

FORM 3

SUPPORT PAYER INFORMATION

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

Court File No. _____

OSE Case No. _____

Complete this form and return it to the Office of Support Enforcement, by _____.

You must notify OSE 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:** ____/____/____ **Mother's Maiden Name:** _____
(Month) (Day) (Year)

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

If yes:

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

If yes:

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