



Child Support Service  
100-352 Donald Street, Winnipeg, MB R3B 2H7  
T 204-945-2293 or 1-800-282-8069 toll free  
Fax 204-948-2423 or Email: csrs@gov.mb.ca

CSS FORM A

## Application for a Child Support Calculation Decision

(This application is made pursuant to The Child Support Service Act)

This is a child support application between:

1.1 The Applicant (name of the person applying for the child support decision):

\_\_\_\_\_  
(First Name)

\_\_\_\_\_  
(Middle Name)

\_\_\_\_\_  
(Last Name)

\_\_\_\_\_  
Date of Birth  
(mm/dd/yyyy)

1.2 The Respondent (name of the person responding to this application decision):

\_\_\_\_\_  
(First Name)

\_\_\_\_\_  
(Middle Name)

\_\_\_\_\_  
(Last Name)

\_\_\_\_\_  
Date of Birth  
(mm/dd/yyyy)

2.0 I am requesting that a Support Determination Officer of the Child Support Service make a child support decision that includes (please check ☒ only those that apply to your circumstances):

- ☐ The applicable table amount of child support for the child(ren) named in this application from the other parent. The details of my claim is set out in either Form B (child under 18 years) and/or in Form C (child over 18 years) that is attached to this application.
- ☐ In addition to the claim for a table amount of child support, I am requesting the applicable monthly special or extraordinary expense payment for the child(ren) named in this application with the details of my claim set out in Form D that is attached to this application.
- ☐ I am requesting only the applicable monthly special or extraordinary expense payment for the child(ren) named in this application with the details of my claim set out in Form D that is attached to this application.

3.0 Child(ren) (list only those children both under or over 18 years of age who are the subject of this application):

Names (First)	(Middle)	(Last)	Date of Birth (mm/dd/yyyy)
Names (First)	(Middle)	(Last)	Date of Birth (mm/dd/yyyy)
Names (First)	(Middle)	(Last)	Date of Birth (mm/dd/yyyy)
Names (First)	(Middle)	(Last)	Date of Birth (mm/dd/yyyy)

4.0 These forms are mandatory and must be attached to the application (Form A):  
(Please complete the applicable form for each child and check ☒ which form(s) you have attached)

- ☐ Claim entitlement to child support (for child under 18 years) Form B
- ☐ Claim entitlement to child support (for child over 18 years) Form C

5.0 These forms are required if you want child support for any one of the following:

- ☐ For special or extraordinary expenses, complete and attach Form D (list of expenses claimed) Form D
- ☐ For special or extraordinary expenses, complete and attach Form E 1.0 (Financial Statement) Form E 1.0
- ☐ For a shared parenting or split parenting arrangement attach the financial statement (Form E 1.0) Form E 1.0

## 6.0 Contact information for the Applicant (the parent applying for the child support decision):

_____	_____	_____
(First Name)	(Middle Name(s))	(Last Name)
_____	_____	_____
(Street address, City/Town)	(Province)	(Postal Code)
_____		
(Mailing Address if different from Street Address)		
_____	_____	_____
(Daytime Telephone No.)	(Work Telephone No.)	(Cellular Telephone No.)
_____		
(Email Address)		

## 7.0 The Child Support Service (CSS) requests that you complete the email opt in request to expedite our communication with you and if appropriate, that you notify us as to any issues of domestic violence that may impact the calculation process. All information you provide is kept strictly confidential for CSS use.

Please check ☒ if appropriate for your circumstances, the following authorizations:

☐ I authorize the Child Support Service (CSS) to email Notices, correspondence, requests for financial information, child support decisions and other documents to me whenever possible to my designated email address. I may revoke this authorization in writing at any time.

☐ There is a history of domestic violence between myself and the Respondent. I request that my personal contact information and that of the child(ren) subject to this application not be disclosed to the Respondent or any other party, unless I expressly authorize it in writing.

## 8.0 Contact information for the Respondent (the parent being asked to pay child support):

(First Name)	(Middle Name(s))	(Last Name)
(Street address, City/Town)	(Province)	(Postal Code)
(Mailing Address if different from Street Address)		
(Home Telephone No.)	(Work Telephone No.)	(Cellular Telephone No.)
(Employer Name and Address)		(Employer Telephone No.)
(Email Address)		

## 9.0 Declarations of the Applicant:

9.1 I am consenting to the collection, use and disclosure of relevant personal information including financial documents, if required, for the purpose of my application for a Child Support Calculation Decision. The data collected during the calculation process will be retained by the CSS in accordance with *The Freedom of Information and Privacy Protection Act (FIPPA)*, but is subject to the requirement to disclose relevant information and documents obtained during the calculation process to the court, the Maintenance Enforcement Program, an order assignee, the other parent or other party, as provided by provincial legislation under the provisions of *The Family Maintenance Act* and *The Child Support Service Act*. The Support Determination Officer may edit or remove personal identifying information from a document.

9.2 I have read and understand this Application. The statements contained in this application and in the attached forms that I have direct personal knowledge of are true, and those that I do not have direct personal knowledge of I believe to be true.

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

\_\_\_\_\_  
Applicant's signature

☐ check ☒ where application is made electronically