

RECALCULATION AND ENFORCEMENT INFORMATION FORM

Name of Party completing this form: _____

Register this order with the Maintenance Enforcement Program Yes No

[Note: The Maintenance Enforcement Program cannot register an order if only the person required to make payments requests registration]

Register this order with the Child Support Service for future recalculation Yes No

[Please check the box below if you wish to make the following authorization, where appropriate for your circumstances:]

I authorize the Child Support Service to e-mail notices, correspondence, requests for financial information, child support decisions and other documents to me whenever possible to my designated e-mail address. I may revoke this authorization in writing at any time.

If you do not wish to register with either the Maintenance Enforcement Program or the Child Support Service, please provide only the names of the parties and the court file number.

PERSON REQUIRED TO MAKE PAYMENTS: _____
(name)

Address:	Date of Birth:
City, Province:	Social Insurance Number:
Country:	Treaty Status Number:
Postal Code:	Mother's Maiden Name:
Home Phone Number:	Work Phone Number:
Cell Phone Number:	E-mail Address:

EMPLOYMENT

Occupation (<i>Trade, Profession, Union Member, etc.</i>):	
Current Employer:	
Address:	
City, Prov., Country:	Phone Number:
Postal Code:	

PERSON ENTITLED TO RECEIVE PAYMENTS: _____
(name)

Address:	Date of Birth:
City, Province:	Social Insurance Number:
Country:	Treaty Status Number:
Postal Code:	Mother's Maiden Name:
Home Phone Number:	Work Phone Number:
Cell Phone Number:	E-mail Address:

CHILD(REN)

Name	Date of Birth	Address