

Supreme Court of Nova Scotia
(Family Division)

Between: [copy standard heading]

[name]

[Applicant/Petitioner]

and

[name]

Respondent

**Statement of Special or Extraordinary Expenses
of [name] prepared on [date]**

I [make oath/affirm] and give evidence as follows:

1. I am claiming an amount to cover special or extraordinary expenses for one or more of the following reasons (indicate which of the following you are claiming):
 - a) child care expenses incurred as a result of my employment, illness, disability or education or training for employment;
 - b) that portion of the medical and dental insurance premiums attributable to the child;
 - c) health-related expenses that exceed insurance reimbursement by at least \$100 annually, including orthodontic treatment, professional counselling provided by a psychologist, social worker, psychiatrist or any other person, physiotherapy, occupational therapy, speech therapy and prescription drugs, hearing aids, glasses and contact lenses;
 - d) extraordinary expenses for primary or secondary school education or for any educational programs that meet the child's particular needs;
 - e) expenses for post-secondary education; or
 - f) extraordinary expenses for extracurricular activities.

2. The child's name that each expense relates to, the details of each type of expense I am claiming, and the total amount of each expense per month are:

<u>Child's Name</u>	<u>Details of Each Expense</u>	<u>Total Amount of Expense</u>
1. _____	_____	\$_____ per month
2. _____	_____	\$_____ per month
3. _____	_____	\$_____ per month
4. _____	_____	\$_____ per month
5. _____	_____	\$_____ per month

3. I attach receipts or other documentation which show the amount of the expenses I am claiming for each child.

4. I am unable to obtain receipts or other documentation, for the following reasons:

5. I am eligible to claim or I receive the following subsidies, benefits or income tax deductions or credits relating to the above expenses: (provide details)

Sworn to/Affirmed before me)
 on _____, 20)
 at _____,)
)
)
)

 Signature of Authority
 Print Name:
 Official Capacity:

 Signature of [name]