

SUPPORT VARIATION APPLICATION

Form A.2

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

Original Jurisdiction	Receiving Jurisdiction
Court File #:	Court File #:
Court Location:	Court Location:
ISO #:	ISO #:

(For Office Use Only)

1. This is a SUPPORT VARIATION APPLICATION between

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

_____ (First Name)

_____ (Middle Name)

_____ (Last Name)

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

_____ (First Name)

_____ (Middle Name)

_____ (Last Name)

I am the Applicant and I reside in _____ (Province/Territory).

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

- A change or variation in the total amount of support in the current support order or agreement, from _____ per month, to _____ per month.
(Form K is required. Additional forms may also be required, depending on the reason for this application.)
- A change in the amount of unpaid support arrears owing under the current support order(s) or agreement(s), and that the arrears be 'fixed' or set at _____ as of _____ (YYYY/MM/DD).
(Forms I and K are required. Additional forms may also be required depending on the reason for this application.)
- The change or variation of this order to be effective as of _____ (YYYY/MM/DD).
(If a retroactive commencement date is requested, an explanation must be provided on Form K.)
- The termination of the obligation to pay support for _____ (name), as of _____ (YYYY/MM/DD). (Form K is required. Other forms may also be required.)
- 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.

3. Person applying for an order (the Applicant)

NOTE: 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 and Postal Code)	(Daytime Telephone)	(Cellular Telephone)
(Mailing Address, if different than street address)	(Fax Number)	(Email Address)
The Above is:		
<input type="radio"/> my own address		
<input type="radio"/> c/o my lawyer		
(Lawyer's Name _____)		
<input type="radio"/> c/o another person		
(That person's name _____)		
<input type="radio"/> c/o agency to whom my rights have been assigned		
(Contact Name _____)		
As it may be necessary to contact you in the future, you are required to inform the Designated Authority of any address changes		

4. If possible under the rules and procedures of the reciprocating jurisdiction, 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 attend all hearings arising from this application by way of telephone or other technology.
- I do not wish to be notified of any hearings arising from this application.

5. 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.

6. Person responding to this application (the Respondent)

(First Name)	(Middle Name)	(Last Name)
(Street Address, City/Town)		
(Province/Territory and Postal Code)	(Daytime Telephone)	(Cellular Telephone)
(Mailing Address, if different than street address)	(Fax Number)	(Email Address)

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

	Name(First Middle Last)	Province/Territory/State (of residence - last 6 months)	Date of Birth (YYYY/MM/DD)
1.			
2.			
3.			
4.			

(Attach an additional page if more than 4 children)

Additional page(s) attached

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

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

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

A copy of each order is attached (include any orders that specify or determine arrears).

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

The agreement is not registered with the court.

The agreement was registered with the court on _____ (YYYY/MM/DD).

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.

9. 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: _____

10. 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 of _____

On _____, 20__.

Notary Public or other authorized individual

Applicant Signature

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

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

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

* *Interjurisdictional Support Orders Act*, S.A. 2002, c. I-3.5. (AB); *Interjurisdictional Support Orders Act*, S.B.C. 2002, c. 29 (BC); *Inter-jurisdictional Support Orders Act*, S.S. 2002, c. I-10.03(SK); *The Inter-jurisdictional Support Orders Act*, C.C.S.M., c. I60 (MB); *Inter-jurisdictional Support Orders Act*, 2002, S.O. 2002, c. 13 (ON); *Inter-jurisdictional Support Orders Act*, S.N.B. 2002, c. I-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. I-4.2 (PEI); *Interjurisdictional Support Orders Act*, S.N.L. 2002, c. I-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)