

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
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