



MAINTENANCE ENFORCEMENT PROGRAM
REGISTRATION FORM

YT MEP File #

ISO File #

Complete the form with as much information as possible. Write "n/a" or leave fields blank if the information asked for does not apply to you or is unavailable.

CLAIMANT INFORMATION (person who receives support)			
Last name		First name	Middle name(s)
Birthdate (YYYY/MM/DD)		Relationship to children	Social Insurance Number
Home address (street, city, province/territory, postal code)			
Mailing address (if different from above)			
Home phone	Cell phone	Work phone	Other phone
Email address		Employer	
Alternate contact person (name, phone, address, email)			
Is your maintenance order registered and/or enforced by another program at present?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide your file/case number and the program name and address:			

RESPONDENT INFORMATION (person who pays support)			
Last name	First name	Middle name(s)	Nickname/Alias
Birthdate (YYYY/MM/DD)	Relationship to children		Social Insurance Number
Home address (street, city, province/territory, postal code)			
Mailing address (if different from above)			
Home phone	Cell phone	Work phone	Other phone
Email address		Mother's maiden name	
Marital status		Full name of current spouse/partner	
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated/Divorced <input type="checkbox"/> Common Law			

RESPONDENT INFORMATION (continued)**Employment information**

Occupation(s)		Monthly income
Current employer	Address	Phone
Previous employer(s)	Address	Phone

Financial information**Motor Vehicles** (cars, boats, recreational vehicles, etc.)

Make/Model/Year	Colour	Licence plate	Prov/Terr/other

Real Estate (houses, cabins/cottages, investment property, land, etc.)

Address	Town/City	Prov/Terr/other	Legal description

Banking/Investments (bank accounts, retirement savings, term deposits, stocks, bonds, pensions, etc.)

Type of account/investment	Account number	Name and address of financial institution	Other descriptive info

Other sources of income or assets (hobby income, insurance disability, etc.)

Additional information (to help MEP contact the respondent)**Physical description**

Height	Weight	Eye colour	Hair colour	Ethnic origin
Glasses <input type="checkbox"/> Yes <input type="checkbox"/> No	Distinguishing features (tattoos, moles, scars, etc.)			

