

FORM 5

CHILD SUPPORT CLAIM

(Interjurisdictional Support Orders Act, S.N.B. 2002, c.I-12.05, ss.5(2)(e), 23(2)(f))

I ask for support for the following children:

Full name of child (Last, First, Middle)	Child's date of birth (day, month, year)

I ask that the amount of support be set using the child support guidelines or law of the jurisdiction where the respondent lives.

If the respondent lives in Canada:

I ask for only the child support guidelines table amount for one or more children.

I ask for support in an amount different from the table amount. A Request for Child Support Different from Child Support Guidelines Table Amount (Form 7) is attached.

I ask for additional support, over the table amount or an amount otherwise established. A Special Expense Claim (Form 8) is attached. I ask for additional support of \$_____.

I ask for an order that the respondent obtain or maintain medical or dental insurance coverage for the child(ren).