## SUPPORT FOR CLAIMANT/APPLICANT

Form version: March 1, 2021 Form H

	am the Claimant/Applicant and ask for support for myself. I ask the Court to order support of per month starting as of
(c	date). A Financial Statement (Form I) is included in my application.
] T	he Respondent agreed to pay support for me of (monthly or other amount): \$ and
h	as not paid the whole amount. There is now unpaid support of \$owing.
	☐ Written agreement (attach)
	<ul><li>☐ Verbal agreement</li><li>Other</li></ul>
_	
	etroactive commencement date (if you have asked for support to start on a date earlier than the date f your application, explain why your application was not made earlier)
	Additional page(s) attached
4_	s about my claim (accordate all that contrary)
	s about my claim (complete all that apply and add additional documents as necessary)
Му	application is based on the following facts:
Му	date of birth is (Month/Date/Year):
-	
I cla	aim support from the Respondent based on the following grounds:
	33
	30
	33
	33
	Additional page(s) attache I am an adult child seeking support from a parent. I have completed and attached Form J based on my circumstances as the Respondent's child instead of completing the rest of this Form H.
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			(Specify city/	/town, province,	territory or state, and	country.)	
	During the	time we were	together, we	separated for	r a total of		
						(years, month	ns)
	The Respo	ondent and I liv	ed together f	or a total of _	(total tir	ne in years an	
narital	status is:	Separated	Divorced	Married	Common-law	Single	Other:
		ndent and I did ndent and I hav	_	_			
1.			e (First Middle L	,		Date of	Birth (Month/Day/Year)
2.							
3.							
4.							
		(If the	ere is a child sup	port order/agree	ment about any of the	above child(re	en), attach it.)
There	were childr	en from a prev	/ious relations	ship living with	h the Respondent	and me:	Yes No
		N	ame (First Midd	dle Last)		Date of	Birth (Month/Day/Year)
1.							_
2.							
3.							
4.			(Attach an	additional page i	f more than 4 children	1)	
l dontif	s, a a a b a bil	d and whose c	·			•	ro with you and the
	y each chii ondent.	d and whose d	mila(ren) they	r are, and per	centage of time ti	iat triey we	re with you and the
Respo							

Nome (First Middle Least)	Data (Didlara a mark)		
Name (First Middle Last)	Date of Birth (Month/Day/Year)		
1.			
2.			
3.			
4.			
(Attach an addit Date youngest child will start full time schooling:	tional page if more than 4 children.)		
Name (First Middle Last)	Date (Month/Day/Year)		
Date youngest child is expected to complete high school:			
Name (First Middle Last)	Date (Month/Day/Year)		
The following children are living with the Respondent:			
Name (First Middle Last)  1.	Date of Birth (Month/Day/Year)		
2.			
3.			
4.			
(Attach an addit	tional page if more than 4 children.)		
education			
The last grade I finished in school (before post-seco	ndary school):		
Level	Year Completed		
College/University level or year completed:			
Program and Level	Year Completed		
Other training/certificate/diploma received:			
Level	Year Completed		

## 4. My work experience A. While with the Respondent: ☐ I did not work for pay while the Respondent and I were together. (If this statement applies, mark the box with an X, and go to Section 4.B.) ☐ During the time the Respondent and I were together, I worked for pay for a total of \_\_\_\_ (years, months) ☐ I have attached work history list with dates, employment, and monthly pay. My usual employment (occupation) was: I also worked as (other occupations): Additional page(s) attached ☐ If part-time, I worked an average of \_\_\_\_\_\_ hours per month. ☐ I worked less than full time, or did not work for pay, because (identify all reasons and time periods below): Additional page(s) attached B. Since the Respondent and I separated: ☐ I have not worked for pay at all or I work for pay and am unable to meet my needs because: Additional page(s) attached ☐ I have worked. I have attached a list of my work history including the dates of each employment and monthly pay. ☐ I have taken the following steps to improve my ability to support myself (list the courses, job training, education, re-location, etc.):

5.	Me	edical						
		I am not able to fully support myself because of a medical condition, disability, or special need which keeps me from working:						
		☐ I am only able to work less than full-time hours.						
		☐ I am not able to work at all.						
		Condition/Special Need						
		(Attach documents or doctor's letter giving details.)						
		I am not able to fully support myself because a child or other person has a medical condition, disability, or special need which keeps me from working:						
		☐ I am only able to work less than full-time hours.						
		☐ I am not able to work at all.						
		Name of person:						
		Relationship to me:						
		Condition/Special Need:						
		(Attach documents or doctor's letter giving details.)						
6.	Th	ne present and the future						
		As of the date of this application, I am:						
		□ Not working.						
		☐ Working full time.						
		(Occupation, monthly income)						
		☐ Working part-time(Occupation, monthly income)						
		Looking for work (attach job search list).						
		☐ Going to school						
		(List the type of course, how long, where.)						
		Receiving income or financial assistance from the following other source(s) (for example, social assistance, government pension, other disability or family assistance), explain:						

(Indicate the monthly amounts received, for how long, expected amounts to be received in future.)

	My o	ther sources of income are (monthly) (check any that apply):
		Rental of space/apartment in my home
		Investment income (savings, GICs, bonds, property)
		Support from a present spouse, or other former spouse (attach order or agreement)
		Other (attach pages giving details)
	expla	pared to the time the Respondent and I were together, my standard of living has changed. (Please in below why your standard of living is now better or worse than it was when living with the ondent.)
		Additional page(s) attached
	I plar	n to make myself self-supporting by (check any that apply):
_		Going to school to complete high school
		Going to school to obtain a certificate/diploma/degree
		Apprenticeship or vocational training
		Obtaining employment
	A.	Details of my plan include (List name of course, where offered, length of time it takes, whether full of part time, costs, and results to be achieved. If the training/course has a brochure or curriculum, attach it.)
		Additional page(s) attached
	B.	I expect when my plan is completed, my standard of living will change. (Please explain below why your standard of living will be better or worse once your plan is completed.)
		Additional page(s) attached
	I will	not be able to become self-supporting because:
		Additional page(s) attached
his	docur	ment is attached to and forms part of the evidence in my support/support variation application.
		(Signature of Claimant/Applicant)