

# Form A

Court File #: \_\_\_\_\_  
 Court Location: \_\_\_\_\_  
 REMO/RESO/ISO # \_\_\_\_\_  
**Office use only**

This is a:

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

This application is made pursuant to the *Interjurisdictional Support Orders Act*, S.A. 2002, c. I-3.5

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)
(E-mail address)		
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)
(E-mail address)		
These are: <input type="checkbox"/> home addresses, or <input type="checkbox"/> c/o a lawyer, or <input type="checkbox"/> c/o another person		

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): \_\_\_\_\_

**Social Assistance** (complete both statements):

I am receiving social assistance:  Yes, or  No

The respondent is/may be receiving social assistance now, or has in the past:  Yes, or  No

*Note that if you have answered "Yes" to either of the above questions, a government or government agency may wish to be, or may need to be, informed of and/or participate in this application.*

**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.

**Family History** (check all that apply and complete statements where appropriate):

- 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 on \_\_\_\_\_
- The respondent and I separated on \_\_\_\_\_
- The respondent and I were divorced by an order dated \_\_\_\_\_

**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 checked="" 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"/>	Recipient's Request for a Child Support Order (different than child support guidelines)	Form G	
<input type="checkbox"/>	Special Expense Claim	Form H	
<input type="checkbox"/>	Payor's 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"/>	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"/>	Other (list)	
<input type="checkbox"/>		
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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 of Alberta, )  
on \_\_\_\_\_, 20\_\_\_\_\_. )

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

\_\_\_\_\_  
A Commissioner for Oaths OR a Notary Public )  
in and for the Province of Alberta.\* )

The following statement must also be completed.

**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.

\* All places outside Canada, and some Canadian provinces and territories, require that documents be sworn before a Notary Public. Please see the Guide for more information.