

Special Expenses Claim

The *Federal Child Support Guidelines* require certain information regarding a special expense order (s.13 (e)). To use this form, your order must include the following:

- The particulars of any expense;
- The child to whom the expense relates; and
- The proportion to be paid in relation to the expense.

If the order does NOT clearly specify what expenses are payable, the Office of Support Enforcement (OSE) cannot enforce the special expenses.

OSE Case Number: SE- _____				
1. File Information <i>(all fields must be completed)</i>				
Name of party claiming expenses (Recipient)				Recipient pays _____ %
Name of Payer				Payer pays _____ %
2. Expense Claims	<ul style="list-style-type: none"> • Do not combine multiple receipts into one line • If you have more than one type of expense on the same receipt, enter each expense type on a separate line • Date expense paid must be within 90 days of this claim or as specified in the order 			
Description of expense (receipt attached)	Name of child	Date expense paid (mm-dd-yyyy)	Amount paid (after reimbursements)	Amount other party owes

Acknowledgements

- i. If my order **requires the other party to consent to expenses**, either the OSE already has consent on file, or I have attached the other party's written consent.
- ii. If I am claiming health/medical expenses, I acknowledge that I submitted them to my insurance plan (if any) for reimbursement.
- iii. If the expenses I claim are older than 30 days from the date they were incurred, they may be subject to a longer repayment period.
- iv. I understand the OSE will provide a copy of this form and receipts to the other party, and I have not included additional personal information I do not want shared with the other party.

Date (mm-dd-yyyy)

Print name

Client's signature

Send the completed form and copies of receipts to:

Contact Us



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Grand Falls/Grand-Sault NB
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