**Form FL‑47**

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| COURT FILE NUMBER |      Clerk’s Stamp |
| COURT |

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COURT OF JUSTICE

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COURT OF KING’S BENCH |
| JUDICIAL CENTRE (KING’S BENCH) |       |
| COURT LOCATION (COURT OF JUSTICE) |       |
| APPLICANT(S) |       |
| RESPONDENT(S) |       |
| DOCUMENT | **PAYOR’S STATEMENT – VARY CHILD SUPPORT**  |

|  |  |
| --- | --- |
| ADDRESS FOR SERVICE ANDCONTACT INFORMATION OFPARTY FILING THIS DOCUMENT |       |

I,      , swear/affirm that:

1. I pay child support to [recipient's name] in accordance with a Child Support Order. I attach a copy of the Child Support Order I want to change dated [date].

*(Choose all that apply. Provide details for any box(es) checked.)*

|  |  |
| --- | --- |
| 2. | Since the Child Support Order was made, circumstances have changed as follows:       |
|  |  |  |
|  |   | my financial position has changed as described below:       |
|  |  |  |
|  |   | I believe the Respondent’s financial position has changed as described below:       |
|  |  |  |
|  |   | I believe the special expenses for the child(ren) have changed as described below:       |
|  |  |  |
|  |   | the child(ren) live with me at least 40% of the time as described below:       |
|  |  |  |
|  |   | other changes: [specify] |

3. My annual total income for the last three years was (see line 150 of tax return):

|  |  |
| --- | --- |
| 20      | $      |
| 20      | $      |
| 20      | $      |

 I expect my gross annual income this year to be $     .

 Currently, I earn income from      .

*(Choose all that apply if the Recipient’s income is needed to calculate child support)*

|  |  |  |
| --- | --- | --- |
| 4. |   | I want financial information from the Recipient. (attach written request for financial information) |
|  |  |  |
|  |  |  |
|  |   | I made a written request for financial information from the Recipient on [date]: |
|  |  |  |
|  |  |   | The Recipient has responded. I attach the documents from the Recipient. |
|  |  |  |
|  |  |   | The Recipient has not responded. I attach a copy of my written request given to the Recipient. |
|  |  |  |  |
|  |  |  |
|  |   | I believe the Recipient’s annual income should be set at $     . |
|  |  |  |
|  |   | I know the following facts about the Recipient’s employment, training, health and ability to work:       |
|  |  |  |

*(Choose one)*

|  |  |  |
| --- | --- | --- |
| 5. |   | I attach calculations showing how much I believe I should pay to the Recipient according to the child support guidelines. (attach calculations) |
|  |
|  |  |  |
|  |   | I did not attach calculations. |

6. The change to child support payments should start on [date].

7. As of [date], the amount of unpaid support arrears was $[arrears]. (if available, attach a statement of account)

*(Complete only if there are arrears)*

|  |  |  |
| --- | --- | --- |
| 8. |   | I do not ask the Court to reduce the arrears. |
|  |  |  |
|  |   | I ask the Court to reduce the arrears to $      because: (attach financial documentation for each year) |
|  |

*(Complete only if applicable)*

9. I propose paying the remaining arrears at a rate of $      per month.

10. I have the following other information in support of my application:

[specify]

|  |  |  |
| --- | --- | --- |
| Sworn/Affirmed before me on [date], 20[year] at [city], Alberta.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Justice of the Peace or Commissioner for Oaths in and for the Province of Alberta | )))))))))) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Applicant’s (Payor’s) Signature |