

# IDENTIFICATION FORM

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

**CREDITOR/PAYEE** (Person who receives support):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Home phone: \_\_\_\_\_

Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Treaty No.: \_\_\_\_\_ Social Insurance No: \_\_\_\_\_

Date of birth (Day, Month, Year): \_\_\_\_\_

Names and dates of birth of children:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***THIS PORTION OF THE FORM MUST BE COMPLETED AS FULLY AS POSSIBLE, AS EACH ITEM ASSISTS IN THE COLLECTION OF YOUR SUPPORT PAYMENTS***

**DEBTOR/PAYOR** (Person who pays support):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Home phone: \_\_\_\_\_

Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Treaty No.: \_\_\_\_\_ Social Insurance No: \_\_\_\_\_

Date of birth (Day, Month, Year): \_\_\_\_\_

Other names known by: \_\_\_\_\_

Mother's maiden name: \_\_\_\_\_

***Description***

Male \_\_\_\_\_ Female \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Glasses \_\_\_\_\_

Eye colour \_\_\_\_\_ Hair colour \_\_\_\_\_ Complexion \_\_\_\_\_

Build \_\_\_\_\_ Clean Shaven / Moustache / Beard \_\_\_\_\_

Clothing habits and tastes \_\_\_\_\_

Visible distinguishing marks, scars, etc. \_\_\_\_\_

Other \_\_\_\_\_

\_\_\_\_\_

***Employment***

*Enroll 22 – Identification Form*

## IDENTIFICATION FORM

Occupation \_\_\_\_\_

Current employer (and address): \_\_\_\_\_

\_\_\_\_\_

Previous employers (and addresses): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Police record: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain: \_\_\_\_\_

Vehicles: (*automobiles, vans, motorhomes, boats, snowmobiles, motorcycles, machinery, etc.*)

Make, model, year, colour, license number

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Driver's Licence: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, from which province: \_\_\_\_\_

Driver's Licence No. (if known): \_\_\_\_\_

Military Service: Country \_\_\_\_\_ Branch \_\_\_\_\_

Service number \_\_\_\_\_ Pensions \_\_\_\_\_

Friends and relatives - names, addresses and phone numbers:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Insurance Policies - company, agent, type of coverage, policy number:

1. \_\_\_\_\_

2. \_\_\_\_\_

Bank accounts (*chequing, savings, investments, RSPs, etc.*) - name and address of institute:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Monies owed to debtor from other sources:

Pensions: \_\_\_\_\_

## IDENTIFICATION FORM

Other Income/assets (rent, property, etc): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Provide any additional information that may be helpful in locating the debtor and collecting support:

**If at anytime you receive a maintenance payment directly from the debtor, you are required to immediately report it to the Maintenance Enforcement Program, either in writing or through the Interactive Voice Response (IVR) which is available twenty-four hours a day, seven days a week. Include the date and amount of the payment(s) received, as well as your signature and account number if advising the Program in writing. If a payment received directly is not immediately reported, your file may be closed.**

**Date** \_\_\_\_\_

**Sign** \_\_\_\_\_

*Please send this completed form to:*

Maintenance Enforcement Program

100 – 352 Donald Street

Winnipeg, Mb R3B 2H8

FAX: (204) 945-5449

Phone (204) 945-7133 in Winnipeg or outside Manitoba, or

1-866-479-2717 toll-free in Manitoba