# 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 AND  CONTACT INFORMATION OF  PARTY 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 |