



Child Support Service

2<sup>nd</sup> Floor – 379 Broadway, Winnipeg, MB R3C 0T9

T 204-945-2293 or 1-800-282-8069 toll free

Fax 204-948-2423 or Email: [csrs@gov.mb.ca](mailto:csrs@gov.mb.ca)

CSS File No. \_\_\_\_\_

CSS REQUEST FOR NO RECALCULATION FORM

Name of parent: \_\_\_\_\_

Please check  one of the following options:

- I wish to opt out of the next scheduled recalculation process and request that future scheduled recalculation processes shall continue to be undertaken by the CSS.

**[End result – we skip just the next scheduled recalculation process]**

- I wish to opt out of all future recalculation processes that are scheduled to occur.

**[End result – all recalculation processes stop and the CSS file is closed]**

I am representing to the CSS that:

- I am submitting my request pursuant to section 24(1) of the *Child Support Service Regulation*.
- I am signing this opt out request freely and voluntarily.
- I am aware that if the request is granted, I must re-apply to the CSS for a child support recalculation process.

**NOTE: Both parties must sign and return a separate request form prior to the start of the recalculation process for the request to be considered. Should the Director of Employment and Income Assistance have an interest as to ongoing child support, the request for no recalculation may be denied.**

Date: \_\_\_\_\_  
(mm/dd/yyyy)

\_\_\_\_\_  
(Your Signature)