

INTERJURISDICTIONAL SUPPORT ORDERS ACT

R-008-2003

Registered with the Registrar of Regulations

2003-06-12

INTERJURISDICTIONAL SUPPORT ORDERS FORMS REGULATIONS

The Commissioner, on the recommendation of the Minister, under section 44 of the *Interjurisdictional Support Orders Act* and every enabling power, makes the *Interjurisdictional Support Orders Forms Regulations*.

1. The forms to be used for the purposes of a support application or a support variation application under the *Interjurisdictional Support Orders Act* are set out in the Schedule to these regulations.

SCHEDULE

Form A

Court File #: _____ Court Location: _____ REMO/RESO/ISO # _____ <p style="text-align: right;">Office use only</p>

This is a:

- SUPPORT APPLICATION, or**
- SUPPORT VARIATION APPLICATION.**

This application is made pursuant to the *Interjurisdictional Support Orders Act* S.Nu. 2002, c.26.

1. Person applying for an order:

(Last Name)	(First Name)	(Middle Names)
(Street address and City/Town)		
(Territory and Postal Code)		(daytime telephone)
(Mailing Address, if different than street address)		(fax number)
(E-Mail)		
These are: <input type="checkbox"/> my own addresses, or <input type="checkbox"/> c/o my lawyer, or <input type="checkbox"/> c/o another person		

2. Person responding to this application (the respondent) is:

(Last Name)	(First Name)	(Middle Names)
(Street address and City/Town)		
(Province and Postal Code)		(daytime telephone)
(Mailing Address, if different than street address)		(fax number)
(E-Mail)		
These are: <input type="checkbox"/> home addresses, or <input type="checkbox"/> c/o a lawyer, or <input type="checkbox"/> c/o another person		

3a I ask the Court to include in its order:

For SUPPORT

- A determination that the respondent is the parent of the child(ren) named in this application.
- Child support. If the respondent does not file sufficient financial information, or respond, a child support order for a total of \$_____ per month, starting as of _____

3b I ask the Court to include in its order:

For SUPPORT VARIATION

- A change or variation in the amount of support in the current support order or agreement, from \$_____ per month, to \$_____
- A change in the amount of unpaid support arrears owing under the current support order(s) or agreement(s), and that the arrears be 'fixed' or set at \$_____ as of _____.

- That the respondent obtain and maintain medical and/or dental insurance coverage for the child(ren) and/or myself
- Support for myself of \$ _____ per month starting as of _____
- Other (specify): _____

- The termination of the obligation to pay support for (name) _____, as of _____
- Other (specify): _____

4. Social Assistance (complete both statements):

I am receiving social assistance Yes, or No

The respondent is/may be receiving social assistance now, or has in the past Yes, or No

5. Case History: Previous Court Orders or Agreements (check all that apply):

- There are no court orders or agreements involving the respondent, the child(ren) and me.
- There are court order(s) involving the respondent, the child(ren) and me. A copy of each court order is attached.
- There is a written agreement involving the respondent, the child(ren) and me. A copy of the agreement, and any changes to it, is attached.
- There is no Divorce action in progress.
- There is a Divorce action in progress. It does not include a claim for support.
- A Divorce order has been made; it does not deal with support. A copy is attached.

6. Family History (check all that apply):

- The respondent and I never lived together
- The respondent and I have a child or children together
- The respondent and I started living together on _____
- The respondent and I were married on _____
- The respondent and I entered into a formal, legally-recognized, relationship by registering our civil union or domestic partnership on _____
- The respondent and I separated on _____
- The respondent and I were divorced by an order dated _____

I, _____ make oath or affirm and say that the information and facts contained in this application, including the attached forms, are true. I am making this application in good faith.

SWORN OR AFFIRMED BEFORE ME

At the _____ of _____

In the Territory of _____

On _____, 200____.

Claimant's/Applicant's signature

Notary Public in and for Nunavut

Legal Authority on which my application is based: (check one)

- A copy of the statute or legal authority is attached. I ask the Court to take notice of it when making its order.
- I rely on the law of the jurisdiction hearing this case.

Form B

IDENTIFICATION INFORMATION

1. INFORMATION ABOUT ME

LAST NAME	FIRST	MIDDLE	SOCIAL INSURANCE #	SEX	DATE OF BIRTH
				<input type="checkbox"/> M <input type="checkbox"/> F	DAY MONTH YEAR

2. CHILD(REN) (if there are more than four children, attach additional page)

LAST NAME	FIRST	MIDDLE	Province/Territory/State of residence (last 6 mos)	Sex of child	DATE OF BIRTH
				<input type="checkbox"/> M <input type="checkbox"/> F	DAY MONTH YEAR
1.				<input type="checkbox"/> M <input type="checkbox"/> F	
2.				<input type="checkbox"/> M <input type="checkbox"/> F	
3.				<input type="checkbox"/> M <input type="checkbox"/> F	
4.				<input type="checkbox"/> M <input type="checkbox"/> F	

3. INFORMATION ABOUT THE RESPONDENT (the other person)

LAST NAME	FIRST	MIDDLE	SOCIAL INSURANCE #	SEX	DATE OF BIRTH
				<input type="checkbox"/> M <input type="checkbox"/> F	DAY MONTH YEAR
ALIASES / OTHER NAMES USED		HEALTHCARE NUMBER		PERSON RESPONDENT LIVING WITH (spouse, common-law, or other partner)	
OTHER IDENTIFICATION NUMBERS				RESPONDENT'S MOTHER'S MAIDEN (BIRTH) NAME	
CURRENT, OR LAST KNOWN ADDRESS (STREET & NUMBER)			CITY	THE RESPONDENT'S ADDRESS IS: <input type="checkbox"/> CURRENT, or <input type="checkbox"/> AS OF (date):	
PROVINCE / TERRITORY / STATE		COUNTRY	POSTAL / ZIP CODE		AREA CODE & PHONE – HOME
E-Mail Address					
<input type="checkbox"/> CURRENT, OR <input type="checkbox"/> LAST KNOWN EMPLOYER			USUAL OCCUPATION (INCLUDE UNION & LOCAL, TRADE OR PROFESSIONAL MEMBERSHIP)		
WORK ADDRESS (STREET & NUMBER)			CITY	AREA CODE & PHONE – WORK	
PROVINCE / TERRITORY / STATE		COUNTRY	POSTAL / ZIP CODE		AREA CODE & FAX -- WORK

