefits		\$
• Workers compensation benefits		\$
• Pension income		\$
• Social assistance income		\$
• RRSP income		\$
• Spousal support from another relationship		\$
• Federal supplements		\$
• Any other income (i.e. Trust income)		\$
• Total Income		\$
Adjustments to Income		
• Subtract union & professional dues		\$
• Schedule III adjustments not previously considered		\$

Income for support purposes	\$
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Income declared on line 150 of last 3 most recent income tax returns
- Year
- Year
- Year

- Are you a beneficiary of a trust? No Yes
- Do you/should you file U.S. tax returns? No Yes

F. **Expected Income - Spouse 2**

• I am employed by
• I am self employed as
• I operate an incorporated business named
• I am unemployed

• Employment Income		\$
• Self Employment Income		
- Gross	\$	
- Net	\$	
- Income available for support		\$
• Other employment income		\$
• Net partnership income		\$
• Rental income		
- Gross	\$	
- Deductions	\$	
- Net rental income		\$
• Dividend income		
- Taxable CDN dividends (all)	\$	
- Taxable CDN dividends (non-eligible)	\$	
- Actual CDN dividends (eligible)		\$
- Actual CDN dividends (non-eligible)		\$
• Capital gains	\$	
- Net Capital gains after capital losses		\$
• Interest and Investment Income		\$
• Employment insurance benefits		\$
• Workers compensation benefits		\$
• Pension income		\$
• Social assistance income		\$
• RRSP income		\$
• Spousal support from another relationship		\$
• Federal supplements		\$
• Any other income (i.e. Trust income)		\$
• Total Income		\$
Adjustments to Income		
• Subtract union & professional dues		\$
• Schedule III adjustments not previously considered		\$

Income for support purposes	\$
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Income declared on line 150 of last 3 most recent income tax returns
- Year
- Year
- Year

- Are you a beneficiary of a trust? No Yes
- Do you/should you file U.S. tax returns? No Yes

G. Monthly Expenses - Spouse 1

<u>Compulsory Deductions</u>	
CPP Contributions	\$
EI Premiums	\$
Income taxes	\$
Employee pension contributions	\$
Other (please specify)	\$
<i>SUB-TOTAL</i>	\$
<u>Housing</u>	
Rent or mortgage	\$
Property taxes	\$
Property insurance	\$
Water, sewer, garbage	\$
Strata fees	\$
House repairs and maintenance	\$
Other (please specify)	\$
<i>SUB-TOTAL</i>	\$
<u>Utilities</u>	
Heat & electricity	\$
Telephone	\$
Cable TV	\$
Other (please specify)	\$
<i>SUB-TOTAL</i>	\$
<u>Household Expenses</u>	
Food	\$
Household supplies	\$
Meals outside the home	\$
Furnishings and equipment	\$
Other (please specify)	\$
<i>SUB-TOTAL</i>	\$
<u>Other</u>	
Charitable donations	\$
Vacation	\$
Pet care	\$
Newspapers, publications	\$
Other (please specify)	\$
<i>SUB-TOTAL</i>	\$
<u>Health</u>	
MSP Premiums	\$
Extended health benefits	\$
Dental plan premiums	\$
Health care (net of coverage)	\$
Drugs (net of coverage)	\$
Dental care (net of coverage)	\$
Other (please specify)	\$
<i>SUB-TOTAL</i>	\$
<u>Personal</u>	
Clothing	\$
Hair care	\$
Toiletries, cosmetics	\$
Education (specify)	\$
Life insurance	\$
Dry cleaning/laundry	\$
Entertainment/recreation	\$
Gifts	\$
Other (please specify)	\$
<i>SUB-TOTAL</i>	\$
<u>Children</u>	
Child care	\$
Clothing	\$
Hair care	\$
School fees & supplies	\$
Entertainment/recreation	\$
Activities & lessons	\$
Gifts	\$
Insurance	\$
Other (please specify)	\$
<i>SUB-TOTAL</i>	\$
<u>Savings</u>	
RRSP	\$
RESP	\$
Other (please specify)	\$
<i>SUBTOTAL</i>	\$

Transportation		Support payment to others (specify)	\$
Public transit, taxis	\$	SUB-TOTAL	\$
Gas & oil	\$		
Car insurance & license	\$	Debt payments (specify)	\$
Parking	\$	SUB-TOTAL	\$
Repairs & maintenance	\$		
Lease payments	\$		
Other (please specify)	\$	TOTAL MONTHLY EXPENSES	\$
SUB-TOTAL	\$		
		TOTAL ANNUAL EXPENSES	\$

