

**1.  The Respondent resides in Canada, and I ask for child support for the following child(ren):**

**Name** (First Middle Last): \_\_\_\_\_ **Date of Birth** (MM/DD/YYYY): \_\_\_\_\_

- Only the child support guidelines table amount.
- Child support in an amount different from the child support guidelines table amount for the child named above. Form E is attached.
- The child support guidelines table amount plus special or extraordinary expenses for the child named above. Forms F and I are attached.
- Child support in an amount different from the child support guidelines table amount, plus special or extraordinary expenses for the child named above. Forms E, F and I are attached.

**Name** (First Middle Last): \_\_\_\_\_ **Date of Birth** (MM/DD/YYYY): \_\_\_\_\_

- Only the child support guidelines table amount.
- Child support in an amount different from the child support guidelines table amount for the child named above. Form E is attached.
- The child support guidelines table amount plus special or extraordinary expenses for the child named above. Forms F and I are attached.
- Child support in an amount different from the child support guidelines table amount, plus special or extraordinary expenses for the child named above. Forms E, F and I are attached.

**Name** (First Middle Last): \_\_\_\_\_ **Date of Birth** (MM/DD/YYYY): \_\_\_\_\_

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**Name** (First Middle Last): \_\_\_\_\_ **Date of Birth** (MM/DD/YYYY): \_\_\_\_\_

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- Child support in an amount different from the child support guidelines table amount, plus special or extraordinary expenses for the child named above. Forms E, F and I are attached.

**2.  The Respondent resides outside of Canada, and I ask for child support for the following child(ren) in accordance with the applicable law (NOTE: Section 2 does not apply if your application is made under the *Divorce Act*):**

**Name** (First Middle Last): \_\_\_\_\_ **Date of Birth** (MM/DD/YYYY): \_\_\_\_\_

**Name** (First Middle Last): \_\_\_\_\_ **Date of Birth** (MM/DD/YYYY): \_\_\_\_\_

**Name** (First Middle Last): \_\_\_\_\_ **Date of Birth** (MM/DD/YYYY): \_\_\_\_\_

**Name** (First Middle Last): \_\_\_\_\_ **Date of Birth** (MM/DD/YYYY): \_\_\_\_\_

3.  I ask for an order that the Respondent obtain or maintain medical insurance coverage for the child(ren).  
 I ask for an order that the Respondent obtain or maintain dental insurance coverage for the child(ren).
4.  I am asking for ongoing child support starting as of the date of this application.  
 I am asking for retroactive child support starting as of a date prior to the date of this application \_\_\_\_\_ (MM/DD/YYYY) in addition to ongoing child support.  
 I am asking for retroactive child support for the period of \_\_\_\_\_ (MM/DD/YYYY) to \_\_\_\_\_ (MM/DD/YYYY).

**NOTE:** Provide information for each child to explain why you are requesting retroactive child support and why an application was not made earlier.

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Additional page(s) attached

<p>This document is attached to and forms part of the evidence in my support/support variation application.</p> <p>_____</p> <p>(Signature of Claimant/Applicant)</p>
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