4. DESCRIPTION OF RESPONDENT

HEIGHT	WEIGHT	EYE COLOUR	HAIR COLOUR	COMPLEXION	WEARS GLASSES? <input type="checkbox"/> Y <input type="checkbox"/> N CONTACTS? <input type="checkbox"/> Y <input type="checkbox"/> N	PLACE OF BIRTH	
VISIBLE DISTINGUISHING MARKS OR FEATURES (TATTOOS, BEAUTY MARKS, SCARS, ETC.)							
FRIENDS AND/OR RELATIVES WHO KNOW WHERE TO CONTACT THE RESPONDENT							
NAME	RELATION	ADDRESS	CITY	PROV/TERR/ STATE	POSTAL/ ZIP CODE	TELEPHONE	
1.							
2.							
3.							

PHOTOGRAPH OF RESPONDENT IS NOT ATTACHED, OR ATTACHED. YEAR PHOTO TAKEN: _____.

I have a Maintenance Enforcement file in my province/territory/state. File #

I do not have a file with any Maintenance Enforcement Program

This document is attached to, and forms part of the evidence in, my support application/support variation application:

Claimant's/Applicant's signature

Form C

EVIDENCE OF PARENTAGE

- I am entitled to claim support for the child named below.
- I ask the Court to declare that the respondent is a parent of the child:

Full name of child (Last, First, Middle)	Child's Date of Birth (day, month, year)

I claim that the respondent is a parent of the child because (*check all that apply*):

- The claimant and respondent were married to each other, or in a registered civil union, at the time of the child's birth
 - The marriage of the claimant and respondent ended by a Court judgment or a divorce order within 300 days before the birth of the child
 - The claimant and respondent married each other after the child was born, and the respondent said he is the father
 - The respondent has said, in writing, that he is the father of the child (copy attached)
 - The respondent is registered as the father of the child on the birth registration or Vital Statistics records (copy attached)
 - The claimant and respondent lived together as a couple when the child was born, or the child was born within 300 days of the end of the relationship. The claimant and respondent had lived together for approximately _____ (years, months)
 - The claimant did not have sexual intercourse with any other man during the time 30 days before to 30 days after the date the child was conceived
 - A genetic test was done to establish parentage. It shows the respondent is a parent of the child (copy attached)
 - The respondent is not a biological parent of the child, but has acted as a parent to the child for approximately _____ (years, months). Attached is my written explanation of how the respondent acted as a parent to the child.
- I believe the respondent will agree with a finding of parentage, or
 - I believe the respondent may dispute parentage of the child. I attach Form D and additional documents to support my claim that the respondent is (or acted as) a parent of the child.

This document is attached to, and forms part of the evidence in, my support application/support variation application:

Claimant's/Applicant's signature

Form D

STATEMENTS TO SUPPORT A DECLARATION OF BIOLOGICAL PARENTAGE

I am the mother of the child named below:

Child's Full Name (Last, First, Middle)	Date of Birth (day, month, year)	Place of Birth (City, Prov/Terr, Country)
---	----------------------------------	---

1. I claim that the respondent is the father of the child, because:

I had sexual intercourse with the respondent: (City, Prov/Terr, Country) (day, month, year OR from [date] to [date])	Full Term Pregnancy? <input type="checkbox"/> Yes, or <input type="checkbox"/> No (explain)
---	---

2. Other facts about my claim that the respondent is the father of the child (*check all that apply*):

a	We lived together	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Dates	to
b	I told social assistance officials that he is the father	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
c	I told him that he was the father of the child	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
d	He is named as the father on the birth registration	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> certified copy attached	
e	He admitted being the father of the child	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
f	He signed an acknowledgement of paternity	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> certified copy attached	
g	He sent cards/letters/e-mails regarding the pregnancy and/or birth of the child	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> copies attached	
h	He was present when the child was born	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
i	He visited the child at the hospital following birth	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
j	He offered to pay for an abortion/medical expenses	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
k	He paid for birth-related expenses	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
l	He claimed the child on tax returns	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know	
m	He has provided food, clothes, gifts, or financial support for the child	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes, explain in #3	
n	He lived with the child	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes, explain in #3	
o	He visited the child	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes, explain in #3	
p	The child looks like him <input type="checkbox"/> Photo attached	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes, explain in #3	
q	There are witnesses to my relationship with him. (If Yes, list names, addresses, and facts known by each person in #3)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes, explain in #3	

3. Other information in support of a declaration of parentage. Explanations for the 'yes' answers in question #2 are given below. Continued on attached sheets(s)

4. I agree to cooperate with a request for genetic testing of myself to confirm parentage. I agree to make the child, if in my custody, available for genetic testing.

5. I had sexual intercourse with a man other than the respondent during the time 30 days before to 30 days after the date the child was conceived No Yes (if yes, complete the following)

a. The name(s) of the other man/men:

b. The other man/men is/are blood relatives of the respondent (e.g. brother, cousin, uncle, etc.)

No Yes (if yes, list relationship)

c. I do not believe the other man / men could be the father because:

6. I was married to a man other than the respondent at the time of the child's birth

No Yes (if yes, complete the following)

a. Husband's name (first, middle, last) and last known address:

b. I do not believe that the man I was married to is the father of the child because: (list reasons, and attach all supporting documents, including divorce order, blood test results, finding of non-paternity, if any)

This document is attached to, and forms part of the evidence in, my support application/support variation application:

Claimant's/Applicant's signature

Form E

CHILD SUPPORT CLAIM

- I ask for child support for the following children:

Full name of child (Last, First, Middle)	Child's date of birth (day, month, year)

- I ask that the amount of child support be set using the child support guidelines or law of the jurisdiction where the respondent lives.

