

CHILD SUPPORT CLAIM

Form C

1. **The Respondent resides in Canada and I ask for child support for the following child(ren):**

Name (First Middle Last): _____ **Date of Birth** (YYYY/MM/DD): _____

- Only the child support guidelines table amount.
- Child support in an amount different from the guidelines table amount for the child named above. Form E is attached.
- The child support guidelines table amount plus special or extraordinary expenses for the child named above. Forms F and I are attached.
- Child support in an amount different from the guidelines table amount, plus special or extraordinary expenses for the child named above. Forms E, F and I are attached.

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2. **The Respondent resides outside of Canada and I ask for child support for the following child(ren) in accordance with the applicable law:**

Name (First Middle Last): _____ **Date of Birth** (YYYY/MM/DD): _____

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Name (First Middle Last): _____ **Date of Birth** (YYYY/MM/DD): _____

3. I ask for an order that the Respondent obtain or maintain medical insurance coverage for the child(ren).
 I ask for an order that the Respondent obtain or maintain dental insurance coverage for the child(ren).
4. I am asking for ongoing child support starting as of the date of this application.
 I am asking for retroactive child support starting as of a date prior to the date of this application _____(YYYY/MM/DD) in addition to ongoing child support.
 I am asking for retroactive child support for the period of _____ (YYYY/MM/DD) to _____(YYYY/MM/DD).

NOTE: Provide information for each child to explain why you are requesting retroactive child support and why an application was not made earlier.

Additional page(s) attached

This document is attached to and forms part of the evidence in my support/support variation application.

(Signature of Claimant/Applicant)