REQUEST FOR CHILD SUPPORT DIFFERENT THAN CHILD SUPPORT TABLE AMOUNT

Form E

Child over the a	ge of majority					
k for support for e rm J) is attached					us and Financi	al Statemen
	Name	(First Middle Last))		Date of Birth onth/Date/Year)	Monthly Amount
1.						
2.						
3.						
4.						
					☐ Addition	al page(s) attac
ask for child supp ly claim is based		g calculations:	per month f	or the support	☐ Addition of the child(ren)	al page(s) attac
		g calculations: Number of Children	Guideline Table amount for Province/ Territory of	or the support Amount Payable	of the child(ren)	
	Total Income (known, or imputed based	Number	Guideline Table amount for Province/	Amount	of the child(ren)	living with n

3. \square Shared custody / Shared parenting time

Subtract amount payable by Claimant/Applicant from

amount payable by Respondent to calculate amount

Applicant

claimed.

The child or children live with each of us at least 40% of the time during the year. The custody/parenting arrangements are in the attached custody/parenting order or agreement, or as follows:

=\$

			☐ Additional page(s) attached				
	I ask for child support of \$ per month for the following child(ren):						
		Name (First Middle Last)	Date of Birth (Month/Date/Year)				
	-						
	2).					
	3	3.					
	4	i.					
4. 🗆	Un	due hardship claim					
	I ask the Court to determine that if the child support guidelines table amount is ordered, the change in this application and/or I will suffer undue hardship because of the reasons set out be that my household standard of living will/may be lower than that of the other parent.						
	 I have large debts. The debts came from supporting our family before the other parent and I separated, or due to my expenses to earn a living. 						
		My expenses in relation to exercising access to the child(ren) are unusually	•				
		☐ I have a legal duty to support another child and/or adult person. This duty is in a judgment, c written agreement. A copy is attached.					
		I have a legal duty to support a child(ren) other than the child(ren) named in child(ren) is under the age of majority or, if over the age of majority is not ab due to an illness or disability or other cause.					
		Name (First Middle Last) 1.	Date of Birth (Month/Date/Year)				
		2.					
		3.					
		4.					
		I have a legal duty to support a person who is not able to be self-supporting due to an illness of disability.					
		Name (First Middle Last)	Relationship				
		Other (specify):					
		Details pertaining to the selections made above:					
			☐ Additional page(s) attached				
		der to provide verification of my standard of living, the income of the other peo ded in Section 6 of my Financial Statement (Form I).	ople in my household is				
E	Base	d on the above I ask for support of \$ per month.					
5. 🗆	l be	elieve the Respondent's income is over \$150,000 per year					
	l as	sk for child support of \$ per month.					
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This document is attached to and forms part of the evidence in my support/support variation application.

(Signature of Claimant/Applicant)