SUPPORT VARIATION APPLICATION UNDER THE INTERJURISDICTIONAL SUPPORT ORDERS (ISO) ACT Form A.2 Form version: March 1, 2021

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This application is made pursuant to the applicable Interjurisdictional Support Orders (ISO) Act.*

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

(For office use only)

1.	This is a SUPPOF	T VARIATION APPLICATION between	
		the Applicant (name of the person a	pplying for the order):
(First	Name)	(Middle Name)	(Last Name)
	and	I the Respondent (name of the person re	esponding to this application):
(First	Name)	(Middle Name)	(Last Name)
	I am the Appli	cant and I reside in	(Province/Territory/State/Country).
2A.	I ask the court f	or a SUPPORT VARIATION ORDER inc	luding the following:
	\$		the current support order or agreement, from per month. (Form K is required. Additional for this application.)
	agreement(s	the amount of unpaid support arrears owi), and that the arrears be 'fixed' or set at \$ K are required. Additional forms may also	• • • • • • • • • • • • • • • • • • • •
	The change retroactive c	or variation of this order to be effective as ommencement date is requested, an expla	of (date).(If a anation must be provided on Form K.)
		tion of the obligation to pay support for (date).(F	or Form K is required. Other forms may also be
	Other (speci	w)·	

2B. Provincial Child Support Service

enforcement authority.

As an alternative to a court hearing, I request to have the amount of child support calculated by a provincial child support service, if: a provincial child support service in the province where the respondent resides provides such a service; if there is a court order permitting the service (if required); and if the designated authority of that province determines, that this application is suitable for that service.

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

Future periodic disclosure of financial information as appropriate.

3. Person applying for an order (the Applicant)

package public. If you can	provided to the Respo you are concerned ab	ondent and will form par out providing your own	ling your contact information tof a court file that MAY Be address, you may provide pondence may be sent to yellow the yellow th	E available to the general an alternative address where
(First Name	•)	(Middle Name)	(Last Na	me)
`	,	(Madie Name)	(Last Ha	
(Street Add	lress, City/Town)			
(Province/	Territory/State/Country, Pos	tal Code/Zip Code)	(Daytime Telephone)	(Cell Phone Number)
(Mailing A	ddress, if different than stree	t address)	(Fax Number)	(Email Address)
The abo	ve is: ☐ my own	address		
	□ c/o my la	awyer		
	(La	wyer's name)
	□ c/o anot	her person		
	(Th	at person's name)
	□ c/o ager	ncy to whom my rights h	ave been assigned	
	(Co	ontact name)
	As it may be nece		n the future, you are requ of any address changes.	
	quest to be notified a	nd request to participa	ate in hearings (the follow	wing checkboxes are
		all hearings arising from iprocating jurisdiction.	n this application, if possibl	e under the rules and
			e in all hearings arising from der the rules and procedur	m this application by way of es of the reciprocating
	NOTE: If you check t	his box, you must make	yourself available to partic	cipate in all hearings.
		vernment agency may llow it) please indicate	need to be informed of a as appropriate:	nd/or participate in this
	I am receiving or have	re received income or so	ocial assistance in the past	
	· ·		or social assistance now	
	[, g		. 1

(First Na	me)	(Middle Name) (Last Name)	
(Street A	ddress,	, City/Town)		
(Province	e/Territo	ory/State/Country, Postal Code/Zip code)	(Daytime Telephone)	(Cell Phone Number)
Mailing	Address	s, if different than street address)	(Fax Number) (E	mail Address)
NOTE:	Addi	tional Locate Information Form is als	o required	
Ch	nild(re	en) (only those children who are the s		
1.		Name (First Middle Last)	Province/Territory/State/Country (of residence – last 6 months)	Date of Birth (Month/Date/Year)
2.				
3.				
4.				
				Additional page(s) attac
		ation about previous court orders, ag	•	
Ш		ave a Maintenance Enforcement file in:	(pro	ov/terr/state/country).
		= #ere are court order(s) involving the Resp	condent, the child(ren) and me.	
	Α	a copy of each order is attached (incl	ude any orders that specify or	determine arrears).
	The	ere is a written agreement involving the	Respondent, the child(ren) and r	ne.
		The agreement is not registered with	the court.	
		The agreement was registered with the	e court on	(date).
	A	a copy of the agreement, and any cha	nges to it, is attached.	
	The	ere is no Divorce action in process.		
	The	ere is a Divorce action in process. It doe	es not include a claim for support	
		Divorce Order has been made. There is vorce Act.	no support order or undecided su	upport claim under the
	A	A copy of this Order, and any change	s to it, is attached.	

	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 Amount	Form G
	Support for Claimant/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 child for whom	
_	support is claimed	
	Documents required by the jurisdiction hearing this application:	
	Additional page(s) attached	
	Other:	
	Other:	
١٥.	Jurat	
I,	swear/affirm that the information and facts contained in this app	olication,
	uding the attached forms, are true. I am making this application in good faith.	,
SW	ORN/AFFIRMED BEFORE ME	
A 4 4 1	ha Marsiair alita/Oita/Tarres of	
At ti	he Municipality/City/Town of	
In th	he Province/Territory/State/Country of	
On	, 20	
Nota	ary Public or other authorized individual Claimant Signature	
 Print	t Name and Title of the authority under which this oath was administered.	
	example, Commissioner of Oaths. Use Stamp or Seal, if applicable.)	
Com	nmission Expiry Date (DD/MM/YYYY) (If applicable)	

The following documents are attached to and form part of the evidence in this application

11. Legal Authority: The applicable law rules in effect in the province, territory, state or country where the Respondent resides will determine what family support law will be applied to decide this application.

9.

^{*} In Canada: Interjurisdictional Support Orders Act, S.A. 2002, c. I-3.5. (AB); Interjurisdictional Support Orders Act, S.B.C. 2002, c. 29 (BC); Inter-jurisdictional Support Orders Act, S.S. 2002, c. I-10.03(SK); The Inter-jurisdictional Support Orders Act, C.C.S.M., c. I60 (MB); Inter-jurisdictional Support Orders Act, 2002, S.O. 2002, c. 13 (ON); Inter-jurisdictional Support Orders Act, S.N.S. 2002, c. I-12.05 (NB); Interjurisdictional Support Orders Act, S.N.S. 2002, c. 9 (NS); Interjurisdictional Support Orders Act, R.S.P.E.I. 1988, c. I-4.2 (PEI); Interjurisdictional Support Orders Act, S.N.L. 2002, c. I-19.2 (NL); Interjurisdictional Support Orders Act, S.N.T. 2002, c. 19 (NT); Interjurisdictional Support Orders Act, S.N.U. 2008, c. 19.S.2. (NU)