

**Supreme Court of Nova Scotia
(Family Division)**

Between:

and

Respondent

Statement of Expenses
of _____ prepared on _____

I _____ and give evidence as follows:

1. The following are my current budgeted monthly expenses:

NOTE: ALL ITEMS ARE TO BE CONVERTED TO A MONTHLY AMOUNT

EXPENSES	MONTHLY BUDGETED EXPENSES	COMMENTS
1. Rent/Mortgage		
2. Municipal Taxes		
3. Property - Fire Insurance		
4. Heat		
5. Electricity		
6. Water		
7. Telephone, Postage		
8. Cable		
9. House Repairs, Maintenance, Appliance & Furniture Repairs and Replacement		
10. Food		

EXPENSES	MONTHLY BUDGETED EXPENSES	COMMENTS
11. Toiletries, Household Supplies		
12. Clothing		
13. Laundry and Dry-Cleaning		
14. Motor Vehicle: (a) Payment		
(b) Gas		
(c) Maintenance/Repair		
(d) Insurance, License, Registration & Inspection		
(e) Parking & Tolls		
15. Taxis, Public Transportation		
16. Section 7 Child Related Expenses: (a) Child Care Expense (daycare/babysitting)		
(b) Children's Medical or Dental Insurance Premiums		
(c) Health Related Expenses		
(d) Primary or Secondary School Expense		
(e) Post Secondary School Expense		
(f) Extracurricular Activities		
17. School Supplies, Tuition, Books		
18. Children's Allowances and Activities		
19. Costs related to having time or interaction with a child or children (for example, travel costs)		
20. Hair and Grooming		

EXPENSES	MONTHLY BUDGETED EXPENSES	COMMENTS
21. Life Insurance/Medical Insurance		
22. Drugs		
23. Dental		
24. Glasses		
25. Christmas, Birthdays, Events & Gifts		
26. Newspapers and Magazines		
27. Charitable Donations		
28. Holidays		
29. Entertainment		
30. Savings		
31. Child Support (paid for a child other than the child(ren) to whom this proceeding relates)		
32. Spousal Support (for a spouse other than a party to the proceeding)		
33. Miscellaneous		
34. Other		
35. Other		
SUBTOTAL (add lines 1 to 35)		
Debt Payments		
36.		
37.		
38.		
SUBTOTAL (lines 1 to 35 + lines 36 to 38)		

EXPENSES	MONTHLY BUDGETED EXPENSES	COMMENTS
39. Income Source Deductions, excluding Income Tax		
1) CPP		
2) EI		
Pension		
Union Dues		
Medical Plan		
Other		
TOTAL EXPENSES (Subtotal from above + Line 39 total)		
SUMMARY		
Total Income Before Tax (from Statement of Income)		
Less: Total Expenses (from above)		
Surplus (Deficit) Before Tax		
Less: Income Tax (Attach Calculations)		
SURPLUS (DEFICIT)		

[To be completed if either party is making a claim for undue hardship pursuant to Section 10 of the Child Support Guidelines or *spousal support*.]

NAME	OCCUPATION OR SOURCE OF INCOME

before me)
on)
at)
_____)

Signature of Authority

Signature of

Print Name:

Official Capacity: