CHILD SUPPORT CLAIM

Form version: March 1, 2021 Form C

Th	e Respondent resides in Canada and I a	sk for child support for the following child(ren):	
Nan	ne (First Middle Last):	Date of Birth (Month/Date/Year):	
	Only the child support guidelines table am	nount.	
	Child support in an amount different from	the guidelines table amount for the child named above.	
	Form E is attached.		
	The child support guidelines table amount plus special or extraordinary expenses for the child named above. Forms F and I are attached.		
	Child support in an amount different from the guidelines table amount, plus special or extraordinary expenses for the child named above. Forms E, F and I are attached.		
Nar	ne (First Middle Last):	Date of Birth (Month/Date/Year):	
	Only the child support guidelines table am	nount.	
	Child support in an amount different from Form E is attached.	the guidelines table amount for the child named above.	
	The child support guidelines table amount above. Forms F and I are attached.	t plus special or extraordinary expenses for the child named	
	Child support in an amount different from expenses for the child named above. Form	the guidelines table amount, plus special or extraordinary ms E, F and I are attached.	
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	Child support in an amount different from Form E is attached.	the guidelines table amount for the child named above.	
		t plus special or extraordinary expenses for the child named	
	Child support in an amount different from expenses for the child named above. For	the guidelines table amount, plus special or extraordinary ns E, F and I are attached.	
acc		and I ask for child support for the following child(ren) in section 2 does not apply if your application is made unde	
Nar	ne (First Middle Last)	Date of Birth (Month/Date/Year	
Nar	ne (First Middle Last)	Date of Birth (Month/Date/Year)	
Nan	ne (First Middle Last)	Date of Birth (Month/Date/Year)	
Nar	ne (First Middle Last)	Date of Birth (Month/Date/Year)	

3.	☐ I ask for an order that the Respondent obtain or maintain medical insurance coverage for the child(ren).			
		I ask for an order that the Respondent obtain or maintain dental insurance coverage for the child(ren).		
1.		☐ I am asking for ongoing child support starting as of the date of this application.		
		☐ I am asking for retroactive child support starting as of a date prior to the date of this application(specify date) in addition to ongoing child support.		
		I am asking for retroactive child support for the period of to to (date).		
,	NO ⁻	TE: Provide information for each child to explain why you are requesting retroactive child support and why an application was not made earlier.		
L		Additional page(s) attached		
Γhis do	ocur	nent is attached to and forms part of the evidence in my support/support variation application.		
		(Signature of Claimant/Applicant)		