

RESPONDENT'S ANSWER TO APPLICATION

(Interjurisdictional Support Orders Act, S.N.B. 2002, c.I-12.05, ss.9(1)(b)(ii), 27(1)(b)(ii))

Court File #: _____

Court Location: _____

REMO/RESO/ISO # _____

Office use only

- I am the Respondent
- I am a person, agency or government with the following legal right to participate in this application: _____
_____.

I have been served with a Support Application, or Support Variation Application. My address for delivery of documents 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"/> my own address, or <input type="checkbox"/> c/o my lawyer, or <input type="checkbox"/> c/o another person		

- I AGREE with the Application and consent to an Order being made as requested.
 - I agree to an order that I will pay support. My financial statement is attached to this Answer, or
 - I am the support payor under the Order or Agreement that the applicant wishes to vary. My financial statement is attached to this Answer, or
 - I am the support recipient under the Order or Agreement the applicant wishes to vary. My financial information is not required to make a support variation Order.
- I DO NOT AGREE with the Application. My reasons for not agreeing are in the attached documents.

I will go to Court and bring with me 3 copies of this Respondent's Answer to Application with copies of the following documents attached, where applicable:

- Financial Statement (Form 11) *(required unless you are a support recipient who agrees to vary an existing order)*
- Request to Pay Child Support Different from Child Support Guidelines Table Amount (Form 9)
- Request for Child Support Different from Child Support Guidelines Table Amount (Form 7)
- Special Expense Claim (Form 8) *(use if you are the recipient/respondent and you do not agree with the payor/applicant's application to vary special expense amounts under the existing order)*
- Child's Status and Financial Statement (Form 12) *(one for each child over the age of majority where you do not agree with the application concerning the support for that child)*
- Other (specify): _____

I will have a lawyer at the Court hearing. My lawyer's name, address and telephone number are:

I, _____, make oath or solemnly affirm and say that the information and facts contained in this answer, including the attached forms and/or documents, are true. I am making this answer 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 respondent