| Court File No. |
|---|
| Regist |
| IN THE PROVINCIAL COURT OF BRITISH COLUMBIA |
| BETWEEN: |
| CLAIMANT AND: |
| DEFENDAN |
| AFFIDAVIT |
| I,, of, 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 or information from others, I believe the information to be true. |
| 2. A was registered in this action against me on the day of , 200 . |
| I am employed by |

- 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 , in the Province of British Columbia, this day of, 200 | | |
| | Defendant | |
| A Commissioner for taking Affidavits within British Columbia | | |



state:

STATEMENT OF FINANCES

| R | E NUMBE | REGISTRY FILE | |
|---|---------|---------------|--|
| | | | |
| | | | |

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

REGISTRY LOCATION

| | (STRIKE OUT ANY | THING THAT DOE | S NOT APPLY TO YOU AND INITIAL.) | | |
|---------------|---|----------------|---|----------|--|
| 1. | . I am married / single / other (specify): | | | | |
| | I support and maintain (specify number Children under 18 other dependants | | | | |
| $\overline{}$ | 3. Listed below is an accurate "Statement of Finances" of MONTHLY INCOME | | MONTHLY EXPENSES | | |
| | Net Salary | ¢ | Rent | ¢ | |
| | • | Ψ | Mortgage | \$ \$ | |
| | Commissions | \$ | Property Taxes | \$ | |
| | Tips and Gratuities | \$ | Utilities (heat & light) | \$ | |
| | Unemployment Insurance | \$ | Phone | \$ | |
| | Pension | \$ | Cablevision | \$ | |
| | Investments | \$ | House/Tenant Insurance | \$ | |
| | Rentals | ¢ | Life Insurance | \$ | |
| | | Φ | Food | \$ | |
| | Business Income | \$ | Restaurant Meals | \$ | |
| | Child Tax Benefit | \$ | Sundries & Personal Grooming | \$ | |
| | Maintenance (if any) | \$ | Clothing | \$ | |
| | Workers' Compensation | \$ | Laundry & Dry Cleaning | \$ | |
| | Monthly Income of Spouse/Common- | | Motor Vehicle (lease or loan) | \$ | |
| | Law Spouse living with me | \$ | (license, insurance, fuel & service) | \$ | |
| | Income of Children (if any) | \$ | Transportation (public) | \$ | |
| | Other | \$ | Newspapers & Subscriptions | \$ | |
| | | Φ | Entertainment | \$ | |
| | SUB-TOTAL | \$ | Alcohol & Tobacco | \$ | |
| | Income Assistance | \$ | Gifts | \$ | |
| | A. INCOME TOTAL | \$ | Church & Charities | \$ | |
| | | | Maintenance Payments | \$ | |
| | | | Child Care & Babysitting | \$ | |
| | | | School Expenses/Children's Activities, Lessons | \$ | |
| | | | Other | \$ | |
| | | | B. EXPENSES TOTAL | \$ | |

| MONTHLY DEBTS | VALUE OF ASSETS | |
|---|--|----|
| Credit Card(s): (please specify) | Real Estate Equity | |
| <u> </u> | Market Value | \$ |
| <u></u> \$ | Mortgage Balance | \$ |
| \$ | | |
| Bank or Finance Company: (please specify) | Automobile Equity | |
| <u> </u> | Make and Year | \$ |
| <u> </u> | Market Value | \$ |
| <u> </u> | Loan Balance | \$ |
| Department Store(s): (please specify) | | |
| <u> </u> | Bank or Other Account (include RRSP's) | \$ |
| <u> </u> | Stocks & Bonds | \$ |
| \$ | Life Insurance | \$ |
| Other: | Money owing to you | \$ |
| <u> </u> | Name of Debtor | |
| \$ | | |
| \$ | Personal Property | \$ |
| | Cash | \$ |
| C DEBT PAYMENT TOTAL \$ | Other | \$ |
| <u> </u> | | |
| If you need more space for any item on this Statement, attach an extra sheet and sign it. | A. INCOME TOTAL | \$ |
| | B. EXPENSES TOTAL - | \$ |
| Date: | SUB-TOTAL = | \$ |
| Simod | C. DEBT PAYMENT TOTAL - | \$ |
| Signed: Print Name: | BALANCE = | \$ |