

FORM 1

NOTICE TO FILE SUPPORT ORDER
(*Support Enforcement Act, S.N.B. 2005, c.S-15.5, s. 5(2)*)

Court File No. _____

TO: THE DIRECTOR OF SUPPORT ENFORCEMENT

I am the Payer, the Beneficiary, a Representative of the Department of Social Development for this file. (*check appropriate box*)

Complete the Following Contact Information:

Address/Contact Information		
Name: _____	(Last Name)	_____
	(First Name)	_____
		(Middle Names)
Address: _____	(Street Number/Name)	_____
	(Apt. No.)	(City)
Province/State: _____	Postal/Zip Code: _____	
Phone: (Home) _____		

I wish to file the support order dated _____ with the Director of Support Enforcement for administration and enforcement by the Office of Support Enforcement (OSE).

Check the box below which applies to you:

- This is the first time the above mentioned support order has been filed with the OSE for enforcement in New Brunswick.
- The above mentioned support order was previously administered by the OSE but later withdrawn on or about _____ (*date*).
- I do not know if this order has been filed before.

Dated this _____ day of _____, 20__.

Your Signature

Print Name Here

NOTE: This notice must be sent or delivered to the Office of Support Enforcement and must include an original or certified copy of the support order.

2016, c.37, s.187; 2020, c.24, s.23