If the respondent lives in Canada:

- I ask for only the child support guidelines table amount for one or more children.
- I ask for child support in an amount different than the table amount. The form 'Request for a Child Support Order Different than Child Support Guidelines Table Amount' (Form G) is attached.
- I ask for additional child support, over the table or other amount. A 'Special Expense Claim' (Form H) is attached. I ask for additional child support of \$ _____ .
- I ask for an order that the respondent obtain or maintain medical or dental insurance coverage for the child(ren).

This document is attached to, and forms part of the evidence in, my support application/support variation application:

Claimant's/Applicant's signature

Form

REQUEST FOR SUPPORT ORDER

F - IF RESPONDENT DOES NOT PROVIDE FINANCIAL INFORMATION -

- If the respondent does not provide sufficient, or any, financial information, I ask the Court to impute the respondent's income at \$ _____ per year. My evidence for this claim is in this form.

Based on the respondent's imputed income, I ask for an order for (*check all that apply*):

- \$ _____ per month for support for myself. My financial statement is attached.
- Child support of \$ _____ per month, or the amount payable under the child support guidelines table used by the Court.
- The respondent's share of special and/or extraordinary expenses. I have attached a Special Expense Claim form. A summary of my claim is:

Name of child	Type of special expense	Total \$ paid for expense (after any subsidy deducted)	\$ claimed for respondent's share of expense
		<input type="checkbox"/> month, or <input type="checkbox"/> year	<input type="checkbox"/> month, or <input type="checkbox"/> year
		<input type="checkbox"/> month, or <input type="checkbox"/> year	<input type="checkbox"/> month, or <input type="checkbox"/> year
		<input type="checkbox"/> month, or <input type="checkbox"/> year	<input type="checkbox"/> month, or <input type="checkbox"/> year
		<input type="checkbox"/> month, or <input type="checkbox"/> year	<input type="checkbox"/> month, or <input type="checkbox"/> year
		<input type="checkbox"/> month, or <input type="checkbox"/> year	<input type="checkbox"/> month, or <input type="checkbox"/> year

INFORMATION ABOUT THE RESPONDENT'S SOURCES OF INCOME:

- I believe the respondent has an annual income of about \$ _____
- The respondent's last known source of income is:
 - Employment (include occupation, name and address of employer, other information)
 - Self-employment (type of work, business address, any other information known)
 - Employment Insurance (list dates on EI)
 - Social Assistance (list dates known)
 - Disability Insurance (list dates, reason, any other information known)
 - Other (list dates, and details)

For boxes checked above, details of source(s) of income:

3. The most recent information I have about the respondent's sources of income is attached. The information includes:

- Pay statements
- Income Tax Returns and/or Notices of Assessment
- Other (specify) _____

(Complete EITHER question 4 or 5, if applicable)

4. I have no information or documents about the respondent's current income, but,

- In the past the respondent has worked: (list below)
Type of work or occupation _____ *Dates of work* _____

- I have obtained statistical information from (*source*) _____
It shows that a person employed as a (*work / occupation respondent may have*)
_____ in your Court's jurisdiction may have an
annual income of \$_____.

- I believe the respondent does/may own property or other assets that could produce some, or more, income. The property or asset is:

- Attached is a print-out from the website of Human Resources Development of an Occupational Profile – Labour Market Summary. I believe the print-out may assist the Court in imputing income to the respondent if sufficient financial information is not provided to the Court by the respondent.

- Attached are other documents that may assist the Court in imputing income to the respondent if sufficient financial information is not provided to the Court by the respondent. These documents include:

5. I have no information about the respondent's sources of income, or past or present work or occupations, but,

- Attached is statistical information from (*source*) _____.
This information shows that the average annual income in your Court's
jurisdiction is \$_____.

- Attached is a print-out from the website of Statistics Canada. It shows the average family incomes in your Court's jurisdiction. I believe the attached print-out may assist the Court in imputing income to the respondent if sufficient financial information is not provided to the Court by the respondent.

- Attached are other documents that may assist the Court in imputing income to the respondent if sufficient financial information is not provided to the Court by the respondent. These documents include:

This document is attached to, and forms part of the evidence in, my support application/support variation application:

Claimant's/Applicant's signature

Form G

REQUEST FOR A CHILD SUPPORT ORDER DIFFERENT THAN CHILD SUPPORT GUIDELINES TABLE AMOUNT -

I ask the Court for an order in an amount different than that in the child support guidelines table. My claim is based on the facts marked below. Documents to support each claim are attached.

1. CHILD OVER THE AGE OF MAJORITY:

I ask for support for each child who is the age of majority or older. A Child Status and Financial Statement form is attached for each child. The amount requested for each child is:

NAME OF CHILD	DATE OF BIRTH (d/m/y)	AMOUNT FOR THIS CHILD

2. SPLIT CUSTODY

There are 2 or more children, and at least one child lives with each of us. The custody arrangements are in the attached custody order, or are as follows:

I ask for child support of \$_____ per month for the support of the child(ren) living with me. My claim is based on the following calculations:

	Total income (known, or imputed in Form F)	Guideline Table for Prov/Terr of residence	# of children	Amount Payable	Name(s) of Children
Respondent				\$	
Claimant				- \$	
Subtract amount payable by claimant from amount payable by respondent to calculate amount claimed.				= \$	

3. SHARED CUSTODY

The child or children live with each of us at least 40% of the time during the year. Our custody arrangements are in the attached custody order, or are as follows:

I ask for child support of \$_____ per month for the following child(ren):

NAME OF CHILD	1.	2.	3.
---------------	----	----	----

4. UNDUE HARDSHIP CLAIM:

I ask the Court to determine that, if the child support guidelines table amount is ordered, I would have a lower household standard of living than the other parent. Part 5 of my Financial Statement (Form K) lists the income of the other people in my household.

I ask for support of \$_____ per month. I have attached documents to support each claim. The child support guidelines table amount would cause me or the child(ren) undue hardship because:

- I have large debts. The debts came from supporting our family before the other parent and I separated, or due to expenses for me to earn a living.
- My expenses for arranging the child(ren)'s visits to the other parent are high.
- I have a legal duty to support a child(ren) other than the child(ren) named in this application. The (or each) child is under the age of majority or, if over the age of majority, is not able to be self-supporting. Ages of child(ren)
_____.
- I have a legal duty to support another child and/or adult person. This duty is in a judgment, order, or written agreement. A copy is attached.
- I have a legal duty to support a person who is not able to be self-supporting.
- Details of other reasons:

5. I BELIEVE THE RESPONDENT'S INCOME IS OVER \$150,000 PER YEAR:

I ask for child support of \$_____ per month. I believe the respondent's income is over \$150,000 per year.

