

# Form 81I

## CONSENT MOTION TO CHANGE

COURT OF KING'S BENCH OF NEW BRUNSWICK

FAMILY DIVISION

JUDICIAL DISTRICT OF \_\_\_\_\_

Court File Number

BETWEEN:

\_\_\_\_\_  
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)*: \_\_\_\_\_


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**i 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:

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**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\_\_\_\_.

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Signature of Applicant

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Signature of Respondent

**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):

Child's full legal name	Birth Date <i>(month day, year)</i>	Age	Sex

☐ 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***

**i** 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:

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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)

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shall pay to (name of party)

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

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with payments to begin on (date) (month day, year) \_\_\_\_\_.

- ☐ Starting on (date) (month day, year) \_\_\_\_\_, (name of party)

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shall pay to (name of party)

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

(continued on next page)

# Form 811

Child's name	Type of expense	Total amount of expense (\$)	Payer's share (\$)	Terms of payment (frequency of payment, date due, etc.)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

- ☐ (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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(continued on next page)

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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.**

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Signature of Applicant

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

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Signature of Respondent

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

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Signature of Witness

Type or Print Name of Witness to  
Applicant's Signature

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Signature of Witness

Type or Print Name of Witness to  
Respondent's Signature

Address of Witness:

Address of Witness:

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Telephone Number of Witness:

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Telephone Number of Witness: