**I ask the court to make an order for additional child support under section 7 of the child support guidelines or applicable law. The additional amount is for the Respondent’s share of the following expenses. I have attached documents and receipts as evidence to prove each expense and the amounts associated with each expense.**

1. **Child’s full name and date of birth**

|  |  |
| --- | --- |
| Name (First Middle Last) | Date of Birth (Month/Date/Year) |
|  |  |

**2.** **Expenses claimed on this Form are for the singular calendar year of:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3.** **My expenses for the above child are for (check all that apply)**

* A. Childcare
* B. Health-related expenses over $100.00 per year (not covered by insurance)
* C. Child’s portion of medical and/or dental insurance premiums
* D. Extraordinary expenses for education (grade school and high school)
* E. Post-secondary education expenses (college, university or CEGEP)
* F. Extraordinary expenses for extracurricular activities

**4.** **Provide details of expenses claimed in Section 3 (as demonstrated below)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Expense Type  | Brief Description of Expense  | Actual**(or estimated) Amount Spent per MONTH or YEAR**(*attach receipts*) | Expense Monthly (M)orYearly (Y) | Net Amount Spent per YEAR (after any subsidy, benefit, tax deduction, or credit)(*Please indicate when this payment is / was due, if known.*) |
| *1.* | *A* | *Childcare – before & after school* | *$200* | *M* | *$2400* |
| *2.* | *F* | *Extracurricular-Soccer* | *$250* | *Y* | *$250* |

**Ongoing Expenses**

|  | Expense Type  | Brief Description of Expense | Actual(or estimated) Amount Spent per **MONTH** or **YEAR** (attach receipts) | Expense Monthly (M)orYearly (Y) | Net Amount Spent per YEAR (after any subsidy, benefit, tax deduction, or credit)(Please indicate when this payment is/was due, if known.) |
| --- | --- | --- | --- | --- | --- |
| 1. |  |  |  |  |  |
| 2. |  |  |  |  |  |
| 3. |  |  |  |  |  |
| 4. |  |  |  |  |  |
| 5. |  |  |  |  |  |
| 6. |  |  |  |  |  |
| 7. |  |  |  |  |  |
| 8. |  |  |  |  |  |
| 9 |  |  |  |  |  |
| 10. |  |  |  |  |  |
|  |  |  | **□** Additional page(s) attached Total special expenses for the year $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_Total special expenses for the year converted into a monthly amount $ \_\_\_\_\_\_\_\_\_\_\_\_ |

**One–time Expenses**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Expense type | Brief Description of Expense | Net Amount Spent per YEAR (after any subsidy, benefit, tax deduction, or credit)(*Please indicate when this payment is/was* *due, if known*.) |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
| 5. |  |  |  |
| 6. |  |  |  |
| 7. |  |  |  |
| 8. |  |  |  |
| 9. |  |  |  |
| 10. |  |  |  |
| **□** Additional page(s) attached Total special expenses for the year $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| This document is attached to and forms part of the evidence in my support/support variation application.   (Signature of Claimant/Applicant) |