

Form 19
(Rule 38)

Court of Appeal File No.

COURT OF APPEAL

BETWEEN:

Appellant/Respondent
(Plaintiff)

AND:

Appellant/Respondent
(Defendant)

AFFIDAVIT IN SUPPORT OF INDIGENT APPLICATION

I,[state your name] of[your address] in the City of[city of residence], Yukon Territory, MAKE OATH AND SAY AS FOLLOWS:

- 1 I am the appellant/respondent in this proceeding.
- 2 I make this affidavit in support of my application for an order that I be declared indigent with respect to the payment of fees set out in the *Supreme Court Rules*, Appendix C, Schedule 1.
- 3 I am years old.
- 4 I have the following dependants:

.....
.....
.....

[list all of the dependants in the household]

- 5 The following persons contribute to my household expenses:

.....

[list all in household who contribute to expenses]

- 6 I am
[state whether employed or unemployed]

- 7 Attached as Exhibit "A" is a financial statement that accurately sets out the monthly income, expenses and assets of my household.
- 8 Attached as Exhibit "B" is an accurate description of my educational and employment history.
- 9. Attached as Exhibit "C" is an accurate description of my workplace skills.
- 10. Attached as Exhibit "D" is a copy of the process I wish to file or preceed with.
- 11 Attached as Exhibit "E" is a copy of the reasons for judgment appealed from (if available).

SWORN BEFORE ME at.....,)
Yukon Territory, this)
day of, 20.....)

.....
A Notary Public in and for the Yukon Territory

Exhibit "A"

Exhibit "A" of the Affidavit of
..... sworn this
.....day of....., 20.....

.....
A Notary Public in and for
the Yukon Territory

FINANCIAL STATEMENT

ESTIMATED NET MONTHLY INCOME

[Attach proof – i.e. most recent pay stubs or payment advice, etc., if available]

Estimated net monthly income from all sources:

Employment	.....
Pension	.....
Dividends	.....
Interest	.....
Other	.....
TOTAL	\$.....

ESTIMATED MONTHLY EXPENSES

[Attach receipts for the following, if available]

Estimated monthly expenses related to housing	.....
Estimated monthly expenses related to transportation	.....
Estimated monthly expenses related to household expenses	.....
Estimated monthly expenses related to medical and dental expenses	.....
Estimated monthly expenses, not included in above, related to dependant children	.....
Estimated monthly debt payments (<i>specify</i>)	.....
.....
.....
TOTAL (Estimated monthly expenses)	\$.....

ASSETS

[Specify assets and set out their estimated value]

.....	
.....	
.....	
.....	
.....	
TOTAL (Estimated asset values)	\$.....

EXHIBIT "B"

Exhibit "B" to the Affidavit of
....., sworn this
..... day of....., 20

.....
A Notary Public in and for
the Yukon Territory

[Set out details of education and employment history]

1. Highest level of education attained and date completed:
.....
.....
.....

2. Employment History:

Employer	Dates	Position
.....
.....
.....

EXHIBIT "C"

Exhibit "C" to the Affidavit of
....., sworn this
..... day of20.....

.....
A Notary Public in and for
the Yukon Territory

WORKPLACE SKILLS

[Specify]

.....
.....
.....
.....
.....
.....