This document is attached to, and forms part of the evidence in, my support application/support variation application:

Claimant's/Applicant's signature

Form H

SPECIAL EXPENSE CLAIM

I ask the Court to make an order for additional child support. The additional amount is for the respondent's share of the following special expenses. I attach as evidence documents to show why these expenses are necessary.

My special expenses are for:

- 1. Childcare
- 2. Health-related expenses over \$100.00 per year
- 3. Child's portion of medical and/or dental insurance premiums
- 4. Extraordinary expenses for education (grade school and high school)
- 5. Post-secondary education expenses (college or university)
- 6. Extraordinary expenses for extracurricular activities.

	Expense Type (1 to 6)	Brief description of expense	For (Name of Child)	Actual (or estimated) amount spent per Month or per Year (M / Y)	Net amount spent per YEAR (after any subsidy, benefit, tax deduction, or credit)
a					
b					
c					
d					
e					
f					
g					
h					
i					
j					
k					
l					
m					
n					
o					
p					
q					
r					
s					
t					
Total of net amount spent (or estimated) per YEAR					\$

This document is attached to, and forms part of the evidence in, my support application/support variation application:

Claimant's/Applicant's signature

Form

I

REQUEST TO PAY CHILD SUPPORT - DIFFERENT THAN CHILD SUPPORT GUIDELINES TABLE AMOUNT -

- I ask the Court for an order in an amount different than that in the child support guidelines table. My claim is based on the facts marked below. Documents to support each claim are attached.

1. UNDUE HARDSHIP CLAIM:

I ask the Court to determine that, if the child support guidelines table amount is ordered, I would have a lower household standard of living than the other parent. Part 5 of my Financial Statement (Form K) lists the income of the other people in my household.

I ask to pay support of \$_____ per month. I have attached documents to support each claim. The child support guidelines table amount would cause me or the child(ren) undue hardship because:

- I have large debts. The debts came from supporting our family before the other parent and I separated, or due to expenses for me to earn a living.
- My expenses for arranging to visit the child(ren) are high.
- I have a legal duty to support a child(ren) other than the child(ren) named in this application. The (or each) child is under the age of majority or, if over the age of majority, is not able to be self-supporting. Ages of child(ren)
_____.
- I have a legal duty to support another child and/or adult person. This duty is in a judgment, order, or written agreement. A copy is attached.
- I have a legal duty to support a person who is not able to be self-supporting.
- Details of other reasons:

2. CHILD OVER THE AGE OF MAJORITY:

I ask to pay support of each child listed below who is the age of majority or older. The names of the child(ren) and date(s) of birth are:

NAME OF CHILD	DATE OF BIRTH (d/m/y)	AMOUNT FOR THIS CHILD

I ask the Court to take into account the attached document(s) and my reasons, which are:

documents attached

3. SPLIT CUSTODY

There are 2 or more children, and at least one child lives with each of us. The custody arrangements are in the attached custody order, or are as follows:

I ask to pay child support of \$_____ per month for the support of the child(ren) living with the respondent. My claim is based on the following calculations:

	Total income (known, or imputed in Form F)	Guideline Table for Prov/Terr of residence	# of children	Amount Payable	Name(s) of Children
Applicant				\$	
Respondent				- \$	
Subtract amount payable by respondent from amount payable by applicant to calculate amount.				= \$	

4. SHARED CUSTODY

The child or children live with each of us at least 40% of the time during the year. Our custody arrangements are in the attached custody order, or are as follows:

I ask to pay child support of \$_____ per month for the following child(ren):

NAME OF CHILD	1.	2.	3.

This document is attached to, and forms part of the evidence in, my support application/support variation application:

Claimant's/Applicant's signature

Form J

SUPPORT FOR CLAIMANT / APPLICANT

- I am the claimant / applicant and ask for support for myself. I ask the Court to order support of \$_____ per month. A Financial Statement (Form K) is included in my Application. My claim is based on the following facts:

FACTS ABOUT MY CLAIM:

1.	My date of birth is:	
2.	The children living with me are aged: <i>(if there is a child support order/agreement about any child, attach it)</i>	
3.	The respondent and I cohabited (lived together) in a marriage, marriage-like, common-law, civil union, or other domestic partnership: <i>(write details here)</i> The last place where we lived as a couple before separation is:	Start date: End date: (city/country):
4.	During the time we were together, we separated for a total of <i>(years, months)</i> because:	Total time separated:
5.	The respondent and I lived together for a total of <i>(years, months)</i> :	
6.	My present status <i>(separated, divorced, married, common-law, single, other)</i> :	

MY EDUCATION:

7.	The last grade I finished in school (before post-secondary school):	
8.	Year I completed this grade:	
9.	College / University level or year completed:	
10.	Year I completed this level:	
11.	Other training / certificate / diploma received:	
12.	Length of the training / certificate / diploma course (years, months)	
13.	Year I completed this course:	

MY WORK EXPERIENCE:

