Disclosure Clauses

(Only clauses checked by both parties will be included in the order)

|  |
| --- |
| **For All Disclosure Orders** |
|  |  |  |
| 1. | A: [ ] R: [ ]  | The [ ]  Applicant [ ]  Respondent shall serve and file the following documents on the[ ]  Applicant [ ]  Respondent [ ]  County of Simcoe Ontario Works on or before [ ]  the next court date [ ]  Click here to enter text. (Number) days prior to the next court date [ ]  the following date: Click here to enter text.: |
|  |  |  |
| **Standard** |
|  |  |  |
| 2. | A: [ ] R: [ ]  | A current, sworn Financial Statement (Court Form 13 or 13.1). |
|  |  |  |
| 3. | A: [ ] R: [ ]  | A new Financial Statement (Court Form 13 or 13.1) if the latest one is more than 30 days old. If there have been only minor changes to the information in the party’s latest financial statement, an updating affidavit it is sufficient. |
|  |  |  |
| 4. | A: [ ] R: [ ]  | Complete income tax returns with all attachments and Notices of Assessments for the taxation year(s) Click here to enter text. including the Statement of Business and Professional Activities. |
|  |  |  |
| 5. | A: [ ] R: [ ]  | A copy of all income slips (T4s, T4As, T5s, etc.) received for any of the three most recent taxation years for which a tax return has not been filed. |
|  |  |  |
| 6. | A: [ ] R: [ ]  | Written proof of income from all sources for the[ ]  current year [ ]  previous year |
|  |  |  |
| **Other** |
|  |  |  |
| 7. | A: [ ] R: [ ]  | Banking records for all accounts over which he/she has signing authority covering the time period from Click here to enter text. (Date) to[ ]  the present [ ]  Click here to enter text. (Date) |
|  |  |  |
| 8. | A: [ ] R: [ ]  | Credit card statements for all credit cards over which he/she has signing authority covering the time period from Click here to enter text. (Date) to[ ]  the present [ ]  Click here to enter text. (Date) |
|  |  |  |
| 9. | A: [ ] R: [ ]  | Copies of all applications for a loan, line of credit, credit card or mortgage made [ ]  since Click here to enter text. (Date) [ ]  in the last Click here to enter text. (Number) months. |
|  |  |  |
| 10. | A: [ ] R: [ ]  | Copies of any Assignments in Bankruptcy, Petitions in Bankruptcy or bankruptcy proposals made [ ]  since Click here to enter text. (Date) [ ]  in the last Click here to enter text. (Number) years. If the party has now been discharged from bankruptcy, he/she shall also be required to provide proof of when and on what conditions that occurred. |
|  |  |  |
| Last Revised: 4 March 2021 |

|  |
| --- |
| **Page 2** |
| 11. | A: [ ] R: [ ]  | Proof of any payments of support made directly to, or for the benefit of, the support recipient or a child (not through Family Responsibility Office) for the last 12 months and the years Click here to enter text.. |
|  |  |  |
| 12. | A: [ ] R: [ ]  | Proof of any payments made relating to special and extraordinary expenses of the children for which no contribution has been made by the opposing party and for which a retroactive claim is made. |
|  |  |  |
| 13. | A: [ ] R: [ ]  | A copy of all benefit information circulars or benefit booklets outlining all employee benefits for health care, dental care, prescriptions and life insurance. If no circular or booklet is available, a detailed statement from the employer or the group plan insurer outlining these benefits. |
|  |  |  |
| 14. | A: [ ] R: [ ]  | A copy of the life insurance policy that he/she has on his/her own life that secures the obligation to pay child and/or spousal support. |
|  |  |  |
| 15. | A: [ ] R: [ ]  | Other: Click here to enter text. |
|  |  |  |
| 16. | A: [ ] R: [ ]  | Other: Click here to enter text. |
|  |  |  |
| **Inability to Work** |
|  |  |  |
| 17. | A: [ ] R: [ ]  | An Affidavit General (Court Form 14A) explaining why the support payor was unable to work. For each explanation offered the support payor shall set out the relevant dates, and shall provide documents that prove what he/she is asserting. The Affidavit General shall address:[ ]  periods of unemployment, with Records of Employment for each time that the support payor lost work;[ ]  periods of illness or injury, with a medical report from a doctor outlining what the physical or psychological condition was and how long it lasted;[ ]  periods of incarceration, with proof of when the support payor was in jail;[ ]  periods of time pursuing full-time education, with proof of enrolment;[ ]  periods of time when the support payor received social assistance and/or employment insurance, with proof thereof;[ ]  factors restricting the support payor’s ability to find new employment, with proof thereof (where possible);[ ]  other: Click here to enter text. (Specify) |
|  |  |  |
| 18. | A: [ ] R: [ ]  | A medical report from the support payor’s doctor outlining what, if any, on-going restrictions there are on the support payor’s ability to seek or maintain employment at this time, and how long these restrictions are likely to last. |
|  |  |  |
| 19. | A: [ ] R: [ ]  | Proof that an application has been made for a disability pension, with all supporting documentation. The support payor shall also provide proof of the outcome of the application as soon as a decision has been made. |

|  |
| --- |
| **Page 3** |
| 20. | A: [ ] R: [ ]  | A copy of the support payor’s Record of Employment from:[ ]  all employers since Click here to enter text. (Date)[ ]  the following employer(s): Click here to enter text. (Names) |
|  |  |  |
| 21. | A: [ ] R: [ ]  | A list of all employers that the support payor has applied to for work[ ]  since Click here to enter text. (Date) [ ]  in the last Click here to enter text. (Number) months. |
|  |  |  |
| 22. | A: [ ] R: [ ]  | Other: Click here to enter text. |
|  |  |  |
| **Third Party Records** |
|  |  |  |
| 23. | A: [ ] R: [ ]  | The [ ]  Applicant [ ]  Respondent consent(s) to the disclosure of the records from Click here to enter text. (Name of Organization) in regard to[ ]  themselves and/or [ ]  the child Click here to enter text. (Names and Dates of Birth) subject to the usual terms of disclosure. |
|  |  |  |
| **Self-Employed Individuals** |
|  |  |  |
| 24. | A: [ ] R: [ ]  | Business records for all businesses owned or controlled by the support payor[ ]  including: Click here to enter text. (Name of business)for the time period[ ]  since Click here to enter text. (Date);[ ]  from Click here to enter text. (Date) to Click here to enter text. (Date) which shall include the following documents:[ ]  statements of income and expenses;[ ]  balance sheets;[ ]  profit and loss statements;[ ]  list of assets, liabilities and debts;[ ]  a statement showing a breakdown of all salaries, wages, management fees or other payments or benefits paid to, or on behalf of, the support payor and any person or corporation that the support payor does not deal with at arm’s length.[ ]  copies of all applications made by the business for a loan, line of credit, credit card or mortgage[ ]  copies of all corporate tax returns with all schedules, attachments and information slips filed by the corporation in the relevant time period.[ ]  Other: Click here to enter text.  |
|  |  |  |
| 25. | A: [ ] R: [ ]  | Other: Click here to enter text. |
|  |  |  |
| **Non-Standard Clauses** |
|  |  |  |
| 26. | A: [ ] R: [ ]  | Other: Click here to enter text. |
|  |  |  |
| 27. | A: [ ] R: [ ]  | Other: Click here to enter text. |