

# REQUEST TO PAY CHILD SUPPORT DIFFERENT THAN CHILD SUPPORT TABLE AMOUNT

Form version: March 1, 2021

**Form G**

I ask to pay child support in an amount different than that in the child support guidelines table. My claim is based on the information provided 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, the child(ren) named in this application and/or I will suffer undue hardship because of the reasons set out below and that my household standard of living will/may be lower than that of the other parent.

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 are due to my expenses to earn a living.

My expenses in relation to exercising access to the child(ren) are unusually high.

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 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, due to illness or disability or other cause.

Name (First Middle Last)	Date of Birth (Month/Date/Year)
1.	
2.	
3.	
4.	

I have a legal duty to support a person who is not able to be self-supporting due to illness or disability.

Name (First Middle Last)	Relationship

Other (specify): \_\_\_\_\_

Details pertaining to selections made above (attached additional pages as required):

\_\_\_\_\_

Additional page(s) attached

2. **Child over the age of majority**

The child(ren) listed below have reached the age of majority and no longer require the child support guidelines table amount.

Name (First Middle Last)	Date of Birth (Month/Date/Year)	Reasons and documentation relating to each child	Amount for Child
1.			\$
2.			\$
3.			\$
4.			\$
			<b>Total \$</b>

**3. Split custody/Split parenting time**

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

Additional page(s) attached

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 as in Form F)	Number of Children	Guideline Table amount for Province/ Territory of residence	Amount Payable	Name(s) of Children
Respondent				\$	
Applicant				- \$	
Subtract amount payable by Applicant from amount payable by Respondent to calculate amount claimed.				=\$	

**4. Shared custody / Shared parenting time**

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

Additional page(s) attached

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

Name (First Middle Last)	Date of Birth (Month/Day/Year)
1.	
2.	
3.	
4.	

**5. My income is over \$150,000 per year**

My income is \$\_\_\_\_\_. I ask to pay child support in the amount of \$\_\_\_\_\_ per month instead of the table amount based on the following:

Additional page(s) attached

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

\_\_\_\_\_  
(Signature of Applicant)