

DOCUMENT CHECKLIST

IF YOU ARE MAKING OR RESPONDING TO

SUPPORT CLAIMS

ABOUT

Pursuant to Rule 13(3.1) of the Ontario Family Law Rules, you must provide the documents listed in this checklist if:

- you are making a claim for child support + child expenses or spousal support, including a Motion to Change support
- OR
- you are responding to a claim for child support or spousal support, including a Motion to Change support, or if you are seeking a Refraining Order

TIMING

If you are in a court process, you are required to provide the documents to the other party within the following timeframe:

- If the only financial claims relate to support, on filing your financial statement
- OR
- If there are financial claims other than support, e.g. division of property, on the earlier of 30 days after filing your financial statement OR before the date of the first Case Conference attendance

GET STARTED

1. Create a folder "My Disclosure" on your device or online storage. Add subfolders with simple folder names e.g. "Income" , "Child Expenses"
2. Review this checklist for the documents you need to collect in your circumstances
3. As you collect documents, name them
e.g. Income Tax Return - MyName - 2020
Paystub - MyWorkCo - 2021-12-31
Receipt - MyChildDaycare - 2022-01-05
4. Share this completed form with your documents.

Disclosure Clinic
www.disclosureclinic.com



Questions?

contact@disclosureclinic.com

1. If you are a Citizen or Resident of Canada, or otherwise required to file a Canadian Income Tax Return:

- 2025 Personal income tax return, including all applicable slips, attachments and schedules
- 2024 Personal income tax return, including all applicable slips, attachments and schedules
- 2023 Personal income tax return, including all applicable slips, attachments and schedules

- 2025 Personal Notice of (Re)Assessments, OR the Income and Deductions printout provided by Canada Revenue Agency
- 2024 Personal Notice of (Re)Assessments, OR the Income and Deductions printout provided by Canada Revenue Agency
- 2023 Personal Notice of (Re)Assessments, OR the Income and Deductions printout provided by Canada Revenue Agency

2. If you are an Indian within the meaning of the *Indian Act (Canada)* and have chosen not to file income tax returns:

OR

If you earn income in any foreign country not reported in Canada:

- 2025 Proof of Income Earned: _____
- 2024 Proof of Income Earned: _____
- 2023 Proof of Income Earned: _____

3. If you are claiming a change or cancellation of arrears of support prior to 2023:

- For each additionally stated year, your personal income tax return including all applicable slips, attachments and schedules

- For each additionally stated year, personal Notices of (Re)Assessments OR the Income and Deductions printout provided by Canada Revenue Agency

4. If you are an employee:

- The most recent paystub / statement of earnings indicating the total earnings paid in the year to date, including overtime OR
- A letter from your employer setting out that information including your current rate of annual salary or remuneration

If you are completing this financial statement for the purpose of obtaining a Refraining Order, also include:

The three most recent paystubs / statement of earnings indicating the total earnings paid in the year to date, including overtime

5. If you became unemployed within the last three years:

- A complete copy of your Record of Employment, or other evidence of termination, AND
- A statement of any benefits or income that you are still entitled to receive from your former employer despite or as a result of the termination.

6. If you received or are receiving any of the following Income Assistance in this current tax year, provide:

- A most recent stub/statement of income indicating the total amount of income from the applicable source during the current year; OR

- A letter from the appropriate authority indicating the total amount of income from the applicable source during the current year

Check as applicable

- | | | |
|---|---|--|
| <input type="checkbox"/> Employment insurance | <input type="checkbox"/> Social assistance | <input type="checkbox"/> OSAP/Student assistance |
| <input type="checkbox"/> Severance | <input type="checkbox"/> Workers compensation | <input type="checkbox"/> Any other source |
| <input type="checkbox"/> Pension payments | <input type="checkbox"/> Disability payments | _____ |

7. If you earn income from a self-employed business, professional practice or rental property not within a corporation:

	Business or Property 1	Business or Property 2	Business or Property 3	Business or Property 4	
Name or address:	_____	_____	_____	_____	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If available, 2026 Financial Statement or equivalent
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If available, 2025 Financial Statement or equivalent
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2024 Financial Statement or equivalent
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2023 Financial Statement or equivalent
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2022 Financial Statement or equivalent

8. If you control a corporation, provide the following documents for EACH corporation and any subsidiary corporation

Note: A subsidiary is a corporation owned or controlled by the corporation you own or control, and includes subsidiaries of subsidiaries.

	Corporation 1	Subsidiary A	Subsidiary B	Subsidiary C	
Name(s):	_____	_____	_____	_____	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If available, 2026 Financial Statement or equivalent
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If available, 2025 Financial Statement or equivalent
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2024 Financial Statement or equivalent
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2023 Financial Statement or equivalent
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2022 Financial Statement or equivalent

	Corporation 2	Subsidiary A	Subsidiary B	Subsidiary C	
Name(s):	_____	_____	_____	_____	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If available, 2026 Financial Statement or equivalent
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If available, 2025 Financial Statement or equivalent
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2024 Financial Statement or equivalent
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2023 Financial Statement or equivalent
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2022 Financial Statement or equivalent

	Corporation 3	Subsidiary A	Subsidiary B	Subsidiary C	
Name(s):	_____	_____	_____	_____	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If available, 2026 Financial Statement or equivalent
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If available, 2025 Financial Statement or equivalent
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2024 Financial Statement or equivalent
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2023 Financial Statement or equivalent
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2022 Financial Statement or equivalent

