Form FL‑70

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| COURT FILE NUMBER |      Clerk’s Stamp |
| COURT |   | COURT OF JUSTICE |
|  |   | COURT OF KING’S BENCH |
|  |  |  |
|  |  |
| JUDICIAL CENTRE (KING’S BENCH) |       |
| COURT LOCATION (COURT OF JUSTICE) |       |
| APPLICANT(S) |       |
| RESPONDENT(S) |       |
| DOCUMENT | **REPLY STATEMENT – SPOUSAL / PARTNER SUPPORT** |

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

I, [name], swear/affirm that:

*(Choose one)*

|  |  |  |
| --- | --- | --- |
| 1. |   | I am (or was) the Applicant’s spouse. |
|  |   | I was the Applicant’s adult interdependent partner. |
|  |   | I have never been the Applicant’s spouse or adult interdependent partner |
|  |
| *(Choose all that apply. Provide details for any box(es) checked.)* |
| 2. | I do not agree with the amount of spousal/partner support requested by the Applicant because: |
|  |   | my financial position is not what the Applicant claims it is. *(attach a budget)*[specify] |
|  |
|  |   | my health/ability to work is not what the Applicant says it is.[specify] |
|  |
|  |   | the Applicant’s financial position is not what the Applicant claims it is.[specify] |
|  |
|  |   | I request financial information from the Applicant. *(attach written request for financial information)*[specify] |
|  |
|  |   | the Court should uphold the support agreement the Applicant and I currently have. *(if available, attach a copy of agreement)*[specify] |
|  |
|  |   | other reasons |
|  |  | [specify] |
|  |
| 3. | My annual total income for the last three years was *(see line 150 of tax return)*: |
|  | 20[year] $      . |
|  | 20[year] $      . |
|  | 20[year] $      . |
|  | I expect my gross annual income this year to be $      . |
|  | Currently, I earn income from      . *(attach financial documents)* |
|  |  |
| 4. | I have a legal obligation to support the following individuals: |
|  |       |
|  |  |
| 5. | The amount of support that I believe I should pay to the Applicant is $       each month. |
|  |  |
| 6. | I have the following other information in reply to the Applicant’s Claim: |
|  | [specify] |
|  |  |

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| --- | --- | --- |
| 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 | )))))))))) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Respondent’s Signature |