14.	I did not work for pay while the respondent and I were together (<i>if this statement applies, put an X in box, and go to line 21</i>)	
15.	During the time the respondent and I were together, I worked for pay for a total of (<i>years, months</i>) (<i>attach work history list, with dates, employment, monthly pay</i>)	<input type="checkbox"/> work history list attached
16.	I worked for (%) of the time the respondent and I were together [example: if the entry on line 5 is 7 years + 2 months that equals (7x12)=84+2= 86 months. If the entry on line 15 is 3 years + 6 months that equals (3x12)+6=42 months. Then 42 / 86 = 48.8%]	%
17.	The work I did was (<i>full time, or part time, or both</i>)	
18.	My normal employment was as: (<i>occupation</i>)	
19.	I also worked as (<i>other occupations</i>)	
20.	If part time, I worked an average of (<i>fraction</i>) of full time [<i>1/2, 3/4, etc</i>]	
21.	I worked less than full time, or did not work for pay, because (<i>check any that apply</i>) <input type="checkbox"/> I cared for the child(ren) when young (<i>dates</i>) <input type="checkbox"/> I had a child at home with special needs (<i>dates</i>)	From: _____ To: _____ From: _____ To: _____
21. cont'd	<input type="checkbox"/> I needed to be home when the child(ren) returned from school <input type="checkbox"/> We moved often (<i>how many times during relationship: _____</i>) <input type="checkbox"/> I did not have the education/experience to get full time work <input type="checkbox"/> There were no full time jobs available <input type="checkbox"/> I did not want to work full time <input type="checkbox"/> I was not able to work full time (due to medical condition) <input type="checkbox"/> The respondent and I agreed that I would not work full time <input type="checkbox"/> The respondent and I agreed that I would work only part time <input type="checkbox"/> The respondent and I agreed that I would not work at all <input type="checkbox"/> The respondent did not want me to work full time <input type="checkbox"/> The respondent wanted me to work only part time <input type="checkbox"/> The respondent did not want me to work at all <input type="checkbox"/> Other reason(s):	

22.	Since the respondent and I separated, I have (<i>check any that apply</i>) <input type="checkbox"/> Worked full time <input type="checkbox"/> Worked part time <input type="checkbox"/> Received social assistance <input type="checkbox"/> Received income/benefits from employment insurance, disability, workers' compensation, investments (details) <input type="checkbox"/> Received government grants or benefits (details) <input type="checkbox"/> Other sources of income (details)	(dates)
23.	Since the respondent and I separated, I have not worked for pay at all because: (<i>reasons</i>)	
24.	Since the respondent and I separated, I have taken the following steps to improve my ability to support myself: (<i>courses, job training, education, re-location, etc.</i>)	

MEDICAL:

25.	I am not able to fully support myself because of a medical condition, disability, or special need which keeps me from working (<i>put short description in the box, and attach documents or doctor's letter giving details</i>)	<input type="checkbox"/> documents attached
26.	I am not able to fully support myself because a child or other person has a medical condition, disability, or special need which keeps me from working (<i>put name of person, relationship, and short description in the box, and attach documents or doctor's letter giving details</i>)	Name of person: Relationship to me: Condition / Special Need: <input type="checkbox"/> documents attached

THE PRESENT, AND THE FUTURE:

27.	As of the date of this application, I am <input type="checkbox"/> Not working <input type="checkbox"/> Working full time (<i>occupation, monthly income</i>) <input type="checkbox"/> Working part time (<i>occupation, monthly income</i>) <input type="checkbox"/> Looking for work (<i>attach job search list</i>) <input type="checkbox"/> Receiving social assistance (<i>monthly income</i>) <input type="checkbox"/> Going to school (<i>type of course, how long, where</i>)	
28.	The respondent is paying support for me (\$ <i>monthly</i>)	

29.	The respondent agreed to pay support for me of (\$ monthly, or other amount) and has not paid the whole amount. There is now unpaid support of \$ _____ owing	<input type="checkbox"/> agreement attached
30.	My other sources of income are (monthly) (check any that apply and put amount in box at right) <input type="checkbox"/> rental of space / apartment in my home <input type="checkbox"/> investment income (savings, GICs, bonds, property) <input type="checkbox"/> support from a present spouse, or other former spouse (attach order or agreement) <input type="checkbox"/> other (details)	
31.	Compared to the time the respondent and I were together, my standard of living is now <input type="checkbox"/> much worse (Details of the differences) <input type="checkbox"/> worse <input type="checkbox"/> the same <input type="checkbox"/> better <input type="checkbox"/> much better	
32.	If the Court orders support for me, I plan to make myself self-supporting by: <input type="checkbox"/> going to school to complete high school <input type="checkbox"/> going to school to obtain a certificate / diploma / degree <input type="checkbox"/> obtaining job / vocational training to get a job I expect that when my plan is completed my standard of living will be (pick one) <input type="checkbox"/> worse <input type="checkbox"/> better <input type="checkbox"/> the same, as when the respondent and I were together <input type="checkbox"/> OR, I will not be able to become self-supporting because: Other	
33.	Details of my plan include: (list name of course, where offered, length of time it takes, whether full or part time, costs, and results to be achieved. If the training/course has a brochure or curriculum, attach it.)	

[Mark each attached document with the line number to which the document relates]

- I have attached additional page(s) with more details about my claim, education, work experience, relationship with the respondent, medical information, present condition, and future plans, if applicable.

This document is attached to, and forms part of the evidence in, my support application/support variation application:

Claimant's/Applicant's signature

Form

K

FINANCIAL STATEMENT of _____

(name of claimant / applicant)

I am the claimant/applicant in this application to make or vary a support order. My financial circumstances are:

1. My total annual income (before tax and other deductions) for this year will be approximately

\$ _____

2. My source of income is: *(check any that apply, and write details in box below)*

- Employment *(occupation, name and address of employer, length of employment)*
- Self-employment *(occupation, name and address of business, length of employment)*
- Employment Insurance *(last date worked, and date benefits started)*
- Social Assistance *(date benefits started)*
- Disability insurance *(date benefits started, source of payment, reason for disability)*
- Other *(specify)*

<i>Details of income sources checked above:</i>

3. All or part of my income is not subject to income tax *(portion exempt, and reason)*

PART 1 – SOURCES OF INCOME

Line #	Amount
1. Employment income (wages, salary, commissions, overtime, bonuses)	
2. Other employment income (including tips and gratuities)	
3. Old age security pension	
4. Canada or Quebec Pension Plan benefits	
5. Other pensions or superannuation	
6. Employment insurance benefits	
7. Taxable amount of dividends from taxable Canadian corporations	
8. Interest and other investment income	
9. Net partnership income	Gross Net
10. Rental income	
11. Taxable capital gains	
12. Spousal support	
13. Child support (taxable only)	
14. Registered Retirement Savings Plan income	
15. Business income	Gross Net
16. Professional income	Gross Net
17. Commission income	Gross Net
18. Farming income	Gross Net
19. Fishing income	Gross Net
20. Workers Compensation benefits	
21. Social Assistance payments	
22. Net federal supplements	
23. Other income (specify – see guide)	
24. (A) TOTAL ANNUAL INCOME	\$
25. Total income in most recent personal income tax return (year: _____)	\$

