Reset

Office of Support Enforcement (OSE)
Bureau de l'exécution des ordonnances alimentaires (BEOA)

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:

Address/Contact Information

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☐ The above-mentioned support order was previously administered by the OSE but later withdrawn on or about _____ (*date*).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

PO Box 5001
Grand Falls/Grand-Sault NB
E3Z 1G1

Toll-free
(844) 673-4499

OSE-BEOA@gnb.ca

gnb.ca/OSE