9. If you or your corporations are in a partnership:

- If available, 2026 Statement confirming your or your corporation's income and draw from, and capital in, the partnership
- 2025 Statement confirming your, or your corporation's, income and draw from, and capital in, the partnership
- 2024 Statement confirming your, or your corporation's, income and draw from, and capital in, the partnership
- 2023 Statement confirming your, or your corporation's, income and draw from, and capital in, the partnership

10. If you or your corporations are a beneficiary under a trust, provide for EACH Trust:

Name(s): _____	Trust 1	Trust 2	Trust 3	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A copy of the trust settlement agreement
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If available, 2026 Trust Financial Statement
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If available, 2025 Trust Financial Statement
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2024 Trust Financial Statement
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2023 Trust Financial Statement
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2022 Trust Financial Statement

NON-ARMS LENGTH TRANSACTION SCREENING

Pursuant to *Child Support Guidelines*, you must disclose the existence of transactions between your businesses, partnerships, corporations (including subsidiary corporations) with any "non-arms length" persons, businesses, partnerships or corporations.

A person is considered "non-arms length" if that person is:

- a family member of yours, by blood or adoption
- an intimate partner of yours: romantic, marriage or common law
- a business partner of yours, even if not an owner of your particular business(es)
- a family member or intimate partner of any business partner of yours
- a long-time friend of yours

A business, partnership or corporation is considered "non-arms length" if:

- the business or corporation is owned or controlled by any of the individuals listed above.
- the business or corporation is owned or controlled by you

11. In the past three years, have you, your business, partnership, corporation (including subsidiary corporations) provided or paid salaries, wages, management fees or other payments or benefits to any:

YES	NO	<i>If yes, paying source(s)</i>	<i>Name of Recipient(s)</i>
		<u>family member</u> of yours, by blood or adoption	_____
		<u>intimate partner</u> of yours: romantic, marriage or common law	_____
		<u>business partner</u> of yours who is not an owner of this particular business	_____
		<u>family member or intimate partner of any business partner</u> of yours	_____
		<u>long-time friend</u> of yours	_____
		business, partnership or corporation <u>owned or controlled by any of the individuals listed above</u>	_____
		other business, partnership or corporation is <u>owned or controlled by you</u>	_____

If you answered yes to any question above, you may be asked, separately, to explain:

- (i) the specific transactions, including dates and amounts;
- (ii) the nature of the transactions and if they were necessary to earn income; and
- (iii) the reasonableness of the transactions in regard to your family law rights and obligations.

PART 1C: CHILD SPECIAL AND EXTRAORDINARY EXPENSES

Pursuant to the *Child Support Guidelines*, a court can order that parents of a child share the costs of the following expenses for a child:

- (a) Child care expenses incurred as a result of the employment, illness, disability or education or training for employment of the parent who has the majority of parenting time;
(b) that portion of the medical and dental insurance premiums attributable to the child;
(c) health-related expenses that exceed insurance reimbursement by at least \$100 annually;
(d) extraordinary expenses for primary or secondary school education or any other educational programs that meet the child's particular needs;
(e) expenses for post-secondary education;
(f) extraordinary expenses for extracurricular activities.

12. If you are seeking a claim to share the costs of any of the above expenses, provide:

Description of Expense 1: _____ For Child(ren): _____

- [] Document(s) evidencing the Expense
[] If applicable, a document of any Subsidy, Benefit and/or Tax Deduction related to the Expense

Description of Expense 2: _____ For Child(ren): _____

- [] Document(s) evidencing the Expense
[] If applicable, a document of any Subsidy, Benefit and/or Tax Deduction related to the Expense

Description of Expense 3: _____ For Child(ren): _____

- [] Document(s) evidencing the Expense
[] If applicable, a document of any Subsidy, Benefit and/or Tax Deduction related to the Expense

Description of Expense 4: _____ For Child(ren): _____

- [] Document(s) evidencing the Expense
[] If applicable, a document of any Subsidy, Benefit and/or Tax Deduction related to the Expense

Description of Expense 5: _____ For Child(ren): _____

- [] Document(s) evidencing the Expense
[] If applicable, a document of any Subsidy, Benefit and/or Tax Deduction related to the Expense

Description of Expense 6: _____ For Child(ren): _____

- [] Document(s) evidencing the Expense
[] If applicable, a document of any Subsidy, Benefit and/or Tax Deduction related to the Expense

Description of Expense 7: _____ For Child(ren): _____

- [] Document(s) evidencing the Expense
[] If applicable, a document of any Subsidy, Benefit and/or Tax Deduction related to the Expense

Description of Expense 8: _____ For Child(ren): _____

- [] Document(s) evidencing the Expense
[] If applicable, a document of any Subsidy, Benefit and/or Tax Deduction related to the Expense

Description of Expense 9: _____ For Child(ren): _____

- [] Document(s) evidencing the Expense
[] If applicable, a document of any Subsidy, Benefit and/or Tax Deduction related to the Expense

Description of Expense 10: _____ For Child(ren): _____

- [] Document(s) evidencing the Expense
[] If applicable, a document of any Subsidy, Benefit and/or Tax Deduction related to the Expense