H. Monthly Expenses - Spouse 2

<u>Compulsory Deductions</u>		<u>Health</u>	
CPP Contributions	\$	MSP Premiums	\$
EI Premiums	\$	Extended health benefits	\$
Income taxes	\$	Dental plan premiums	\$
Employee pension contributions	\$	Health care (net of coverage)	\$
Other (please specify)	\$	Drugs (net of coverage)	\$
<i>SUB-TOTAL</i>	\$	Dental care (net of coverage)	\$
		Other (please specify)	\$
<u>Housing</u>		<i>SUB-TOTAL</i>	\$
Rent or mortgage	\$		
Property taxes	\$	<u>Personal</u>	
Property insurance	\$	Clothing	\$
Water, sewer, garbage	\$	Hair care	\$
Strata fees	\$	Toiletries, cosmetics	\$
House repairs and maintenance	\$	Education (specify)	\$
Other (please specify)	\$	Life insurance	\$
<i>SUB-TOTAL</i>	\$	Dry cleaning/laundry	\$
		Entertainment/recreation	\$
<u>Utilities</u>		Gifts	\$
Heat & electricity	\$	Other (please specify)	\$
Telephone	\$	<i>SUB-TOTAL</i>	\$
Cable TV	\$		
Other (please specify)	\$	<u>Children</u>	
<i>SUB-TOTAL</i>	\$	Child care	\$
		Clothing	\$
<u>Household Expenses</u>		Hair care	\$
Food	\$	School fees & supplies	\$
Household supplies	\$	Entertainment/recreation	\$
Meals outside the home	\$	Activities & lessons	\$
Furnishings and equipment	\$	Gifts	\$
Other (please specify)	\$	Insurance	\$
<i>SUB-TOTAL</i>	\$	Other (please specify)	\$
		<i>SUB-TOTAL</i>	\$
<u>Other</u>			
Charitable donations	\$	<u>Savings</u>	
Vacation	\$	RRSP	\$
Pet care	\$	RESP	\$
Newspapers, publications	\$	Other (please specify)	\$
Other (please specify)	\$	<i>SUBTOTAL</i>	\$
<i>SUB-TOTAL</i>	\$		

Transportation		Support payment to others (specify)	\$
Public transit, taxis	\$	SUB-TOTAL	\$
Gas & oil	\$		
Car insurance & license	\$	Debt payments (specify)	\$
Parking	\$	SUB-TOTAL	\$
Repairs & maintenance	\$		
Lease payments	\$		
Other (please specify)	\$	TOTAL MONTHLY EXPENSES	\$
SUB-TOTAL	\$		
		TOTAL ANNUAL EXPENSES	\$

I. Special or Extraordinary Expenses

Note: "extraordinary" is a legal concept to be determined in each case.

<u>Name of Child:</u>	<u>Monthly</u>	<u>Annual</u>
Child care expenses	\$	\$
Medical/Dental insurance premiums attributable to child	\$	\$
Health related expenses that exceed insurance reimbursement by at least \$100.00	\$	\$
Extraordinary expenses for primary or secondary school	\$	\$
Post secondary education expenses	\$	\$
Extraordinary extracurricular expenses	\$	\$
Subtract subsidies, benefits, income tax deductions or credits relating to the expense	\$	\$
TOTAL	\$	\$

<u>Name of Child:</u>	<u>Monthly</u>	<u>Annual</u>
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Medical/Dental insurance premiums attributable to child	\$	\$
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Extraordinary expenses for primary or secondary school	\$	\$
Post secondary education expenses	\$	\$
Extraordinary extracurricular expenses	\$	\$
Subtract subsidies, benefits, income tax deductions or credits relating to the expense	\$	\$
TOTAL	\$	\$

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Medical/Dental insurance premiums attributable to child	\$	\$
Health related expenses that exceed insurance reimbursement by at least \$100.00	\$	\$
Extraordinary expenses for primary or secondary school	\$	\$
Post secondary education expenses	\$	\$
Extraordinary extracurricular expenses	\$	\$
Subtract subsidies, benefits, income tax deductions or credits relating to the expense	\$	\$
TOTAL	\$	\$

Comments and Observations

DOCUMENTS FOR CLIENTS TO PROVIDE FOR
FAMILY MATTERS

1. Income tax returns for the last 3 years;
2. Notices of assessment or reassessment from CRA for the last 3 years;
3. If you are an employee: 3 most recent statement of earnings and deductions;
4. If you are or have received EI benefits in the last year: 3 most recent EI benefit statements;
5. If you are or have received WCB benefits in the last year: 3 most recent WCB benefit statements;
6. If you are self-employed: financial statements for your company for the last 3 years;
7. If you are in a partnership: confirmation of your income, draws and capital in the partnership for the last 3 years;
8. If you control a corporation: the corporate tax returns and company financial statements for the last 3 years along with the share register;
9. Recent Canada Pension Plan statement *;
10. Most recent statements for all bank accounts, including joint accounts;
11. Most recent statements for all investments, RRSPs and TFSAs;
12. Most recent statements for all RESPs;
13. Most recent employment pension statement(s);
14. Details of any life insurance policy(ies) including:
 - a. Name of the policy owner(s);
 - b. Name(s) of the beneficiary(ies);
 - c. Face amount of policy(ies);
 - d. Carrier name and policy number(s); and
 - e. Term or whole life policy and if whole life the cash surrender value;
15. Details of extended medical and dental policy(ies) including:
 - a. Name of the policy owner(s);
 - b. Names of individuals covered under policy(s);
 - c. Carrier name and policy number(s);

16. Most recent notice from BC Assessment for each interest you own in real property;

17. List of liabilities including:
 - a. Mortgage: name of lending institution, account number and amount owing;
 - b. Personal Loan: name of lending institution, account number and amount owing;
 - c. Vehicle Loan: name of lending institution, account number and amount owing;
 - d. Credit Card: name of credit card company, account number, amount owing and names on account;

18. If you are a beneficiary under a trust, a copy of the trust agreement;

19. A list of significant assets and liabilities brought into the marriage/common law relationship by each spouse and a list of any inheritances received (amount) during the marriage/relationship;

*CPP statements can be obtained by calling 1-877-454-4051 or if you have an online account with Service Canada (www.servicecanada.gc.ca) you can obtain a statement from the website.

**Modified from Draft Financial Summary in Collaborative Process prepared by the BC Collaborative Roster Society 2017.10.25