SUPPORT VARIATION APPLICATION UNDER THE INTERJURISDICTIONAL SUPPORT ORDERS (ISO) ACT

Form A.2

This application is made under the applicable Interjurisdictional Support Orders (ISO) Act.*

Originating Jurisdiction	Receiving Jurisdiction	
Court File #:	Court File #:	
Court Location:	Court Location:	
Designated Authority #:	Designated Authority #:	

(For office use only)

1.	This is a	SUPPORT '	VARIATI(ON APPLI	CATION b	etween

		the Applicant (name of the person app	olying for the order):
(First Name)	(Middle Name)	(Last Name)
	and	the Respondent (name of the person resp	conding to this application):
(First Name)	(Middle Name)	(Last Name)
	I am the	Applicant and I reside in	(Province/Territory/State/Country)
2 A.]	ask the court for a	SUPPORT VARIATION ORDER inc	cluding the following:
	\$	ion in the total amount of support in the c _ per month to \$ per m d. Additional forms may also be required	
	A change in the arrand that the arrears (Forms I and K are application.)	be "fixed" or set at \$ required. Additional forms may also be	der the current support order(s) or agreement(s), _ as of (MM/DD/YYYY). required, depending on the reason for this
		ation of this order to be effective as of mmencement date is requested, an explan	ation must be provided on Form K.)
	as of	(MM/DD/YYYY). (Form K	(name), is required. Other forms may also be required.)
	Other (specify):		
	Future periodic dis	closure of financial information as appropriate of the control of	priate.
	I ask that any order enforcement author	made and information provided in this a rity.	pplication be provided to the relevant
2B.	Provincial Child S	upport Service	
	provincial child sup resides provides suc	a court hearing, I request to have the amorport service if a provincial child support she a service, if there is a court order permits of that province determines that this app	service in the province where the respondent itting the service (if required) and if the

3. Person applying for an order (the Applicant)

	formation contained in this application, including your contact information, will rovided to the Respondent and will form part of a court file that MAY BE availal	
	you are concerned about providing your own address, you may provide an alternation	
	stacted and where documents or correspondence may be sent to you. You must cl	
below.	1	**
(First Name	e) (Middle Name)	(Last Name)
(Street Add	ress) (City/Town)	
(Province/Te	erritory/State/Country) (Postal Code/Zip Code) (Daytime Telephone)	(Cell Phone Number)
(Mailing A	ddress, if different than street address) (Fax Number)	(Email Address)
The above	e is: O my own address	
	O c/o my lawyer	
	(Lawyer's name)
	O c/o another person (That person's name)
	O c/o agency to whom my rights have been assigned (Contact name)
	As it may be necessary to contact you in the future, you are required to in Designated Authority of any address changes.	nform the
4. Reque	est to be notified and request to participate in hearings (the following checkl	boxes are optional).
	ask to be notified of all hearings arising from this application, if possible under to recedures of the reciprocating jurisdiction.	he rules and
te	ask to be given the opportunity to participate in all hearings arising from this appelephone or other technology, if possible under the rules and procedures of the reprisdiction.	
N	IOTE: If you check this box, you must make yourself available to participate in	all hearings.
_	government or government agency may need to be informed of and/or particulation (if its laws allow it) please indicate as appropriate:	cipate in this
☐ I	am receiving or have received income or social assistance in the past.	
	The Respondent is/may be receiving income or social assistance now or has in the	past.

6. Person responding to this application (the Respondent) (First Name) (Middle Name) (Last Name) (Street Address) (City/Town) (Province/Territory/State/Country) (Postal Code/Zip Code) (Daytime Telephone) (Cell Phone Number) (Mailing Address, if different than street address) (Fax Number) (Email Address) NOTE: Additional Locate Information (Form M) is also required. 7. Child(ren) (only those children who are the subject of this application) Name (First Middle Last) Province/Territory/State/Country Date of Birth (of residence - last 6 months) (MM/DD/YYYY) 1. 2. 3. 4. Additional page(s) attached 8. Information about previous court orders, agreements or related proceedings (check all that apply) ☐ I have a Maintenance Enforcement file in: ______ (prov/terr/state/country). File# There are court order(s) involving the Respondent, the child(ren) and me. A copy of each order is attached (include any orders that specify or determine arrears). There is a written agreement involving the Respondent, the child(ren) and me. ☐ The agreement is not registered with the court. ☐ The agreement was registered with the court on ______(MM/DD/YYYY). A copy of the agreement, and any changes to it, is attached. There is no Divorce action in process. There is a Divorce action in process. It does not include a claim for support. A Divorce Order has been made. There is no support order or undecided support claim under the Divorce Act.

A copy of this Order, and any changes to it, is attached.

7. 1	ne following documents are attached to and form part of the evidence in this application.	
	Child Support Claim	Form C
	Request for Support Order (if Respondent does not provide financial information)	Form D
	Request for Child Support Different from Child Support Guidelines Table Amount	Form E
	Special or Extraordinary Expense Claim	Form F
	Request to Pay Child Support Different from Child Support Guidelines Table Amount	Form G
	Support for Claimant/Applicant	Form H
	Financial Information	Form I
	Child Status and Financial Statement	Form J
	Evidence to Support Variation of a Support Order	Form K
	All Support Orders or Written Agreements between the parties or relating to any child for whom support is claimed	
	Documents required by the jurisdiction hearing this application:	
	Other:	(s) attached
	Other:	
	outer.	
10. J	Jurat	
I,	swear/affirm that the information and facts contain	ned in this
appl	swear/affirm that the information and facts contain ication, including the attached forms, are true. I am making this application in good faith.	
SWO	ORN/AFFIRMED BEFORE ME	
	he Municipality/City/Town of	
	ne Province/Territory/State/Country of	
	, 20	
Nota	ary Public or other authorized individual Applicant Signal	iture
	Name and Title of the authority under which this oath was administered. example, Commissioner of Oaths. Use Stamp or Seal, if applicable.)	
Comi	mission Expiry Date (MM/DD/YYYY) (If applicable)	

O The following documents are attached to and form part of the evidence in this application.

11. Legal Authority: The applicable law rules in effect in the province, territory or country where the Respondent resides will determine what family support law will be applied to decide this application.

*In Canada: Interjurisdictional Support Orders Act, S.A. 2002, c. I-3.5. (AB); Interjurisdictional Support Orders Act, S.B.C. 2002, c. 29 (BC); Inter-jurisdictional Support Orders Act, S.S. 2002, c. I-10.03 (SK); The Inter-jurisdictional Support Orders Act, C.C.S.M., c. I60 (MB); Inter-jurisdictional Support Orders Act, 2002, S.O. 2002, c. 13 (ON); Interjurisdictional Support Orders Act, R.S.N.B. 2016, c. 102 (NB); Interjurisdictional Support Orders Act, S.N.S. 2002, c. 9 (NS); Interjurisdictional Support Orders Act, R.S.P.E.I. 1988, c. I-4.2 (PEI); Interjurisdictional Support Orders Act, S.N.L. 2002, c. I-19.2 (NL); Interjurisdictional Support Orders Act, S.N.W.T. 2002, c. 19 (NT); Interjurisdictional Support Orders Act, S.N.U. 2002, c. 26 (NU)