

FORM 1

Notice to File Support Order

(Support Enforcement Act, S.N.B. 2005, c. S-15.5, s. 5(2))

Court File No: FD_____

TO: THE DIRECTOR OF SUPPORT ENFORCEMENT

I am the Payer, the Recipient for this file. *(Check appropriate box)*

Please Complete the following contact information:

<u>Address/Contact Information</u>		
Name:	_____	
	(Last Name)	(First Name)
		(Middle Names)
Address:	_____	
	(Street Number/Name)	(Apt. No.)
		(City)
Province/State:	_____	Postal/Zip Code: _____
Phone:	_____	
Email:	_____	

I wish to file the support order dated _____ with the Director of Support Enforcement for administration and enforcement by the Office of Support Enforcement (OSE).

Please check the box below which applies to you:





- This is the first time the above-mentioned support order has been filed with the OSE for enforcement in New Brunswick.
- The above-mentioned support order was previously administered by the OSE but later withdrawn on or about _____ (date).
- I do not know if this order has been filed before.
- I wish to file a Declaration of Arrears.

Dated this _____ day of _____, 20__.

Your Signature

Please Print Name Here

NOTE: This notice must be sent to the OSE with the most recent support order registered with a New Brunswick Court and bearing an FD (Family Division) number.

Contact Us	
 <p>PO Box 5001 Grand Falls/Grand-Sault NB E3Z 1G1</p>	 <p>Toll-free (844) 673-4499</p>
 <p>OSE-BEOA@gnb.ca</p>	 <p>gnb.ca/OSE</p>