

SUPPORT APPLICATION/SUPPORT VARIATION APPLICATION

Court File #: _____

Court Location: _____

REMO/RESO/ISO # _____

Office use only

This is a:

- SUPPORT APPLICATION, or**
 SUPPORT VARIATION APPLICATION.

This application is made pursuant to *the Inter-jurisdictional Support Orders Act, S.N.B. 2002, c.I-12.05.*

Person applying for an order:

(Last Name)	(First Name)	(Middle Names)
(Street address and City/Town)		
(Province and Postal Code)	(daytime telephone number)	
(Mailing Address, if different from street address)	(fax number)	
This is: <input type="checkbox"/> my own address, or <input type="checkbox"/> c/o my lawyer, or <input type="checkbox"/> c/o another person		

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 number)	
(Mailing Address, if different than street address)	(fax number)	
This is: <input type="checkbox"/> home address, or <input type="checkbox"/> c/o a lawyer, or <input type="checkbox"/> c/o another person		

A government or government agency may wish to be informed of and/or participate in this application (if its laws allow) because: I am receiving social assistance, or The respondent is/may be receiving social assistance now, or has in the past

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 _____.
- 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):

I ask the Court to include in its order:

For SUPPORT VARIATION

- A variation in the amount of support in the current support order or agreement, from \$_____ per month, to \$_____.
- A variation in the amount of unpaid support arrears owing under the current support order(s) or agreement(s), and that the arrears be fixed at \$_____ as of _____.
- The termination of the obligation to pay support for (name) _____, as of _____.
- Other (specify):

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.

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 judgment has been issued; it does not deal with support. A copy is attached.

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 registered, legally-recognized relationship other than a marriage on _____.

- The respondent and I separated on _____.
- The respondent and I were divorced by a judgment dated _____.

The following documents are attached to and form part of the evidence in this application:

(check all that apply)

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For Support and Support Variation applications		
<input checked="" type="checkbox"/>	Identification Information (required)	Form 2
<input type="checkbox"/>	Evidence of Parentage	Form 3
<input type="checkbox"/>	Statements to Support a Declaration of Biological Parentage (disputed)	Form 4
<input type="checkbox"/>	Child Support Claim	Form 5
<input type="checkbox"/>	Request for Support Order if Respondent Does Not Provide Financial Information	Form 6
<input type="checkbox"/>	Request for Child Support Different from Child Support Guidelines Table Amount	Form 7
<input type="checkbox"/>	Special Expense Claim	Form 8
<input type="checkbox"/>	Request to Pay Child Support Different from Child Support Guidelines Table Amount	Form 9
<input type="checkbox"/>	Support for Claimant / Applicant	Form 10
<input type="checkbox"/>	Financial Statement	Form 11
<input type="checkbox"/>	Child's Status and Financial Statement	Form 12
<input type="checkbox"/>	Evidence to Support Variation of Support Order	Form 13
Other Documents attached		
<input type="checkbox"/>	Statutory or Legal Authority for application	
<input type="checkbox"/>	All Support Orders or Written Agreements between the parties, or relating to any child for whom support is claimed	
<input type="checkbox"/>	Documents required by the jurisdiction hearing this application	
<input type="checkbox"/>	Other (list)	
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		

I, _____ make oath or solemnly 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 TO OR SOLEMNLY AFFIRMED BEFORE ME

At the _____ of _____

In the Province/Territory of _____

On _____, 200_____

A Commissioner of Oaths or Notary

Signature of Claimant/Applicant