## REQUEST FOR CHILD SUPPORT DIFFERENT THAN CHILD SUPPORT TABLE AMOUNT

Form version: March 1, 2021

Form E

I ask the court for child support in an amount different than that in the child support guidelines table. My claim is based on the information provided below. Documents to support each claim are attached.

<ol> <li>Child over the age of majorit</li> </ol>	1.	Child	over	the	age	of	ma	iorit
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2.

3.

I ask for support for each child who is the age of majority or old	der. A Child Status and Financial Statement
(Form J) is attached for each child. The amount requested for	each child is:

1. 2. 3. 4.  plit custody / Split There are two or mo arrangements are in					
3. 4.  plit custody / Split					
plit custody / Split					
There are two or mo					
There are two or mo		ne			
		nd at least or			
		7,	<u> </u>	,	
					Additional page(s) attache
ask for child suppo My claim is based o	ort of \$ on the following	calculations	per month for s:	the support of the	child(ren) living with m
	Total Income (known, or nputed based on Form F)	Number of Children	Guideline Table amount for Province/ Territory of residence	Amount Payable	Name(s) of Children
Respondent				\$	
Claimant/ Applicant				- \$	
Subtract amount p payable by Respon				=\$	
Shared custody / S	Shared parenti	ing time			
The child or childrer	n live with each	n of us at lea	st 40% of the time	e during the year. T	he custody/parenting
arrangements are ir					

Additional page(s) attached

	Name (First Middle Last)		Date of Birth (Month/Date/Year
1	,		,
4.			
due hardship claim			
amed in this application	n and/or I will suffer und	port guidelines table amoungue hardship because of the slower than that of the other	reasons set out below and
I have large debts.	•	upporting our family before t	·
My expenses in rela	tion to exercising acces	s to the child(ren) are unusu	ıally high.
written agreement.	A copy is attached.	·	ity is in a judgment, order, or
child(ren) is under the			ed in this application. The ot able to be self-supporting,
	Name (First Middle Last)		Date of Birth (Month/Day/Yea
1.			
3.			
4.			
I have a legal duty t disability.	o support a person who	is not able to be self-suppo	orting due to an illness of
	Name (First Middle Last	)	Relationship
Other (specify):			
,	the selections made ab		
3.0			
			Additional page(s) attached
	tion of my standard of li y Financial Statement (		er people in my household is
sed on the above I ask	for support of \$	per month	٦.
elieve the Respondent	s income is over \$150	0,000 per year	
ask for child support of	\$	per month.	
cument is attached to a	nd forms part of the evid	dence in my support/suppor	t variation application.

This

5.

4.