INTERJURISDICTIONAL SUPPORT VARIATION APPLICATION UNDER THE DIVORCE ACT

Form A.4

This application is made pursuant to the Divorce Act.*

Originating Jurisdiction	Receiving Jurisdiction
Court File #:	Court File #:
Court Location:	Court Location:
Designated Authority #:	Designated Authority #:

(For office use only)

	the App	licant (name of the person apply	ing for the order):
	(First Name)	(Middle Name)	(Last Name)
	and the Respo	ndent (name of the person respo	nding to this application):
	(First Name)	(Middle Name)	(Last Name)
Ιa	m the Applicant and I reside	in	(Province/Territory/State/Country).
	the Divorce Act.		nada and a support order was made under
		T VARIATION ORDER including	_
П	per month, to \$	per month.	rent support order from \$epending on the reason for this application.
	arrears be 'fixed' or set at \$	unpaid support arrears owing und as of nay also be required depending or	er the current support order(s) and that the (date). (Forms I and K are n the reason for this application.)
	The change or variation of t (If a retroactive commencer	his order to be effective as of nent date is requested, an explan	(date). ation must be provided on Form K.)
	The termination of the oblig as of	ation to pay support for (date). (Form K is require	(name) ed. Other forms may also be required.)
	O11 (15)		
	Other (specify):		

emorcem	ent authority.		
☐ As an alte provincial resides pr designate	nild Support Service ernative to a court hearing, I request child support service, if: a provincia rovides such a service; if there is a c d authority of that province determin	I child support service in the poort order permitting the servi	province where the respondent ice (if required); and if the
package provide public. If you are		part of a court file that MAY BE yn address, you may provide a espondence may be sent to yo	Eavailable to the general an alternative address where
(First Name)	(Middle	e Name)	(Last Name)
(Street Address)		(City/Town)	
(Province/Territory/S	tate/Country) (Postal Code/Zip Code)	(Daytime Telephone)	(Cell phone number)
(Mailing Address, if o	different than street address)	(Fax Number)	(Email Address)
The above is:	□ my own address		
	□ c/o my lawyer		
	(Lawyer's name)
	□ c/o another person		
	(That person's name)
	\square c/o agency to whom my rights ha	ave been assigned	
	(Contact name)
As i	t may be necessary to contact yo Designated Author	u in the future, you are requity of any address changes	ired to inform the
4. Request to be	notified and request to participat	e in hearings (The following	checkboxes are optional).
☐ I ask to be not the reciprocating j	tified of all hearings arising from this urisdiction.	application, if possible under	the rules and procedures of
	sk to be given the opportunity to par r technology under the rules and pro		
	NOTE: If you check this box, yo	ou must make yourself availat	ole to participate in all hearings.

☐ I ask that any order made and information provided in this application be provided to the relevant

Form A.4

5. As a government or governmen application (if its laws allow it) p			te in this
☐ I am receiving or have receiv			
☐ The Respondent is/may be re	eceiving income or social as	sistance now or has in the pa	st.
6. Person responding to this applic	cation (the Respondent)		
(First Name)	(Middle Name)	(Last	Name)
(Street Address)		(City/Town)	
(Province/Territory) (Postal Code)	(Daytime Telephone)	(Cell phone number)	
(Mailing Address, if different than street addre	ess)	(Fax Number)	(Email Address)
NOTE: Additional Locate Informati	on Form is also required.		
7. Child(ren) (only those children w	who are the subject of this	application)	
Name (First Middle	e Last)	Province/Territory/State/Country (of residence – last 6 months)	Date of Birth (Month/Date/Year)
1.			
2.			
3.			
4.			
		<u>I</u>	
8. Information about previous cou	urt orders or related proce	edings (check all that apply)
☐ I have a Maintenance Enforcem	ent file in:	(prov/terr/state/cour	itry). File #
			
☐ A Divorce Order has been made	e in Canada.		
A copy of the Divorce Ord	der is attached.		
Date of the marriage:			
Divorce granted in which province o	r territory:		
I confirm that:			
Child Support Variation: ☐ There is a child support order un proceedings respecting child support			
And/Or			

ן ב	ousal Support Variation There is a spousal support order under the <i>Divorce Act</i> ; and there are no undecided voceting spousal support in a court in a province or territory for spousal support under	
□ I time	D/OR requested spousal support in the divorce proceeding but a spousal support order was because	s not made at that
`	attach a copy of the court's reasons if available)	
	There are no undecided claims for spousal support in a court in a province or territory er the <i>Divorce Act</i>	for spousal support
	There are court order(s) involving the Respondent, the child(ren) and me.	
	A copy of each order is attached (include any orders that specify or determine	ne arrears).
		Additional page(s) attached
9. 1	he following documents are attached to and form part of the evidence in this a	pplication
	Child Support Claim	Form C
	Request for a Support Order (if Respondent does not provide financial information)	Form D
	Request for Child Support Different than Child Support Guidelines Table Amount	Form E
	Special or Extraordinary Expenses Claim	Form F
	Request to Pay Child Support Different than Child Support Guidelines Table Amour	nt Form G
	Support for Applicant	Form H
	Financial Statement	Form I
	Child Status and Financial Statement	Form J
	Evidence to Support Variation of a Support Order	Form K
	All Support Orders or Written Agreements between the parties or relating to any ch support is claimed.	ild for whom
	Documents required by the province/territory hearing this application:	
	Other:	☐ Additional page(s) attached
	Other:	

10. Jurat
I, swear/affirm that the information and facts contained in this application, including the attached forms, are true. I am making this application in good faith.
SWORN/AFFIRMED BEFORE ME
At the Municipality/City/Town of
In the Province/Territory/State/Country of
On, 20
Notary Public or other authorized individual Applicant Signature
Print Name and Title of the authority under which this oath was administered. (For example, Commissioner for Oaths. Use Stamp or Seal, if applicable.)
Commission Expiry Date (DD/MM/YYYY) (If applicable)
11. Legal Authority: The <i>Divorce Act</i> and the Federal Child Support Guidelines will be applied to decide this application.
Divorce Act, 2019, c.16.