Form FL‑69

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| COURT FILE NUMBER |      Clerk’s Stamp |
| COURT |   | COURT OF JUSTICE |
|  |   | COURT OF KING’S BENCH OF ALBERTA |
|  |  |  |
|  |  |
| JUDICIAL CENTRE (KING’S BENCH) |       |
| COURT LOCATION (COURT OF JUSTICE) |       |
| APPLICANT(S) |       |
| RESPONDENT(S) |       |
| DOCUMENT | **REPLY TO PAYOR’S STATEMENT – VARY CHILD SUPPORT** |

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

I, [name], swear/affirm that:

*(Choose one. Attach a copy of the most recent order if the Applicant did not.)*

|  |  |  |
| --- | --- | --- |
| 1. |   | I agree that circumstances have changed since the Child Support Order was granted. |
|  |   | There has been no change in circumstances since the Child Support Order was granted. |
|  |
| 2. | 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)* |
|  |
| *(Choose all that apply. Provide details for any box(es) checked.)* |
| 3. | I do not agree with the amount of child support requested by the Payor because: |
|  |   | my income is not what the Payor claims it is. |
|  |  | [specify] |
|  |   | the Payor’s income is not what the Payor claims it is. |
|  |  |  |
|  |  |   | I request financial information from the Payor. *(attach written request for financial information)* |
|  |  |
|  |  |  |
|  |  |   | there are special expenses for the child(ren) and I attach a Special Expense List and receipts. *(Special expenses generally include child care expenses, medical and dental insurance premiums, health-related expenses, expenses for post-secondary education, and extraordinary expenses for extracurricular activities and school education.)* |
|  |  |
|  |  |  |
|  |   | the child(ren) do(es) not live with the Payor at least 40% of the time: *(describe schedule below)* |
|  |  | [specify] |
|  |   | other reason(s): |
|  |  | [specify] |
|  |
| *(Choose one)* |
| 4. |   | I attach calculations showing how much I believe the Payor should pay according to the child support guidelines. *(attach calculations)* |
|  |
|  |   | I do not attach calculations |
|  |  |  |
| 5. | As of [date], the amount of unpaid support arrears was $     . *(if available, attach a statement of account)* |
|  |  |
| *(Complete only if there are arrears. Choose one)* |
| 6. |   | I agree that the Court should reduce the child support arrears to $     . |
|  |
|  |   | I do not agree that the Court should reduce the child support arrears because: |
|  |  | [specify] |
|  |  |
| 7. | I have the following other information in reply to the Payor’s Claim: |
|  | [specify] |

|  |  |  |
| --- | --- | --- |
| Sworn/Affirmed before me on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Alberta.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Justice of the Peace or Commissioner for Oaths in and for the Province of Alberta | ))))))))))) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Respondent’s (Recipient’s) Signature |

*(Fill in if applicable)*

**Special Expense List**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of child(ren): |       |       |       |       |
| Child care expenses |  |  |  |  |
| * amount charged by caregiver or day care
 | $      | $      | $      | $      |
| * parent’s portion of day care costs
 | $      | $      | $      | $      |
| Medical and/or dental insurance premiums | $      | $      | $      | $      |
| Health‑related expenses *(exceeding insurance reimbursement by at least $100 annually)* | $      | $      | $      | $      |
| Extraordinary primary/ secondary school expenses | $      | $      | $      | $      |
| Expenses for post-secondary education | $      | $      | $      | $      |
| Extraordinary expenses for extracurricular activities | $      | $      | $      | $      |

Details of above expenses: *(include description of each health, school and extracurricular expense)*

[specify]

**ATTACH RECEIPTS**