

SPECIAL OR EXTRAORDINARY EXPENSE CLAIM

Form F

A separate Form is required for each child for each calendar year of expenses claimed.

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 (YYYY/MM/DD)
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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) or Yearly (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) or Yearly (Y)	Net Amount Spent per YEAR (after any subsidy, benefit, tax deduction, or credit) (Please indicate when this payment is/was due, if known .) (YYYY/MM/DD)
1.					Due:
2.					Due:
3.					Due:
4.					Due:
5.					Due:

	Expense Type	Brief Description of Expense	Actual(or estimated) Amount Spent per MONTH or YEAR (attach receipts)	Expense Monthly (M) or Yearly (Y)	Net Amount Spent per YEAR (after any subsidy, benefit, tax deduction, or credit) (Please indicate when this payment is/was due, if known .) (YYYY/MM/DD)
6.					Due:
7.					Due:
8.					Due:
9.					Due:
10.					Due:

Additional page(s) attached

Total special expenses for the year _____ \$0.00 _____

Total special expenses for the year converted into a monthly amount _____ \$0.00 _____

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.) (YYYY/MM/DD)
1.			Due:
2.			Due:
3.			Due:
4.			Due:
5.			Due:
6.			Due:
7.			Due:
8.			Due:
9.			Due:
10.			Due:

Additional page(s) attached

Total special expenses for the year _____ \$0.00 _____

This document is attached to and forms part of the evidence in my support/support variation application.

(Signature of Claimant/Applicant)