

Form 81I

CONSENT MOTION TO CHANGE

COURT OF KING'S BENCH OF NEW BRUNSWICK
FAMILY DIVISION
JUDICIAL DISTRICT OF _____
BETWEEN: _____

Court File Number

_____ APPLICANT
and
_____ RESPONDENT

CONSENT MOTION TO CHANGE (FORM 81I)

Applicant

Address for service: *(street and number), (city/town/village), (province), (postal code)*

E-mail address *(if any)*: _____

Telephone numbers:

Work: _____ ext: _____

Home: _____

Fax number *(if any)*: _____

Solicitor for applicant

Name of solicitor for applicant: _____

Name of solicitor's firm *(if applicable)*: _____

Address for service: *(street and number), (city/town/village), (province), (postal code)*

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E-mail address (*if any*): _____

Telephone number: _____ ext: _____

Fax number (*if any*): _____

Respondent

Address for service: (*street and number*), (*city/town/village*), (*province/state*), (*country*), (*postal code*)

E-mail address (*if any*): _____

Telephone numbers

Work: _____ ext: _____

Home: _____

Fax number (*if any*): _____

Solicitor for respondent

Name of solicitor for respondent: _____

Name of solicitor's firm (*if applicable*): _____

Address for service: (*street and number*), (*city/town/village*), (*province*), (*postal code*)

E-mail address (*if any*): _____

Telephone number: _____ ext: _____

Fax number (*if any*): _____

① NOTE: THIS FORM IS USED FOR THE FOLLOWING KINDS OF SUPPORT:

- (a) CHILD SUPPORT UNDER THE *DIVORCE ACT* OR THE *FAMILY LAW ACT*;
- (b) SPOUSAL SUPPORT UNDER THE *DIVORCE ACT*; AND
- (c) SUPPORT UNDER THE *FAMILY LAW ACT* FOR A DEPENDANT WHO IS NOT A CHILD.

⚠ EACH OF YOU SHOULD CONSIDER GETTING A SOLICITOR'S ADVICE BEFORE SIGNING THIS CONSENT.

1. We know that each of us has the right to get advice from his or her own solicitor about this proceeding and understand that signing this consent may result in a final court order that will be enforced.
2. We have filed/are filing Financial Statements (Form 72J) with the court.
 We have agreed not to file any Financial Statements with the court.
3. We have attached the existing order or support agreement and request the court to make an order that changes that order or agreement as set out below:

4. DECLARATION OF THE APPLICANT AND THE RESPONDENT

For proceedings under the *Family Law Act*

We certify that we are aware of our duties under section 5 of the *Family Law Act*.

For proceedings under the *Divorce Act*

We certify that we are aware of our duties under sections 7.1 to 7.5 of the *Divorce Act*.

DATED at _____ this _____ day of _____, 20_____.

Signature of Applicant

Signature of Respondent

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SOLICITOR'S CERTIFICATE

5. My name is (*full legal name*) _____ and I am the solicitor for the applicant.

I certify that I have complied with the requirements of

section 6 of the *Family Law Act*.
 section 7.7 of the *Divorce Act*.

DATED at _____ this _____ day of _____, 20_____.

Signature of Solicitor for the Applicant

6. My name is (*full legal name*) _____ and I am the solicitor for the respondent.

I certify that I have complied with the requirements of

section 6 of the *Family Law Act*.
 section 7.7 of the *Divorce Act*.

DATED at _____ this _____ day of _____, 20_____.

Signature of Solicitor for the Respondent

PARENTING TIME/DECISION-MAKING RESPONSIBILITY
i Complete only if you are requesting a change to a parenting order.

7. We agree that (*name(s) of party(ies)*) _____

shall have parenting time and decision-making responsibilities allocated under a parenting order with respect to the following child(ren):

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Child's full legal name

Birth Date
(month day, year) **Age** **Sex**

We agree that *(name(s) of party(ies))*

shall have parenting time allocated under a parenting order with respect to *(name(s) and birth date(s) of child(ren))*

as follows: (*give details of parenting order*)

OR

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8. We agree that *(name(s) of party(ies))*

and

shall have shared parenting time and shared decision-making responsibility allocated under a parenting order with respect to the following child(ren):

We agree that the living/parenting time arrangements for the child(ren) (*name(s) and birth date(s) or child(ren)*)

shall be as follows:

