

FORM 1

NOTICE TO FILE SUPPORT ORDER
(Support Enforcement Act, S.N.B. 2005, c. S-15.5, s. 5(2))

Court File No. _____

TO: THE DIRECTOR OF SUPPORT ENFORCEMENT

I am the Payer, the Beneficiary, a Representative of the Department of Social Development 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: (Home)	_____	

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 FSOS for enforcement in New Brunswick.
- The above mentioned support order was previously administered by the FSOS but later withdrawn on or about _____ (*date*).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 or delivered to the OSE and must include an original or certified copy of the support order.

Send the completed form to OSE

Office of Support Enforcement
P. O. Box 5001
Grand Falls NB E3Z 2K6

Telephone: 1-844-673-4499