

FORM 1

SUPPORT APPLICATION/SUPPORT VARIATION APPLICATION (*Interjurisdictional Support Orders Act*, S.N.B. 2002, c.I-12.05, ss.5(2), 23(2))

Court File #: _____

Court Location: _____

REMO/RESO/ISO # _____

Office use only

This is a:

- SUPPORT APPLICATION, or**
 SUPPORT VARIATION APPLICATION

This application is made pursuant to the *Interjurisdictional Support Orders Act*, S.N.B. 2002, c.I-12.05.

Person applying for an order:

(Last Name)	(First Name)	(Middle Names)
(Street address and City/Town)		
(Province and Postal Code)	(daytime telephone number)	
(Mailing Address, if different from street address)	(fax number)	
This is: <input type="checkbox"/> my own address, or <input type="checkbox"/> c/o my lawyer, or <input type="checkbox"/> c/o another person		

Person responding to this application (the respondent) is:

(Last Name)	(First Name)	(Middle Names)
(Street address and City/Town)		
(Province and Postal Code)	(daytime telephone number)	
(Mailing Address, if different from street address)	(fax number)	
This is: <input type="checkbox"/> home address, or <input type="checkbox"/> c/o a lawyer, or <input type="checkbox"/> c/o another person		

A government or government agency may wish to be informed of and/or participate in this application (if its laws allow) because: I am receiving social assistance, or The respondent is/may be receiving social assistance now, or has in the past

I ask the Court to include in its order:

For SUPPORT

- A determination that the respondent is the parent of the child(ren) named in this application.
- Child support. If the respondent does not file sufficient financial information, or respond, a child support order for a total of \$_____ per month, starting as of _____.
- That the respondent obtain and maintain medical and/or dental insurance coverage for the child(ren) and/or myself.
- Support for myself of \$_____ per month starting as of _____.
- Other (specify): _____.

I ask the Court to include in its order:

For SUPPORT VARIATION

- A variation in the amount of support in the current support order or agreement, from \$_____ per month, to \$_____.
- A variation in the amount of unpaid support arrears owing under the current support order(s) or agreement(s), and that the arrears be fixed at \$_____ as of _____.
- The termination of the obligation to pay support for (name) _____, as of _____.
- Other (specify): _____.

Legal Authority on which my application is based: (check one)

- A copy of the statute or legal authority is attached. I ask the Court to take notice of it when making its order.
- I rely on the law of the jurisdiction hearing this case.

Case History: Previous Court Orders or Agreements: (check all that apply)

- There are no court orders or agreements involving the respondent, the child(ren) and me.
- There are court order(s) involving the respondent, the child(ren) and me. A copy of each court order is attached.
- There is a written agreement involving the respondent, the child(ren) and me. A copy of the agreement, and any changes to it, is attached.
- There is no divorce action in progress.
- There is a divorce action in progress. It does not include a claim for support.
- A divorce judgment has been issued; it does not deal with support. A copy is attached.

Family History: (check all that apply)

- The respondent and I never lived together.
- The respondent and I have a child or children together.
- The respondent and I started living together on _____.
- The respondent and I were married on _____.
- The respondent and I entered into a registered, legally-recognized relationship other than a marriage on _____.

<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

I, _____, make oath or solemnly affirm and say that the information and facts contained in this application, including the attached forms, are true. I am making this application in good faith.

SWORN TO OR SOLEMNLY AFFIRMED BEFORE ME

At the _____ of _____

In the Province/Territory of _____

On _____, 20__.

A Commissioner of Oaths or Notary

Signature of Claimant/Applicant