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CHILD SUPPORT UNDER THE *DIVORCE ACT* OR THE *FAMILY LAW ACT*

1 Complete only if the parties are requesting a change in child support.

9. We agree to an order for child support that is:

- equal to or more than what is in the Child Support Guidelines.
- none (no child support).
- less than what is in the Child Support Guidelines for the following reasons:

10. The party receiving support is is not receiving assistance under the *Family Income Security Act*.

11. We agree that child support shall be as follows:

Based on the payer's annual income of \$ _____, (*name of party*)

shall pay to (*name of party*)

the amount of \$ _____, per month for the following child(ren): (*name(s) and birth date(s) of child(ren)*)

with payments to begin on (*date (month day, year)*) _____.

Starting on (*date (month day, year)*) _____, (*name of party*)

shall pay to (*name of party*)

the amount of \$ _____, for the following special or extraordinary expenses:

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(Complete only if the parties are agreeing to special or extraordinary expenses.) The recipient's total annual income is \$_____.

The agreement or order for child support, with respect to the child(ren) (name(s) and birth date(s) of child(ren))

dated *(month day, year)* _____ shall be terminated as of *(date)* *(month day, year)*
_____.
_____.
_____.

i Complete if applicable:

12. We also agree that the outstanding child support owed be paid of as follows:

The child owed to *(name of recipient)* _____
shall be fixed at \$ _____ as of *(date) (month day, year)* _____ and *(name of payer)* _____

shall pay to *(name of recipient)* _____
the amount of \$ _____ per month, with payments to begin on *(date) (month day, year)* _____
until the full amount owing is paid.

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SPOUSAL SUPPORT UNDER THE DIVORCE ACT

i Complete only if the parties are requesting a change in spousal support.

13. We agree that the spousal support payments should be as follows:

(Name of party) _____
shall pay to *(name of party)* _____
the amount of \$ _____ per month, with payments to begin on *(date)* *(month day, year)*
_____.

The agreement or order for spousal support, dated *(month day, year)* _____, shall be
terminated as of *(date)* *(month day, year)* _____.

14. We agree that the outstanding spousal support owed be paid as follows:

The spousal support owed to *(name of recipient)* _____
shall be fixed at \$ _____ as of *(date)* *(month day, year)* _____ and *(name of
payer)* _____
shall pay *(name of recipient)* _____
the amount of \$ _____ per month, with payments to begin on *(date)* *(month day, year)*
_____ until the full amount owing is paid.

SUPPORT UNDER THE FAMILY LAW ACT FOR A DEPENDANT WHO IS NOT A CHILD

15. We agree that the support payments for a dependant should be as follows:

(Name of party) _____
shall pay to *(name of party)* _____
the amount of \$ _____ per month, with payments to begin on *(date)* *(month day, year)*
_____.

The agreement or order for support for a dependant, dated *(month day, year)* _____, shall be terminated as of *(date)* *(month day, year)* _____.

16. We agree that the outstanding support owed to a dependant be paid off as follows:

The support owed to *(name of recipient)* _____
shall be fixed at \$ _____ as of *(date)* *(month day, year)* _____ and *(name of
payer)* _____
shall pay *(name of recipient)* _____
the amount of \$ _____ per month, with payments to begin on *(date)* *(month day, year)*
_____ until the full amount owing is paid.

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OTHER

i Complete if applicable.

17. We agree that paragraph(s) (*Specify which paragraphs of the order are to be changed.*)

of the order of _____,

judge of The Court of King's Bench of New Brunswick, dated (*month day, year*) _____,

shall be changed as follows: (*Give details of the order you are requesting the court to make.*)

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⚠ The parties do not need to sign this consent at the same time. Each party must sign in the presence of his or her witness who shall sign immediately after that party.

NOTE: The witness cannot be one of the parties. If the witness does not know the party, the witness should see identification that proves that the person signing the consent is the same person who is a party to the consent.

Signature of Applicant

Date of the Applicant's Signature
(month day, year)

Signature of Respondent

Date of the Respondent's Signature:
(month day, year)

Signature of Witness

Type or Print Name of Witness to
Applicant's Signature

Signature of Witness

Type or Print Name of Witness to
Respondent's Signature

Address of Witness:

Address of Witness:

Telephone Number of Witness:

Telephone Number of Witness: