

# SUPPORT APPLICATION UNDER THE INTERJURISDICTIONAL SUPPORT ORDERS (ISO) ACT

## Form A.1

*This application is made pursuant to the applicable Interjurisdictional Support Orders (ISO) Act.\**

Originating Jurisdiction	Receiving Jurisdiction
Court File #:	Court File #:
Court Location:	Court Location:
Designated Authority #:	Designated Authority #:

(For office use only)

### 1. This is a SUPPORT APPLICATION between

the **Claimant** (name of the person applying for the order):

\_\_\_\_\_  
(First Name)

\_\_\_\_\_  
(Middle Name)

\_\_\_\_\_  
(Last Name)

and the **Respondent** (name of the person responding to this application):

\_\_\_\_\_  
(First Name)

\_\_\_\_\_  
(Middle Name)

\_\_\_\_\_  
(Last Name)

I am the Claimant and I reside in \_\_\_\_\_ (Province/Territory/State/Country).

### 2A. I ask the court for a SUPPORT ORDER including the following:

- Child support: Total amount of \$ \_\_\_\_\_ per month or the appropriate amount according to the applicable child support guidelines, starting as of \_\_\_\_\_ (date).

This total amount per month includes all amounts that I have claimed on Form D which may include:

- the child support guidelines table amount;
- any amounts that are different than the child support guidelines table amount; and
- any monthly special or extraordinary expense amounts for all children named in this application.

The amounts for these claims are specified on Form D and other Forms I have attached, if applicable and are based on the Respondent's income or imputed income of \$ \_\_\_\_\_ per year. I rely on Form D to support my claim for this amount if it is necessary to impute income.

- If a retroactive commencement date is requested, I have provided an explanation on Form C. (Forms C and D are required; Forms E, F, I and/or J may also be required.)
- If the parentage of the child(ren) is raised as an issue, a determination that the Respondent is the parent of the child(ren) named in this application. (Form B is required.)
- That the Respondent obtain and maintain medical and/or dental insurance coverage for the child(ren) and/or myself. (Form C is required.)
- Support for myself in the amount of \$ \_\_\_\_\_ per month starting as of \_\_\_\_\_ (date). (Forms H and I are required.) (If a retroactive commencement date is requested, an explanation must be provided on Form H.)

I am the Respondent's child. I have attached all relevant forms (modified where necessary) to support my claim.

- Other (specify): \_\_\_\_\_
- Future periodic disclosure of financial information as appropriate.
- I ask that any order made and information provided in this application be provided to the relevant enforcement authority.

**2B. Provincial Child Support Service**

- As an alternative to a court hearing, I request to have the amount of child support calculated by a provincial child support service, if: a provincial child support service in the province where the respondent resides provides such a service; if there is a court order permitting the service (if required); and if the designated authority of that province determines, that this application is suitable for that service.

**3. Person applying for an order (the Claimant)**

<b>NOTE:</b> Information contained in this application, including your contact information, will be included in the package provided to the Respondent and will form part of a court file that MAY BE available to the general public. If you are concerned about providing your own address, you may provide an alternative address where you can be contacted and where documents or correspondence may be sent to you. You must check the applicable box below.			
(First Name)	(Middle Name)	(Last Name)	
(Street Address)	(City/Town)		
(Province/Territory/State/Country)	(Postal Code/Zip Code)	(Daytime Telephone)	(Cell phone number )
(Mailing Address, if different than street address)	(Fax Number)	(Email Address)	
The above is:			
<input type="checkbox"/> my own address			
<input type="checkbox"/> c/o my lawyer			
(Lawyer's name _____)			
<input type="checkbox"/> c/o another person			
(That person's name _____)			
<input type="checkbox"/> c/o agency to whom my rights have been assigned			
(Contact name _____)			
<b>As it may be necessary to contact you in the future, you are required to inform the Designated Authority of any address changes.</b>			

4.  I am entitled to claim support for the child(ren) named in this application as I am the parent, guardian, or other person with responsibility for the child(ren) and I believe the Respondent has an obligation to support the child(ren).

5. Request to be notified and request to participate in hearings (The following checkboxes are optional).

I ask to be notified of all hearings arising from this application, if possible under the rules and procedures of the reciprocating jurisdiction.

I ask to be given the opportunity to participate in all hearings arising from this application by way of telephone or other technology, if possible under the rules and procedures of the reciprocating jurisdiction.