ADJUSTMENTS TO INCOME

Line #	Additions	Amount
26.	Actual amount of dividends received from Canadian corporations	
27.	Actual capital gains realized in excess of actual capital losses	
28.	Salaries, benefits, or other payments paid to non-arm's-length persons, and deducted from self-employment income, unless necessary to earn self-employment income	
29.	Allowable capital cost allowance for real property	
30.	Employee stock options with a Canadian-controlled private corporation exercised (<i>Do not include if you dispose of the shares in the same year you exercise the option</i>)	
31.	Value of shares at the time the options are exercised	
32.	Less: Amount paid for the shares	-
33.	Amount paid to acquire the options to purchase the shares	-
34.		=
35.	(B) TOTAL ADDITIONS	\$

Deductions

36.	Union, professional dues, other employment expenses allowed under Child Support Guidelines	
37.	Child support received and included in total income above (line 13)	
38.	Spousal support received from the other parent and included in total income above (line 12)	
39.	Social assistance received by the parent for other members of the household	
40.	Taxable amount of dividends from taxable Canadian corporations	
41.	Taxable capital gains	
42.	Actual amount of business investment losses	
43.	Carrying charges and interest expenses	
44.	Self-employment income, net of reserves, including income for tax purposes in excess of the self-employment income for the 12 months ending on December 31 of the reporting year	
45.	Portion of partnership and sole proprietorship income that is required by the partnership to be re-invested	
46.	(C) TOTAL DEDUCTIONS	\$

PART 2 – CHILD SUPPORT GUIDELINES TABLE AMOUNT CALCULATION

Annual Income for Child Support Guidelines Table Amount

47.	(A) Total Income (<i>from line 24</i>)	
48.	Plus (B) Total Additions (<i>from Line 35</i>)	+
49.	Minus (C) Total Deductions (<i>from line 46</i>)	-
50.	Annual Income for Child Support Guidelines Table Amount	\$

Annual Income for Special or Extraordinary Expenses Amount

51.	Annual Income for Child Support Guidelines Table Amount (<i>from line 50</i>)	
52.	Plus (if applicable) spousal support <i>received</i> from the other parent	+
53.	Minus (if applicable) spousal support <i>paid</i> to the other parent	-
54.	Annual Income for Special or Extraordinary Expenses Amount	→ \$

PART 3 – EXPENSES

My monthly expenses are listed below. These expenses are for me, and the following members of my household:

(if you share an expense with another person, list only the amount that you pay. Convert all expenses to monthly amounts.

List actual amounts – if impossible, give estimates, and mark as ‘est’)

		\$ per Month			\$ per Month
Compulsory Deductions			SUBTOTAL (from line 90)		
55.	Income Tax		Adult Household Members		
56.	Employment insurance		91.	Clothing	
57.	Canada Pension Plan		92.	Haircare	
58.	Employer pension		93.	Toiletries, cosmetics	
59.	Other (<i>specify</i>)		94.	Education fees, supplies	
Household Expenses			95.	Entertainment & recreation	
60.	Groceries & household supplies		96.	Fitness	
61.	Meals outside the home		97.	Insurance	
62.	Furnishings and equipment		98.	Charitable donations	
63.	Telephone		99.	Gifts to others	
64.	Cable service		100.	Alcohol, tobacco	
65.	Laundry & dry cleaning		Children		
66.	Newspapers, periodicals		101.	Child care (regular expense)	
67.	Stationery, computer supplies		102.	Babysitting (occasional)	
68.	Vacation		103.	Clothing	
69.	Pet care		104.	Haircare	
Housing (primary residence)			105.	Allowances	
70.	Rent or mortgage		106.	School fees & supplies	
71.	Taxes		107.	Entertainment & recreation	
72.	Home insurance		108.	Insurance	
73.	Heat		109.	Gifts (toys, books, etc.)	
74.	Electricity		110.	Activities, lessons, & supplies	
75.	Water		111.	Camp	
76.	House repairs & maintenance		112.	Gifts to other children	
77.	Yard maintenance		Savings for the future		
78.	Other (<i>specify</i>)		113.	RRSP	
Health			114.	RESP	
79.	Medical Insurance		115.	Other	
80.	Drugs (after insurance coverage)		116.	Debt (other than mortgage)	
81.	Dental care (after insurance)		117.		
82.	Optical care (after insurance)		118.		
83.	Other (<i>specify</i>)		119.	Lease payments (specify)	
Transportation			120.	Support payments to others (see note under *, below)	
84.	Public transit, taxis, etc.		121.	Reserve for income taxes	
85.	Car operation		122.	Other (specify)	
86.	Gas and oil		123.		
87.	Insurance & licence		124.		
88.	Maintenance		125.		
89.	Parking		126.	TOTAL	
90.	SUBTOTAL				

(* Note for line 120. Show support paid to persons **not** included in this application – example: support paid for a child of a past relationship between you and a parent who is not the claimant/applicant in this application. If paid, specify the

Name(s) of person(s) supported: _____ . Are payments made

Voluntarily, or due to a Court Order, or written agreement.

Do you deduct payments on your income tax return? Yes No.)

PART 4 – OTHER CHILD SUPPORT AND BENEFITS

Complete this part if you are claiming support for a child over the age of majority, and/or
 you are claiming an amount different than the child support guidelines table amount

A I receive child support for a child(ren) other than the child(ren) in this application:

Name(s) of child(ren)	Annual Amount Received	Taxable (Y / N)

B I receive non-taxable benefits, allowances, or amounts. (Example: use of a vehicle, childcare, or room and board. If the benefit is not an amount, include an estimate of the annual value of the benefit)

Benefit received	Annual Amount or Estimate

PART 5 – HOUSEHOLD INCOME (not including children for whom support is claimed in this application)

Complete this part if you are living with another person **and**
 you are claiming support for yourself, **or**
 your child support application includes an undue hardship claim, **or**
 you believe the respondent may make an undue hardship claim.

