



Court File #: _____ Court Location: _____ REMO/RESO/ISO # _____ Office use only
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This is a:

- SUPPORT APPLICATION, or**
- SUPPORT VARIATION APPLICATION.**

This application is made pursuant to the Nova Scotia *Interjurisdictional Support Orders Act*

Person applying for an order:

(Last Name)	(First Name)	(Middle Names)
(Street address and City/Town)		
(Province and Postal Code)		(daytime telephone)
(Mailing Address, if different than street address)		(fax number)
These are: <input type="checkbox"/> my own addresses, or <input type="checkbox"/> c/o my lawyer, or <input type="checkbox"/> c/o another person		

Person responding to this application (the respondent) is:

(Last Name)	(First Name)	(Middle Names)
(Street address and City/Town)		
(Province and Postal Code)		(daytime telephone)
(Mailing Address, if different than street address)		(fax number)
These are: <input type="checkbox"/> home addresses, or <input type="checkbox"/> c/o a lawyer, or <input type="checkbox"/> c/o another person		

A government or government agency may wish to be informed of and/or participate in this application (if its laws allow) because:

- I am receiving social assistance, or  the respondent is/may be receiving social assistance now, or has in the past.

I ask the Court to include in its order:

**For SUPPORT**

- A determination that the respondent is the parent of the child(ren) named in this application.
- Child support. If the respondent does not file sufficient financial information, or respond, a child support order for a total of \$ \_\_\_\_\_ per month, starting as of \_\_\_\_\_.
- That the respondent obtain and maintain medical and/or dental insurance coverage for the child(ren) and/or myself
- Support for myself of \$ \_\_\_\_\_ per month starting as of \_\_\_\_\_.
- Other (specify): \_\_\_\_\_

I ask the Court to include in its order:

**For SUPPORT VARIATION**

- A change or variation in the amount of support in the current support order or agreement, from \$ \_\_\_\_\_ per month, to \$ \_\_\_\_\_.
- 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 \_\_\_\_\_.
- The termination of the obligation to pay support for (name) \_\_\_\_\_, as of \_\_\_\_\_.
- Other (specify): \_\_\_\_\_

**Legal Authority on which my application is based:** (check one)

- A copy of the statute or legal authority is attached. I ask the Court to take notice of it when making its order.
- I rely on the law of the jurisdiction hearing this case.

**Case History: Previous Court Orders or Agreements (check all that apply):**

- There are no court orders or agreements involving the respondent, the child(ren) and me.
- There are court order(s) involving the respondent, the child(ren) and me. A copy of each court order is attached.
- There is a written agreement involving the respondent, the child(ren) and me. A copy of the agreement, and any changes to it, is attached.
- There is no Divorce action in progress.
- There is a Divorce action in progress. It does not include a claim for support.
- A Divorce order has been made; it does not deal with support. A copy is attached.
- Other

**Family History (check all that apply):**

- The respondent and I never lived together
- The respondent and I have a child or children together
- The respondent and I started living together on \_\_\_\_\_.
- The respondent and I were married on \_\_\_\_\_.
- The respondent and I entered into a formal, legally-recognized, relationship by registering our civil union or domestic partnership (in Nova Scotia a domestic-partner declaration may be registered under the Vital Statistics Act) on \_\_\_\_\_.
- The respondent and I separated on \_\_\_\_\_.
- The respondent and I were divorced by an order dated \_\_\_\_\_.
- Other

**The following documents are attached to and form part of the evidence in this application:**

(check all that apply)

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<b>For Support and Support Variation applications</b>		
<input type="checkbox"/>	Identification Information (required)	Form B
<input type="checkbox"/>	Evidence of Parentage	Form C
<input type="checkbox"/>	Statements to Support a Declaration of Biological Parentage (disputed)	Form D
<input type="checkbox"/>	Child Support Claim	Form E
<input type="checkbox"/>	Request for a Support Order (if no financial information)	Form F
<input type="checkbox"/>	Request for a Child Support Order (different than child support guidelines)	Form G
<input type="checkbox"/>	Special Expense Claim	Form H
<input type="checkbox"/>	Request to Pay Child Support (different than child support guidelines)	Form I
<input type="checkbox"/>	Support for Claimant / Applicant	Form J
<input type="checkbox"/>	Financial Statement	Form K
<input type="checkbox"/>	Child Status and Financial Statement	Form L
<input type="checkbox"/>	Evidence to Support Variation of a Support Order	Form M
<b>Other Documents attached</b>		
<input type="checkbox"/>	Legal or Statutory Authority for application	
<input type="checkbox"/>	All Support Orders or Written Agreements between the parties, or relating to any child for whom support is claimed	
<input type="checkbox"/>	Documents required by the jurisdiction hearing this application	

<input type="checkbox"/>	Proof of registration of civil union or domestic-partnership including domestic-partner declaration, if applicable	
<input type="checkbox"/>	Other (list)	
<input type="checkbox"/>		

I, \_\_\_\_\_ make oath or affirm and say that the information and facts contained in this application, including the attached forms, are true. I am making this application in good faith.

**SWORN OR AFFIRMED BEFORE ME**

At the \_\_\_\_\_ of \_\_\_\_\_

In the Province/Territory of \_\_\_\_\_

On \_\_\_\_\_, 200\_\_\_\_.

\_\_\_\_\_  
A Notary Public for the Province of  
Nova Scotia

\_\_\_\_\_  
Claimant's/Applicant's signature