

NO.  
REGISTRY

IN THE SUPREME COURT OF BRITISH COLUMBIA

BETWEEN:

APPELLANT

AND:

RESPONDENT

A F F I D A V I T

I, \_\_\_\_\_, of \_\_\_\_\_, in the \_\_\_\_\_, in the Province of British Columbia, \_\_\_\_\_, MAKE OATH AND SAY:

- 1. That I propose to commence an Appeal in this Court under the above style of proceeding. That annexed hereto as Exhibit "A" to this Affidavit is a copy of the proposed Notice of Appeal.
- 2. That I have the following dependents:
- 3. That I am
- 4. That I have no other source of income except:
- 5. That no other person contributes to my support or the support of my dependents except:
- 6. That annexed hereto as Exhibit "B" to this my Affidavit is a statement of my income and of my capital assets showing the share or interest owned by me and the value thereof.
- 7. That annexed hereto as Exhibit "C" to this Affidavit is a statement of my monthly expenses which includes a list of my creditors.

SWORN BEFORE ME at the City of \_\_\_\_\_ )  
\_\_\_\_\_, in the Province of \_\_\_\_\_ )  
British Columbia, this \_\_\_\_\_ day \_\_\_\_\_ )  
of \_\_\_\_\_, 20\_\_\_\_ )  
\_\_\_\_\_ )  
\_\_\_\_\_ )

\_\_\_\_\_

A Commissioner for taking Affidavits  
within British Columbia

EXHIBIT "B"

**STATEMENT OF INCOME & ASSETS**

INCOME

Gross monthly income (wages, interest, maintenance, Social Assistance, etc.)

- |    |  |    |
|----|--|----|
| 1. |  | \$ |
| 2. |  |    |

TOTAL

Less deductions from source:

- |    |                        |    |    |
|----|------------------------|----|----|
| 1. | Income Tax             | \$ |    |
| 2. | Unemployment Insurance | \$ |    |
| 3. | Canada Pension Plan    | \$ |    |
| 4. |                        |    | \$ |
| 5. |                        |    |    |

NET INCOME \$

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ASSETS

- |    |   |    |
|----|---|----|
| A. | Real Property (Identify and show value. The value is the market value minus the amount of mortgages.) |    |
| 1. |   | \$ |
| 2. |   |    |
| B. | Money in bank or on deposit at:   |    |
| 1. |   | \$ |
| 2. |   |    |
| C. | Cash on hand:   | \$ |
| D. | Motor Vehicles: (market value less amount of loan)  |    |
| 1. |   | \$ |
| 2. |   |    |
| E. | Bonds, shares, certificates:  |    |
| 1. |   |    |
| 2. |   |    |
| F. | Other capital assets (specify):   |    |
| 1. |   |    |

TOTAL \$

EXHIBIT "C"

**MONTHLY EXPENSE LIST**

1. Rent \$
2. Mortgage Payments
3. Parking
4. Groceries
5. Restaurant Meals
6. Prescriptions
7. Dental Expenses
8. Transportation (Cabs or Buses)
9. Car Payments
10. Gasoline, Car Repairs, Etc.
11. Laundry and Dry Cleaning
12. Clothing (for self)
13. Clothing (for children)
14. Medical Insurance
15. Hydro
16. Telephone
17. Heat
18. Cablevision
19. Monthly Debts (See Below)
20. Babysitter, Daycare, Kindergarten
21. School Expenses
22. Water
23. Other Expenses (specify)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TOTAL MONTHLY EXPENSES \$

DEBTS:

	Name of Creditor	Purpose of Debt	Monthly Payment	Total Amount
Owing				
1.				
2				