FORM 70.09B

No.

IN THE SUPREME COURT OF NOVA SCOTIA
(FAMILY DIVISION)

BETWEEN:	*[A. B.]	Applicant/Petitioner
	- and -	
	*[C. B.]	Respondent

STATEMENT OF SPECIAL OR EXTRAORDINARY EXPENSES
OF *[name]
DATE PREPARED: *[date]

I, *[name], of *[location], Province of Nova Scotia, make oath and say that:

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 <u>each</u> expense relates to, the details of each type of expense I am claiming, and the total amount of each expense per month are:

Child's Name	Details of Each Expense	Total Amount of Expense
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 at *[location], in the County of *[name of county], Province of Nova Scotia, this *[date] day of *[month], *[year], before me)

_____)
A Barrister, Notary or Commissioner of Oaths for the Province of Nova Scotia)

_____
*[name]