## FORM 9

## REQUEST TO PAY CHILD SUPPORT DIFFERENT FROM CHILD SUPPORT GUIDELINES TABLE AMOUNT

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

I ask the Court for a support order in an amount different from that in the child support guidelines table. My claim is based on the facts marked below. Documents to support each claim are attached.

1.		UNDUE HARDSHIP CLAIM:							
	I ask the Court to determine that, if the child support guidelines table amount were to be ordered, I would have a lower household standard of living than the other parent. Part 5 of my Financial Statement (Form 11) lists the income of the other members of my household.								
	I ask to pay support of \$ per month. I have attached documents to support each claim. The child support guidelines table amount would cause me or the child(ren) undue hardship because:								
		I have large debts. The debts came from supporting our family before the other parent and I separated, or due texpenses for me to earn a living.							
		☐ My expenses for arranging to visit the child(ren) are high.							
		☐ I have a legal duty to support a child(ren) other than the child(ren) named in this application. The (or each) child i under the age of majority or, if over the age of majority, is not able to be self-supporting. Ages of child(ren							
		☐ I have a legal duty to support another child and/or adult person. This duty is in a judgment, order, or written agreement. A copy is attached.							
		☐ I have a legal duty to support a person who is not able to be self-supporting.							
	☐ Details of other reasons:								
2.		☐ CHILD OVER THE AGE OF MAJORITY:							
	I as	I ask to pay support for each child who is the age of majority or older. The amount that I ask to pay for each child is:							
	NAME OF CHILD		DATE OF BIRTH (d/m/y)	AMOUNT FOR THIS CHILD					

					☐ documents attacl		
SPLIT CUS	STODY						
his claim is for ustody arranger	2 or more children, and the nents are in the attached cu	ne respondent and I eastody order, or are as	ach have cus follows:	stody of at least or	ne of these children.		
1- 4				£ 411-:1-1/	:		
ask to pay supp Iy claim is base	ed on the following calculate	per month for the tions:	ne support o	the child(ren) liv	ing with the responde		
	-						
	Total income (known, or imputed in Form 6)	Guideline Table for Prov/Terr of residence	Number of children	Amount Payable	Name(s) of Child(ren)		
Applicant				\$			
Respondent				- \$			
Subtract amount pay	able by respondent from amount p	payable by applicant to calcu	late amount.	=\$			
SHARED (	TICTODY						
	dren live with each of us a	t least 40% of the tim	e during the	vear The custody	arrangements are in		
ttached custody	order, or are as follows:	it least 10% of the this	e during the	year. The eastedy	urrangements are in		
			llowing chil	d(ren):			
ask to pay supp	ort of \$	_ per month for the fo	C				