



SECTION 7(1) SPECIAL OR EXTRAORDINARY EXPENSES

Name of Applicant _____

This Form D is mandatory to claim a special or extraordinary expense and must be attached to the Application (Form A). A separate Form D is required for each child. Please check if appropriate all boxes that apply.

1. _____
(First Name) (Middle Name(s)) (Last Name)

2. The expenses claimed on this Form D are for the calendar year of: _____ (insert year)

3. My expenses for the above child are (check all that apply):

- A. Childcare
- B. Health-related expenses over \$100.00 per year (not covered by insurance)
- C. Child's portion of medical and/or dental insurance premiums that I pay
- D. Extraordinary expenses for education (grade school and high school)
- E. Post-secondary education expenses (college, university or vocational)
- F. Extraordinary expenses for extracurricular activities

4. Provide details of expenses claimed (as demonstrated below)

	Expense Type	Brief Description of Expense	Actual(or estimated) Amount Spent per MONTH or YEAR (attach receipts)	Expense Monthly (M) or Yearly (Y)	Net Amount Spent per YEAR (after any subsidy, benefit, tax deduction, or credit)
1.	A	Childcare – before & after school	\$200	M	\$2400
2.	F	Extracurricular-Soccer	\$250	Y	\$250

Ongoing Expenses (they re-occur throughout the year like piano or childcare)

	Expense Type	Brief Description of Expense	Actual(or estimated) Amount Spent per MONTH or YEAR (attach receipts)	Expense Monthly (M) or Yearly (Y)	Net Amount Spent per YEAR (after any subsidy, benefit, tax deduction, or credit)
1.			\$		\$
2.			\$		\$
3.			\$		\$
4.			\$		\$
5.			\$		\$
6.			\$		\$

Additional page(s) attached

Total special expenses for the year \$_____

Total special expenses for the year converted into a monthly amount \$_____

One-time Expenses (they happen once a year like a hockey registration fee)

	Expense type	Brief Description of Expense	Net Amount Spent per YEAR (after any subsidy, benefit, tax deduction, or credit)
1.			\$
2.			\$
3.			\$
4.			\$
5.			\$
6.			\$
			Additional page(s) attached
			Total special expenses for the year: \$ _____

I have attached copies of documents to confirm each expense claimed by me.

Date: _____ (mm/dd/yyyy)

_____ check where application is made electronically

This document forms part of the Application (Form A) for child support