|  |  |  |
| --- | --- | --- |
|  | **Originating Jurisdiction** | **Receiving Jurisdiction** |
|  | Court File #: | Court File #: |
|  | Court Location: | Court Location: |
|  | Designated Authority #: | Designated Authority #: |

(For office use only)

1. **This is a SUPPORT VARIATION APPLICATION between**

the **Applicant** (name of the person applying for the order):

 (First Name) (Middle Name) (Last Name)

and the **Respondent** (name of the person responding to this application):

 (First Name) (Middle Name) (Last Name)

## I am the Applicant and I reside in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Province/Territory/State/Country).

**2A. I ask the court for a SUPPORT VARIATION ORDER including the following:**

* A change or variation in the total amount of support in the current support order or agreement, from $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ per month, to $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ per month.

(Form K is required. Additional forms may also be required, depending on the reason for this application.)

* 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date). (Forms I and K are required. Additional forms may also be required depending on the reason for this application.)
* The change or variation of this order to be effective as of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date).

(If a retroactive commencement date is requested, an explanation must be provided on Form K.)

* The termination of the obligation to pay support for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name), as of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date). (Form K is required. Other forms may also be required.)
* Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Future periodic disclosure of financial information as appropriate.
* I ask that any order made and information provided in this application be provided to the relevant enforcement authority.

**2B. Provincial Child Support Service**

□ As an alternative to a court hearing, I request to have the amount of child support recalculated by a provincial child support service, if: a provincial child support service in the province where the respondent resides provides such a service; if there is a court order permitting the service (if required); and if the designated authority of that province determines, that this application is suitable for that service.

**3.** **Person applying for an order (the Applicant)**

|  |
| --- |
| **NOTE**: Information contained in this application, including your contact information, will be included in the package provided to the Respondent and will form part of a court file that MAY BE available to the general public. If you are concerned about providing your own address, you may provide an alternative address where you can be contacted and where documents or correspondence may be sent to you. You must check the applicable box below*.* |
| (First Name) (Middle Name) (Last Name) |
| (Street Address) (City/Town) |
| (Province/Territory/State/Country) (Postal Code/Zip Code) (Daytime Telephone) (Cell phone number) |
| (Mailing Address, if different than street address) (Fax Number) (Email Address) |
| The above is:  | □ my own address□ c/o my lawyer (Lawyer’s name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)□ c/o another person (That person’s name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)□ c/o agency to whom my rights have been assigned (Contact name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |
| **As it may be necessary to contact you in the future, you are required to inform the****Designated Authority of any address changes** |

**4. Request to be notified and request to participate in hearings (The following checkboxes are optional).**

**** I ask to be notified of all hearings arising from this application, if possible under the rules and procedures of the reciprocating jurisdiction.

**** I ask to be given the opportunity to participate in all hearings arising from this application by way of telephone or other technology, if possible under the rules and procedures of the reciprocating jurisdiction.

**NOTE:** If you check this box, you must make yourself available to participate in all hearings.

**5. As a government or government agency may need to be informed of and/or participate in this application (if its laws allow it) please indicate as appropriate:**

* I am receiving or have received income or social assistance in the past.
* The Respondent is/may be receiving income or social assistance now or has in the past.

**6. Person responding to this application (the Respondent)**

|  |
| --- |
| (First Name) (Middle Name) (Last Name)  |
| (Street Address) (City/Town) |
| (Province/Territory/State/Country) (Postal Code/Zip code) (Daytime Telephone ) (Cell phone number) |
| (Mailing Address, if different than street address) (Fax Number) (Email Address) |

**NOTE: Additional Locate Information Form is also required.**

**7. Child(ren) (only those children who are the subject of this application)**

|  |  |  |
| --- | --- | --- |
| Name (First Middle Last ) | Province/Territory/State/Country(of residence – last 6 months) | Date of Birth(Month/Date/Year) |
|  |  |  |
|  |  |  |
|  |  |  |

 **□** Additional page(s) attached

|  |
| --- |
| **8. Information about previous court orders, agreements or related proceedings (check all that apply)**  |
| **□** I have a Maintenance Enforcement file in: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (prov/terr/state/country). File # \_\_\_\_\_\_\_\_\_**□** There are court order(s) involving the Respondent, the child(ren) and me. **A copy of each order is attached (include any orders that specify or determine arrears).****□** There is a written agreement involving the Respondent, the child(ren) and me. * The agreement is not registered with the court.
* The agreement was registered with the court on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date).

 **A copy of the agreement, and any changes to it, is attached.****□** There is no Divorce action in process.**□** There is a Divorce action in process. It does not include a claim for support.**□** A Divorce Order has been made. There is no support order or undecided support claim under the *Divorce Act*. **A copy of this Order, and any changes to it, is attached.** |

|  |  |
| --- | --- |
| **9. The following documents are attached to and form part of the evidence in this application**  |  |
| **□** Child Support Claim | Form C |
| **□** Request for a Support Order (if Respondent does not provide financial information) | Form D |
| **□** Request for Child Support Different than Child Support Guidelines Table Amount | Form E |
| **□** Special or Extraordinary Expenses Claim | Form F |
| **□** Request to Pay Child Support Different than Child Support Guidelines Table Amount | Form G |
| **□** Support for Claimant/Applicant | Form H |
| **□** Financial Statement | Form I |
| **□** Child Status and Financial Statement | Form J |
| **□** Evidence to Support Variation of a Support Order | Form K |
| **□** | All Support Orders or Written Agreements between the parties or relating to any child for whom support is claimed. |
| **□** Documents required by the jurisdiction hearing this application:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**□** Additional page(s) attached**□** Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **10. Jurat** |
| I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ swear/affirm that the information and facts contained in this application, including the attached forms, are true. I am making this application in good faith.SWORN/AFFIRMED BEFORE MEAt the Municipality/City/Town of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_In the Province/Territory/State/Country of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_On \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_\_\_\_.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Notary Public or other authorized individual Applicant Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Print Name and Title of the authority under which this oath was administered.(For example, Commissioner for Oaths. Use Stamp or Seal, if applicable.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Commission Expiry Date (DD/MM/YYYY) (If applicable)**11. Legal Authority:** The applicable law rules in effect in the province, territory or country where the Respondent resides will determine what family support law will be applied to decide this application. |

*\* In Canada : Interjurisdictional Support Orders Act,* S.A. 2002, c. I-3.5. (AB); *Interjurisdictional Support Orders Act*, S.B.C. 2002, c. 29 (BC); *Inter-jurisdictional Support Orders Act*, S.S. 2002, c. I-10.03(SK);*The Inter-jurisdictional Support Orders Act*, C.C.S.M., c. I60 (MB); *Inter-jurisdictional Support Orders Act*, 2002, S.O. 2002, c. 13 (ON); *Inter-jurisdictional Support Orders Act*, S.N.B. 2002, c. I-12.05 (NB); *Interjurisdictional Support Orders Act*, S.N.S. 2002, c. 9 (NS); *Interjurisdictional Support Orders Act*, R.S.P.E.I. 1988, c. I-4.2 (PEI); *Interjurisdictional Support Orders Act*, S.N.L. 2002, c. I-19.2 (NL); *Interjurisdictional Support Orders Act,* S.N.W.T. 2002, c. 19 (NT); *Interjurisdictional Support Orders Act,* S.Y. 2001, c. 19 (Yukon); *Interjurisdictional Support Orders Act,* S.Nu. 2008,c.17,s.46 and S.Nu. 2008,c.19,s.2. (NU)