**NOTE:** If you check this box, you must make yourself available to participate in all hearings.

6. As a government or government agency may need to be informed of and/or participate in this application (if its laws allow it) please indicate as appropriate:

I am receiving or have received income or social assistance in the past.

The Respondent is/may be receiving income or social assistance now or has in the past.

**7. Person responding to this application (the Respondent)**

(First Name)	(Middle Name)	(Last Name)	
(Street Address)		(City/Town)	
(Province/Territory/State/Country)	(Postal Code/Zip code)	(Daytime Telephone)	(Cell phone number)
(Mailing Address, if different than street address)		(Fax Number)	(Email Address)

**NOTE: Additional Locate Information Form is also required**

**8. Child(ren) (only those children who are the subject of this application)**

	Name (First Middle Last )	Province/Territory/State/Country (of residence – last 6 months)	Date of Birth (Month/Date/Year)
1.			
2.			
3.			
4.			

Additional page(s) attached

**9. Information about previous court orders, agreements or related proceedings (check all that apply)**

I have a Maintenance Enforcement file in: \_\_\_\_\_ (prov/terr/state/country). File # \_\_\_\_\_

There are no court orders or agreements involving the Respondent, the child(ren) and me.

There are court order(s) involving the Respondent, the child(ren) and me.

**A copy of each order is attached.**

There is a written agreement involving the Respondent, the child(ren) and me.

**A copy of the agreement, and any changes to it, is attached.**

There is no Divorce action in process.

There is a Divorce action in process. It does not include a claim for support.

A Divorce Order has been made. There is no support order or undecided support claim under the *Divorce Act*.

**A copy of this Order, and any changes to it, is attached.**

**10. The following documents are attached to and form part of the evidence in this application**

Parentage Form B

Child Support Claim Form C

Request for a Support Order (if Respondent does not provide financial information) Form D

Request for Child Support Different than Child Support Guidelines Table Amount Form E

Special or Extraordinary Expenses Claim Form F

Request to Pay Child Support Different than Child Support Guidelines Table Amount Form G

Support for Claimant/Applicant Form H

Financial Statement Form I

Child Status and Financial Statement Form J

Evidence to Support Variation of a Support Order Form K

All Support Orders or Written Agreements between the parties or relating to any child for whom support is claimed

Documents required by the jurisdiction hearing this application: \_\_\_\_\_

\_\_\_\_\_  Additional page(s) attached

Other: \_\_\_\_\_

Other: \_\_\_\_\_

**11. Jurat**

I, \_\_\_\_\_ swear/affirm that the information and facts contained in this application, including the attached forms, are true. I am making this application in good faith.

SWORN/AFFIRMED BEFORE ME

At the Municipality/City/Town of \_\_\_\_\_

In the Province/Territory/State/Country of \_\_\_\_\_

On \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public or other authorized individual

\_\_\_\_\_  
Claimant Signature

\_\_\_\_\_  
Print Name and Title of the authority under which this oath was administered.  
(For example, Commissioner of Oaths. Use Stamp or Seal, if applicable.)

\_\_\_\_\_  
Commission Expiry Date (DD/MM/YYYY) (If applicable)

**12. Legal Authority:** The applicable law rules in effect in the province, territory, state or country where the Respondent resides will determine what family support law will be applied to decide this application.

*\* In Canada : Interjurisdictional Support Orders Act, S.A. 2002, c. 1-3.5. (AB); Interjurisdictional Support Orders Act, S.B.C. 2002, c. 29 (BC); Inter-jurisdictional Support Orders Act, S.S. 2002, c. 1-10.03(SK); The Inter-jurisdictional Support Orders Act, C.C.S.M., c. 160 (MB); Inter-jurisdictional Support Orders Act, 2002, S.O. 2002, c. 13 (ON); Inter-jurisdictional Support Orders Act, S.N.B. 2002, c. 1-12.05 (NB); Interjurisdictional Support Orders Act, S.N.S. 2002, c. 9 (NS); Interjurisdictional Support Orders Act, R.S.P.E.I. 1988, c. 1-4.2 (PEI); Interjurisdictional Support Orders Act, S.N.L. 2002, c. 1-19.2 (NL); Interjurisdictional Support Orders Act, S.N.W.T. 2002, c. 19 (NT); Interjurisdictional Support Orders Act, S.Y. 2001, c. 19 (Yukon); Interjurisdictional Support Orders Act, S.Nu. 2008,c.17,s.46 and S.Nu. 2008,c.19,s.2. (NU)*