FORM 3

SUPPORT PAYER INFORMATION

(*Support Enforcement Act*, S.N.B. 2005, c.S-15.5, s. 8)

Court File No. ______________________

FSOS Case No. ______________________

Complete this form and return it to your local Family Support Orders Service Office, by______________________.

You must notify FSOS when any of your contact information changes.

INFORMATION ABOUT YOU

Mark "N/A" if the question is not applicable and "Don't Know" if you don't know the answer.
Please Print. Attach separate sheets if you require more space.

General Information

The name you most commonly use:

______________________ ______________________ ______________________
(Last Name) (First Name) (Middle Names)

Other names you use. For example if the name you provided above is different from the name on the court order:

______________________ ______________________ ______________________
(Last Name) (First Name) (Middle Names)

Gender: ❑ **M** ❑ **F** **Date of Birth:** ______ / ______ / ______ (Month) (Day) (Year) **Mother's Maiden Name:** ______________________

Place of Birth: ______________________

Address/Contact Information

Home Address: ______________________
(Street Number/Name) (Apt. No.) (City)

Province/State: ____________ **Postal/Zip Code:** ______________ **Country:** ______________________

Mailing Address (If Different): ______________________
(Street Number/Name) (Apt. No.) (City)

Province/State: ____________ **Postal/Zip Code:** ______________ **Country:** ______________________

Phone: (Home) ______________ (Work) ______________ (Cell) ______________ (Fax) ______________

E-mail Addresses: (Home) ______________________

(Work) ______________________

Identification Numbers

S.I.N._______/_______/_______ Driver's Licence Number:____

Driver's Licence Prov/State: ___________

Medicare/Health Number: ________________________ Medicare/Health Prov: __________________________________

Canadian Passport Number: ________________ Name on Passport:____
Expiry Date: ____________

US Social Security Number: _______/_______/_______

Preferences

My preferred language is: ❑ English ❑ French

Please send me any documents by: ❑ Mail ❑ Fax

Payments

List all payments that you have made directly to ______________________________________ *(beneficiary name)* **since the order was filed on,___________________***(insert date: month, dd, yyyy)***. Attach receipts for any payments made. Attach a separate sheet if you require more space:**

Date Payment Made	Amount of Payment	Date Payment Made	Amount of Payment
Date Payment Made	Amount of Payment	Date Payment Made	Amount of Payment
Date Payment Made	Amount of Payment	Date Payment Made	Amount of Payment

Income Sources

Are You Employed? ❑ Yes ❑ No

Name of Current Employer: ____

Address of Current Workplace: ____

Phone Number for Workplace: __________________ Workplace Head Office Address:______________________________

____

Last Date Payer Worked There: ____

Usual Occupation: ____

Union Membership/Local or Professional Association: ____

Name, Address and Phone number of Pension Plan Administrator if receiving a pension other than CPP or OAS:

____

____

Previous Employers
(List all your employers from the last two years, attach a separate sheet if necessary.)

Name of Employer:____

Address of Workplace:____

Phone Number: ______________________ **From:** ______________ **(date) To:** _________________ **(date)**

Name of Employer:____

Address of Workplace:____

Phone Number: ______________________ **From:** ______________ **(date) To:** _________________ **(date)**

Name of Employer:____

Address of Workplace:____

Phone Number: ______________________ **From:** ______________ **(date) To:** _________________ **(date)**

Are you self-employed? ❑ **Yes** ❑ **No** **List any companies for which you are the sole shareholder:**

Name of Company:____

Mailing Address: ____

Phone Number: ________________________

Name of Company:____

Mailing Address: ____

Phone Number: ________________________

Other Relevant Information

Are You on Income Assistance? ❑ Yes ❑ No If yes, please indicate Program:________________________________

Name of Your Bank: ____ Account Number: _________________________________

Is your support order CURRENTLY being enforced by a family support or maintenance enforcement program in another province or state or country? ❑ Yes ❑ No

<u>If yes</u>:
Program Name:____

Program File Number: ____________________

Program Address (City/Province or State/Country): ____

____

Was your support order PREVIOUSLY enforced by a family support or maintenance enforcement program in another province or state or country? ❑ Yes ❑ No

<u>If yes</u>:
Program Name:____

Program File Number: ____________________

Program Address (City/Province or State/Country) :____

____

I certify that the information that I have provided in this form is true and accurate to the best of my knowledge.

Dated this _______ day of ________________________, 20___.

____ ____
Your Signature ***Print Name Here***