A I am living with: (full name of person or persons – note: your living / marital relationship is not the issue; it is about sharing household responsibilities)

B A person named in ‘A’ has a child or children living in the home with us (name and age of each child)

C For each person named in ‘A’, fill in the following information: (add an extra page if more than 2 people)

Name of Person #1

- Works at (name of employer, occupation)
- Earns \$ _____ per _____
- Pays for about _____% of household expenses
- Does not work
- Has no earnings
- Contributes no money to the household expenses

Name of Person #2

- Works at (name of employer, occupation)
- Earns \$ _____ per _____
- Pays for about _____% of household expenses
- Does not work
- Has no earnings
- Contributes no money to the household expenses

PART 6 – ASSETS AND DEBTS

ASSETS

Real Estate	Description of Asset(s) – address, type of property	Your Equity	Market Value
Cars, boats, vehicles	Description of Asset(s) – year, make, model	Your Equity	Market Value
Pension Plan	Trustee/administrator of plan, date of valuation		Value
RRSPs	Financial institution, date of valuation		Value
Financial Assets	Bonds, shares, term deposits, investment certificates, mutual funds – list type, name of financial institution, when purchased		Value
Accounts	Bank or other accounts – type of account, name of financial institution		Value
Business	Name of business, address, nature and extent of ownership or interest		Value of Interest
Life Insurance	Company which issued policy		Cash Value
Debts to me	Description – name of person owing me money, reason for debt, repayment date		Value
Other	Description of other asset(s)		Value
TOTAL VALUE OF ASSETS			\$

DEBTS

Mortgage	Institution / person holding mortgage	Date of last payment	Balance Owing
Credit Cards	Name/Company issuing card, and reason for borrowing	Date of last payment	Balance Owing
Bank / Other	Financial Institution, and reason for borrowing	Date of last payment	Balance Owing
Other Debt	Description of any other debt(s) you owe	Date of last payment	Balance Owing
TOTAL VALUE OF DEBTS			\$

PART 7 – DOCUMENTS ATTACHED TO THIS FINANCIAL STATEMENT

- My personal income tax return for each of the three most recent taxation years, and all documents attached to the returns.
- The income tax notice of assessment, or reassessment, I received for each of the three most recent tax years.

(Check each of the following statements that apply, and attach the listed documents)

- I am an employee. Attached is a statement showing my total earnings for this year, to date, including overtime. If this information is not shown on my pay stub, I attach a statement or letter from my employer with that information, including my rate of annual pay.
- I am receiving Employment Insurance benefits. My three most recent EIC benefits statements are attached.
- I am receiving Workers Compensation benefits. My three most recent WCB benefits statements are attached.
- I am receiving Social or Income Assistance. Attached is a statement showing the amount I receive.
- I am self-employed. For the three most recent taxation years, I attach:
 - The financial statements of my business or professional practice, other than a partnership, and
 - A statement showing a breakdown of salaries, wages, management fees, or other payments or benefits paid to, or on behalf of, persons or corporations with whom I do not deal at arm's length
- I am a partner in a partnership. I attach confirmation of my income and draw from, and capital in, the partnership for its three most recent taxation years.
- I control a corporation. I attach
 - the financial statements of the corporation and its subsidiaries, and
 - a statement showing a breakdown of all salaries, wages, management fees, or other payments or benefits paid to, or on behalf of, persons or corporations with which the corporation, and every related corporation, does not deal at arm's length
- I am the beneficiary under a trust. The trust settlement agreement and the trust's three most recent financial statements are attached.

Date this Financial Statement completed: _____.

This document is attached to, and forms part of the evidence in, my support application/support variation application:

Claimant's/Applicant's signature

Form L

CHILD STATUS AND FINANCIAL STATEMENT FOR _____
(name of child)

Child's date of birth (d/m/y) _____

1. Details of child's living arrangements: *(include where child lives, whether child lives with other people)*

2. Child's education status *(check any that apply)*

- Is in high school, in grade _____
- Completed grade _____ in high school in (year) _____, but did not graduate, and is not going to school now
- Has completed high school and is not going to school
- Has completed high school, and plans to attend post-secondary courses starting in:
(date) _____
- Is taking full-time courses at community college or trade school
- Is taking part-time courses at community college or trade school
- Is taking full-time courses at university
- Is taking part-time courses at university

For each item checked in this section, give details (If the child is not in school, describe what the child is doing. If planning to attend, or attending post-secondary school, list name of school, location, level child is in, length of course or area of study until diploma/degree obtained)

Education details

3. Child's financial and employment status (*check any that apply*). **The child:**

- Is not employed
- Is employed full-time
- Is employed part-time
- Has seasonal employment (*summer jobs*)
- Has filed an income tax return showing employment income for (*years*) _____
- Has personal savings of approximately \$ _____
- Receives gifts of money each year of approximately \$ _____
- Is entitled to funds for education through an RESP or other savings plan held by (*name of person(s) who holds the plan, type of plan, value if known*)
- Is receiving, or is entitled to receive, government student loans
- Has personal income from investments, a trust, or other sources
- Other (specify)

For any employment lines checked, give details (name of employer, child's occupation, approximate wages/salary by hourly rate and monthly income, and how long the child has worked for the employer. For other boxes checked, provide details).

Employment and income source details

4. Child's education-related expenses:

List expenses **directly** related to the child's education. For each, show who is paid, purpose of payment, amount paid per year, and who pays the amount. Put the **monthly** total (divide by 12) on line 106 of Form K.

--

5. Reasons for child's continuing dependence:

(The child is the age of majority or older. If the child is not working, and not going to school, provide details of any reasons that the child requires support from the parents. Attach an additional page if necessary, and supporting documents such as medical letters.)

- Supporting documents attached
- Additional page(s) attached

This document is attached to, and forms part of the evidence in, my support application/support variation application:

Claimant's/Applicant's signature

Form

M

EVIDENCE TO SUPPORT VARIATION OF A SUPPORT ORDER

I ask the Court to change (vary) the support order(s) or written agreement(s) between the respondent and me. The order(s) or agreement(s) were made on the following dates, and are attached to my Support Variation Application (Form A). *(An application to change an order or agreement must be supported by documents to prove the change, and the current circumstances.)*

In the order(s) or agreement(s), I am the

- person required to pay support (the payor), or
- person receiving support (the recipient).

