

**FORM 1**

**NOTICE TO FILE SUPPORT ORDER**

*(Support Enforcement Act, S.N.B. 2005, c.S-15.5, s. 5(2))*

Court File No. \_\_\_\_\_

**TO: THE DIRECTOR OF SUPPORT ENFORCEMENT**

I am  the Payer,  the Beneficiary,  a Representative of the Department of Family and Community Services for this file. *(check appropriate box)*

**Complete the Following Contact Information:**

**Address/Contact Information**

**Name:** \_\_\_\_\_  
(Last Name) (First Name) (Middle Names)

**Address:** \_\_\_\_\_  
(Street Number/Name) (Apt. No.) (City)

**Province/State:** \_\_\_\_\_ **Postal/Zip Code:** \_\_\_\_\_

**Phone: (Home)** \_\_\_\_\_

I wish to file the support order dated \_\_\_\_\_ with the Director of Support Enforcement for administration and enforcement by the Family Support Orders Service (FSOS).

Check the box below which applies to you:

This is the first time the above mentioned support order has been filed with the FSOS for enforcement in New Brunswick.

The above mentioned support order was previously administered by the FSOS but later withdrawn on or about \_\_\_\_\_ *(date)*.

I do not know if this order has been filed before.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
*Your Signature*

\_\_\_\_\_  
*Print Name Here*

**NOTE: This notice must be sent or delivered to your local Family Support Orders Service Office and must include an original or certified copy of the support order.**