**Form FL‑50**

Clerk’s Stamp

|  |  |
| --- | --- |
| COURT FILE NUMBER |  |
| COURT | |  | | --- | |  |   COURT OF JUSTICE   |  | | --- | |  |   COURT OF KING’S BENCH |
| JUDICIAL CENTRE  (KING’S BENCH) |  |
| COURT LOCATION  (COURT OF JUSTICE) |  |
| APPLICANT(S) |  |
| RESPONDENT(S) |  |
| DOCUMENT | **PAYOR’S STATEMENT – VARY**  **SPOUSAL / PARTNER SUPPORT** |

|  |  |
| --- | --- |
| ADDRESS FOR SERVICE AND  CONTACT INFORMATION OF  PARTY FILING THIS DOCUMENT |  |

I,      , swear/affirm that:

1. I pay spousal/partner support to       in accordance with a support order. I attach a copy of the most recent support order. (attach a copy)

2. I ask the Court to change the most recent spousal/partner support order as follows:

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

3. Since the most recent spousal/partner support order was made, circumstances have changed as follows:

|  |  |
| --- | --- |
|  | my financial position has changed. (attach financial documents) |
|  |  |
|  | my health/ability to work has changed. |
|  |  |
|  | my household expenses have changed. (attach a budget) |
|  |  |
|  | I believe the Recipient’s ability to support herself/himself has changed. |
|  |  |
|  | other changes: |

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

|  |  |
| --- | --- |
| Year | Amount |
| 20 | $ |
| 20 | $ |
| 20 | $ |

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

Currently, I earn income from      . (attach financial documents)

*(Choose all that apply)*

|  |  |  |
| --- | --- | --- |
| 5. |  | I want financial information from the Recipient. (attach written request for financial information) |
|  |  |  |
|  |  | 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: |

*(Specify date and amount of arrears if applicable)*

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

*(Choose one, as applicable. Provide details)*

|  |  |  |
| --- | --- | --- |
| 7. |  | I do not ask the Court to reduce the arrears. |
|  |  |  |
|  |  | I ask the Court to reduce the arrears to $      because: |

*(Complete only if applicable)*

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

9. 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 | )  )  )  )  )  )  )  )  )  ) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Payor’s Signature |