Form FL‑71

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| COURT FILE NUMBER |      Clerk’s Stamp |
| COURT |   | COURT OF JUSTICE |
|  |   | COURT OF KING’S BENCH |
|  |  |  |
|  |  |
| JUDICIAL CENTRE (KING’S BENCH) |       |
| COURT LOCATION (COURT OF JUSTICE) |       |
| APPLICANT(S) |       |
| RESPONDENT(S) |       |
| DOCUMENT | **REPLY TO RECIPIENT’S STATEMENT – VARY SPOUSAL / PARTNER SUPPORT** |

|  |  |
| --- | --- |
| ADDRESS FOR SERVICE ANDCONTACT INFORMATION OFPARTY FILING THIS DOCUMENT |       |

I, [name], swear/affirm that:

*(Choose one)*

|  |  |  |
| --- | --- | --- |
| 1. |   | I agree that circumstances have changed since the most recent spousal/partner Support Order was granted. *(attach a copy of the order if the Applicant did not)* |
|  |
|  |   | There has been no change in circumstances since the most recent spousal/partner Support Order was granted. |
|  |
|  |
| *(Choose all that apply. Provide details for any box(es) checked.)* |
| 2. | I do not agree with the amount of spousal/partner support the Applicant is requesting because: |
|  |   | my financial position is not what the Applicant claims it is.[specify] |
|  |
|  |   | my health/ability to work is not what the Applicant claims it is.[specify] |
|  |
|  |   | my monthly household expenses have changed since the most recent Support Order was granted. *(attach a budget)*[specify] |
|  |
|  |   | the Applicant’s financial position is not what the Applicant claims it is.[specify] |
|  |
|  |  |  |
|  |  |   | I request financial information from the Applicant. *(attach written request for financial information)*[specify] |
|  |  |
|  |   | the Applicant’s monthly household expenses are not what the Applicant claims.[specify] |
|  |
|  |   | other reason(s) |
|  |  | [specify] |
|  |  |
| 3. | My annual total income for the last three years was *(see line 150 of tax return)*: |
|  | 20[year] $      . |
|  | 20[year] $      . |
|  | 20[year] $      . |
|  | I expect my gross annual income this year to be $       |
|  | Currently, I earn income from      . *(attach financial documents)* |
|  |   |
| 4. | The amount of spousal/partner support I believe I should pay to the Applicant is $       per month. |
|  |
| *(Specify date and amount of arrears, if applicable)* |
| 5. | As of [date], the amount of unpaid support arrears was $      . *(if available, attach a statement of account)* |
|  |  |
| 6. | I have the following other information in reply to the Applicant’s Claim |
|  | [specify] |

|  |  |  |
| --- | --- | --- |
| Sworn/Affirmed before me on [date], 20[year] at [city], Alberta.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Justice of the Peace or Commissioner for Oaths in and for the Province of Alberta | )))))))))) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Respondent’s Signature |