NOTICE OF CLAIM - JOINT AND SEVERAL LIABILITY

(*Support Enforcement Act*, S.N.B. 2005, c.S-15.5, s. 29(1) and (2))

Court File No. _____

FSOS Case No. _____

TO: _____

        (*legal name of corporation*)

AND TO: _____

        (*name of support payer*)

Under a court order dated _____ (*insert date of support order*) _____(*insert name of support payer*) is required to pay support as follows:

Under section 29 of the *Support Enforcement Act* a corporation controlled by a support payer, or by a support payer and his or her immediate family, may be held jointly and severally liable, along with the support payer, for payments under a support order if the payer is in default and the total arrears exceed the amount prescribed by regulation, which is equal to the value of 4 months of support.

As of the date of this notice:

- _____(*insert name of support payer*) is in default under the support order;
- the enforceable arrears owing under the support order are $_____ (*insert amount of enforceable arrears)*; and
- the total arrears owing under the support order amount to $_____ (*insert total arrears*), which exceeds the amount prescribed by regulation.

THIS IS TO NOTIFY YOU THAT:

Under section 29(2) of the *Support Enforcement Act*, _____(*insert claimant's name*) hereby makes claim that _____(*insert corporation legal name*), being a corporation that is controlled by the support payer _____(*insert name of support payer*), or by the support payer _____(*insert name of support payer*) and his or her immediate family members, as specified by subsections 29 (1) & (2), is jointly and severally liable with_____(*insert name of support payer*), for the payments required under the above mentioned support order.

Be advised that I, the undersigned, am applying to court for an order that _____ (*insert corporation legal name*), is jointly and severally liable with _____ (*insert name of support payer*), for the payments required under the support order.

Dated this _____ day of _____, 20___.

_____   _____

Signature of Designated Officer or Beneficiary   *Print Name Here*