FORM 70X

 THE KING'S BENCH (Family Division)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Centre

BETWEEN:

*(full name)*

 petitioner

- and -

*(full name)*

 respondent

 **ENFORCEMENT OPT-OUT**

 I am the person entitled to receive payments of support as ordered on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (*date*)

by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

 (*judge*)

 I do not choose to have my support order registered with the Maintenance Enforcement Program at this time. I understand that:

● *The Family Support Enforcement Act* of Manitoba provides for automatic monitoring and enforcement of support orders. If my case were in the program, the support payments due to me would be sent through the court, and the Maintenance Enforcement Program would record and monitor the payments. If insufficient payment were made, the Maintenance Enforcement Program would automatically initiate enforcement actions on my behalf.

● By signing and submitting this form, I will not receive any assistance from the Maintenance Enforcement Program in monitoring and collecting my payments.

● I understand that payments will not be recorded or monitored through the Maintenance Enforcement Program.

● I may register with the Maintenance Enforcement Program in the future.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

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Name of recipient Signature of recipient

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of witness Signature of witness