I ask the Court to **change** the amount of support to be paid for:

- a child or children
- the recipient

I ask the Court to **end** support to be paid for:

- a child or children
- the recipient

1. Applicant's change in circumstances

There has been a change in my circumstances since the date the order/agreement was made. *(Write details of the change, the date of the change, whether temporary or permanent. Attach an extra page if necessary.)*

2. Child's change in circumstances

There has been a change in the circumstances of a child(ren) named in the order/agreement. *(Write details of the change, the date of the change, whether temporary or permanent. Attach an extra page if necessary.)*

3. Respondent's change in circumstances

There has been a change in the respondent's circumstances since the date the order/agreement was made. *(Write details of the change, the date of the change, whether temporary or permanent. Attach an extra page if necessary.)*

4. Applicant / Payor's application to reduce or cancel arrears

- As of today, the amount of unpaid support (arrears) is \$ _____. A copy of a statement from the maintenance/support enforcement program is attached.
- If the Court orders a retroactive (back-dated) change in the amount of support, I ask that the support arrears be changed to show the change in the order.
- I have made the following efforts to pay the arrears:

- I will be able to pay any arrears the Court orders as follows: *(Write the monthly amount available to pay arrears, or other sources of income/assets which could be used to pay arrears.)*

5. Applicant / Recipient's application to change support order

- As of today, the amount of unpaid support (arrears) is \$ _____. A copy of a statement from the maintenance/support enforcement program is attached.
- If the Court orders a retroactive (back-dated) change in the amount of support, I ask that the support arrears be changed to show the change in the order.

Date this form completed: _____

This document is attached to, and forms part of the evidence in, my support application/support variation application:

Claimant's/Applicant's signature

Form

N

RESPONDENT'S ANSWER TO APPLICATION

Court File #: _____
Court Location: _____
REMO/RESO/ISO # _____
Office use only

- I am the Respondent
- I am a person or agency or government with a legal right to participate in this application. My relationship is: _____.

I have been served with a Support Application, or Support Variation Application. My address for delivery of documents is:

(Last Name)	(First Name)	(Middle Names)
(Street address and City/Town)		
(Territory and Postal Code)		(daytime telephone)
(Mailing Address, if different than street address)		(fax number)
(E-Mail)		
These are: <input type="checkbox"/> my own addresses, or <input type="checkbox"/> c/o my lawyer, or <input type="checkbox"/> c/o another person		

- I AGREE with the Application, and consent to an Order being made as requested.
 - I agree to an order that I will pay support. My financial statement is attached to this Answer, or
 - I am the support payor under the Order or Agreement the applicant wishes to change. My financial statement is attached to this Answer, or
 - I am the support recipient under the Order or Agreement the applicant wishes to change. My financial information is not required to make a support variation Order.
- I DO NOT AGREE with the Application. My reasons for not agreeing are in the attached documents.
- I will go to Court and bring with me 3 copies of this Respondent's Answer to Application with copies of the following documents attached, where applicable:
 - Financial Statement (Form K) (*required unless you are a support recipient who agrees to change an existing order*)
 - Request to Pay Child Support (different than child support guidelines table amount) (Form I)

- Request for a Child Support Order (different than child support guidelines table amount) (Form G)
- Special Expense Claim (Form H) (*use if you are the recipient/respondent and you do not agree with the payor/applicant's application to change special expense amounts under the existing order*)
- Child Status and Financial Statement (Form L) (*one for each child over the age of majority where you do not agree with the application concerning the support for that child*)
- Other (specify): _____

I will have a lawyer at the Court hearing. My lawyer's name, address, and telephone number are:

I, _____ make oath or affirm and say that the information and facts contained in this answer, including the attached forms and/or documents, are true. I am making this answer in good faith.

SWORN OR AFFIRMED BEFORE ME

At the _____ of _____
 In the Territory of _____
 On _____, 200____.
 A Notary Public in and for Nunavut

 Respondent's signature

Form 0

REQUEST FOR ENFORCEMENT

USE THIS FORM IF:

- This is your first claim for support from this respondent
- You have a support order, and the respondent has moved to a new province, territory, or country
- You want the maintenance enforcement program to enforce a new, existing, or changed order.

ATTACH an extra copy of the Identification Information (Form B) to this Request. The information on the two forms will help the maintenance enforcement program to collect your monthly support and any unpaid arrears.

ARE YOU DEALING WITH A MAINTENANCE ENFORCEMENT PROGRAM ABOUT THIS ORDER OR AGREEMENT?	<input type="checkbox"/> NO, <input type="checkbox"/> YES. If yes,
(PROGRAM HANDLING YOUR CASE)	(CASE / ACCOUNT NUMBER)

ASSETS OF THE RESPONDENT / PAYOR

MOTOR VEHICLES (CARS, BOATS, RVs,)	YEAR	COLOUR	LICENCE PLATE NO / FROM WHAT PROV/TERR/STATE
1.			
2.			
3.			

REAL ESTATE (HOMES, COTTAGES, INVESTMENT PROPERTY) – STREET ADDRESS	CITY	PROV/TERR/STATE	LEGAL DESCRIPTION (IF KNOWN)
4.			
5.			

ASSETS / BANK / FINANCIAL INSTITUTION	ADDRESS	TYPE OF ACCOUNT	ACCOUNT NUMBER
6.			
7.			
8.			

CREDIT CARDS COMPANY NAME	ACCOUNT NUMBER	COMPANY NAME	ACCOUNT NUMBER
9.		11.	
10.		12.	

IF THERE ARE MORE ASSETS, OR MORE DETAILS ABOUT ANY OF THESE ASSETS, PLEASE LIST BELOW, USING THE BOX NUMBER. (Example: if a piece of real estate listed in box 4 was paid for by the respondent, but is in the name of a current spouse.)

ADDITIONAL PAGES, OR COPIES OF DOCUMENTS ARE ATTACHED

COURT: DO NOT SERVE THIS DOCUMENT ON RESPONDENT