# Form FL‑72

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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 PAYOR’S STATEMENT – VARY SPOUSAL / PARTNER SUPPORT** | |

|  |  |
| --- | --- |
| ADDRESS FOR SERVICE AND  CONTACT INFORMATION OF  PARTY 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. | |
|  |
|  |  | 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 change in the amount of spousal/partner support requested by the Payor because: | | |
|  |  | my financial position is not what the Payor claims it is.  [specify] | |
|  |
|  |  | my health/ability to work is not what the Payor says it is.  [specify] | |
|  |
|  |  | my monthly household expenses have changed since the most recent Support Order was granted. *(attach a budget)*  [specify] | |
|  |
|  |  | the Payor’s financial position is not what the Payor claims it is.  [specify] | |
|  |
|  |  |  | I request financial information from the Payor. *(attach written request for financial information)*  [specify] |
|  |  |
|  |  | the Payor’s monthly household expenses are not what the Payor 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)* | | |
|  |  | | |
| *(Specify date and amount of arrears, if applicable.)* | | | |
| 4. | As of [date], the amount of unpaid support arrears was $      . *(if available, attach a statement of account)* | | |
|  |  | | |
| 5. | I have the following other information in reply to the Payor’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 |