# 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 AND  CONTACT INFORMATION OF  PARTY 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**