

Court File No. ____ (1) ____
____ (2) ____ Registry

IN THE PROVINCIAL COURT OF BRITISH COLUMBIA

BETWEEN:

(3)

CLAIMANT

AND:

(3)

DEFENDANT

AFFIDAVIT

I, _____ (4) _____, of _____, in
the _____, in the Province of British Columbia, swear or affirm that:

1. I know or believe the following facts to be true. If these facts are based on information from others, I believe the information to be true.

2. A _____ (5) _____ was registered in this action against me on the ____ (6) ____ day of _____, 200 ____.

3 I am employed by _____ (7) _____

4. THAT my wages have been attached by a Garnishment Order and I have been advised by my employer that part of my wages have been paid into Court.

5. THAT my monthly income, expenses, and my assets and debts are set out on the Statement of Finances attached to this Affidavit.

6. THAT I am swearing this Affidavit in support of an application to increase the percentage of my wages which are exempt from attachment under the Garnishing Order.

SWORN BEFORE ME at Victoria,
in the Province of British Columbia,
this _____ day of _____, 200__.

Defendant

A Commissioner for taking Affidavits
within British Columbia



STATEMENT OF FINANCES

IN THE PROVINCIAL COURT OF BRITISH COLUMBIA (SMALL CLAIMS COURT)

REGISTRY FILE NUMBER
REGISTRY LOCATION

I, _____,
state:

(STRIKE OUT ANYTHING THAT DOES NOT APPLY TO YOU AND INITIAL.)

1. I am married / single / other (specify): _____

2. I support and maintain (specify number):

_____ Children under 18

_____ other dependants

3. Listed below is an accurate "Statement of Finances" of my household.

MONTHLY INCOME		MONTHLY EXPENSES	
Net Salary	\$ _____	Rent	\$ _____
Commissions	\$ _____	Mortgage	\$ _____
Tips and Gratuities	\$ _____	Property Taxes	\$ _____
Unemployment Insurance	\$ _____	Utilities (heat & light)	\$ _____
Pension	\$ _____	Phone	\$ _____
Investments	\$ _____	Cablevision	\$ _____
Rentals	\$ _____	House/Tenant Insurance	\$ _____
Business Income	\$ _____	Life Insurance	\$ _____
Child Tax Benefit	\$ _____	Food	\$ _____
Maintenance (if any)	\$ _____	Restaurant Meals	\$ _____
Workers' Compensation	\$ _____	Sundries & Personal Grooming	\$ _____
Monthly Income of Spouse/Common-Law Spouse living with me	\$ _____	Clothing	\$ _____
Income of Children (if any)	\$ _____	Laundry & Dry Cleaning	\$ _____
Other	\$ _____	Motor Vehicle (lease or loan) (license, insurance, fuel & service)	\$ _____
SUB-TOTAL	\$ _____	Transportation (public)	\$ _____
Income Assistance	\$ _____	Newspapers & Subscriptions	\$ _____
A. INCOME TOTAL	\$ _____	Entertainment	\$ _____
		Alcohol & Tobacco	\$ _____
		Gifts	\$ _____
		Church & Charities	\$ _____
		Maintenance Payments	\$ _____
		Child Care & Babysitting	\$ _____
		School Expenses/Children's Activities, Lessons	\$ _____
		Other	\$ _____
		B. EXPENSES TOTAL	\$ _____

MONTHLY DEBTS

Credit Card(s): (please specify)

_____ \$ _____
 _____ \$ _____
 _____ \$ _____

Bank or Finance Company: (please specify)

_____ \$ _____
 _____ \$ _____
 _____ \$ _____

Department Store(s): (please specify)

_____ \$ _____
 _____ \$ _____
 _____ \$ _____

Other:

_____ \$ _____
 _____ \$ _____
 _____ \$ _____

C DEBT PAYMENT TOTAL \$ _____**VALUE OF ASSETS**

Real Estate Equity

Market Value \$ _____
 Mortgage Balance \$ _____

Automobile Equity

Make and Year \$ _____
 Market Value \$ _____
 Loan Balance \$ _____

Bank or Other Account (include RRSP's) \$ _____

Stocks & Bonds \$ _____

Life Insurance \$ _____

Money owing to you \$ _____

Name of Debtor _____

Personal Property \$ _____

Cash \$ _____

Other \$ _____

**If you need more space for any item on this Statement,
 attach an extra sheet and sign it.**

Date: _____

Signed:

Print Name: _____

A. INCOME TOTAL \$ _____**B. EXPENSES TOTAL** - \$ _____**SUB-TOTAL** = \$ _____**C. DEBT PAYMENT TOTAL** - \$ _____**BALANCE** = \$ _____