

Court File No.

Name of Court _____

Location _____

NOTE: Please Print. Complete Parts A and B ONLY. Leave Parts C, D, E and F blank to be completed by court.
A. INFORMATION FOR THE FAMILY RESPONSIBILITY OFFICE
INFORMATION ON PARTIES

Family Responsibility Office Case Number (if known) _____

Payor

Payor Name			Birthdate (dd/mm/yyyy)		Sex <input type="checkbox"/> M <input type="checkbox"/> F	
Street Number	Unit/Suite/Apt.	Street Name				
City/Town			Province		Postal Code	
Social Insurance Number		Mother's Maiden Name			Language Preference	
Home Telephone Number		Work/Business Telephone Number		Cell Phone Number		

Recipient

Recipient Name			Birthdate (dd/mm/yyyy)		Sex <input type="checkbox"/> M <input type="checkbox"/> F	
Street Number	Unit/Suite/Apt.	Street Name				
City/Town			Province		Postal Code	
Social Insurance Number		Mother's Maiden Name			Language Preference	
Home Telephone Number		Work/Business Telephone Number		Cell Phone Number		

PAYOR'S EMPLOYMENT

Employer/Income Source Name _____

Payroll Office Address

Street Number	Unit/Suite/Apt.	Street Name				
City/Town			Province		Postal Code	

- Self employed (provide legal name of business and address) _____
 Unemployed
 Receiving welfare, family benefits or other form of social assistance
 Receiving employment insurance benefits
 Other (i.e., workers' compensation, pension, etc.) _____
 Recipient does not know

SUPPORT ORDER INFORMATION

 Is the support order a variation of a previous support order? Yes No If "Yes", date of previous order _____

C, D, E and F to be COMPLETED BY COURT

B. The attached support deduction order relates to a support order which says that:
 _____ is required to pay support
 Payor Name
 for the following persons:

C. TYPE OF SUPPORT ORDER
 Temporary Final

Name	Birthdate (dd/mm/yyyy)	Amount Payable	Frequency	Start Date (dd/mm/yyyy)	End Date (if any) (dd/mm/yyyy)
Spouse: a.		\$			
Other Dependants b.		\$			
c.		\$			
d.		\$			
e.		\$			
f.		\$			

D. SPECIAL EXPENSES

Name of Child / Children	Birthdate (dd/mm/yyyy)	Amount	Frequency	Start Date (dd/mm/yyyy)	End Date (if any) (dd/mm/yyyy)
		\$			
		\$			
		\$			
		\$			
		\$			

E. COST OF LIVING ADJUSTMENTS (DOES NOT APPLY TO CHILD SUPPORT)

Support is indexed in accordance with s. 34(5) of the *Family Law Act* Yes No

If other indexing, explain method of calculation: _____

F. ARREARS – If the order is retroactive, if the order is a variation order or if the order provides for an arrears payment schedule,

are arrears owing as of the date of the order? No Yes. If "Yes", the amount of arrears = \$ _____

and the arrears are to be paid as follows (if applicable) _____

PARTS A AND B COMPLETED BY: (please print)

Name	Title (If solicitor for a party, identify which party)	Telephone Number
------	--	------------------