

Form A

Court File #: _____ Court Location: _____ REMO/RESO/ISO # _____ <p style="text-align: center;">Office use only</p>
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This is a:

- SUPPORT APPLICATION, or**
 SUPPORT VARIATION APPLICATION.

This application is made pursuant to the *Interjurisdictional Support Orders Act*
(S.Y. 2001, c. 19)

Person applying for an order:

(Last Name)	(First Name)	(Middle Names)
(Street address and City/Town)		
(Province and Postal Code)		(daytime telephone)
(Mailing Address, if different than street address)		(fax number)
These are: <input type="checkbox"/> my own addresses, or <input type="checkbox"/> c/o my lawyer, or <input type="checkbox"/> c/o another person		

Person responding to this application (the respondent) is:

(Last Name)	(First Name)	(Middle Names)
(Street address and City/Town)		
(Province and Postal Code)		(daytime telephone)
(Mailing Address, if different than street address)		(fax number)
These are: <input type="checkbox"/> home addresses, or <input type="checkbox"/> c/o a lawyer, or <input type="checkbox"/> c/o another person		

A government or government agency may wish to be informed of and/or participate in this application (if its laws allow) because
 I am receiving social assistance, or The respondent is/may be receiving social assistance now, or has in the past

I ask the Court to include in its order:

For SUPPORT

- A determination that the respondent is the parent of the child(ren) named in this application.
- Child support. If the respondent does not file sufficient financial information, or respond, a child support order for a total of \$_____ per month, starting as of _____
- That the respondent obtain and maintain medical and/or dental insurance coverage for the child(ren) and/or myself
- Support for myself of \$_____ per month starting as of _____
- Other (specify): _____

I ask the Court to include in its order:

For SUPPORT VARIATION

- A change or variation in the amount of support in the current support order or agreement, from \$_____ per month, to \$_____
- A change in the amount of unpaid support arrears owing under the current support order(s) or agreement(s), and that the arrears be 'fixed' or set at \$_____ as of _____.
- The termination of the obligation to pay support for (name) _____, as of _____
- Other (specify): _____

Form A

Legal Authority on which my application is based: *(check one)*

- A copy of the statute or legal authority is attached. I ask the Court to take notice of it when making its order.
- I rely on the law of the jurisdiction hearing this case.

Case History: Previous Court Orders or Agreements *(check all that apply):*

- There are no court orders or agreements involving the respondent, the child(ren) and me.
- There are court order(s) involving the respondent, the child(ren) and me. A copy of each court order is attached.
- There is a written agreement involving the respondent, the child(ren) and me. A copy of the agreement, and any changes to it, is attached.
- There is no Divorce action in progress.
- There is a Divorce action in progress. It does not include a claim for support.
- A Divorce order has been made; it does not deal with support. A copy is attached.

Family History *(check all that apply):*

- The respondent and I never lived together
- The respondent and I have a child or children together
- The respondent and I started living together on _____
- The respondent and I were married on _____
- The respondent and I entered into a formal, legally-recognized, relationship by registering our civil union or domestic partnership on _____
- The respondent and I separated on _____
- The respondent and I were divorced by an order dated _____

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

(check all that apply)

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For Support and Support Variation applications			
<input type="checkbox"/>	Identification Information (required)	Form B	
<input type="checkbox"/>	Evidence of Parentage	Form C	
<input type="checkbox"/>	Statements to Support a Declaration of Biological Parentage (disputed)	Form D	
<input type="checkbox"/>	Child Support Claim	Form E	
<input type="checkbox"/>	Request for a Support Order (if no financial information)	Form F	
<input type="checkbox"/>	Request for a Child Support Order (different than child support guidelines)	Form G	
<input type="checkbox"/>	Special Expense Claim	Form H	
<input type="checkbox"/>	Request to Pay Child Support (different than child support guidelines)	Form I	
<input type="checkbox"/>	Support for Claimant / Applicant	Form J	
<input type="checkbox"/>	Financial Statement	Form K	
<input type="checkbox"/>	Child Status and Financial Statement	Form L	
<input type="checkbox"/>	Evidence to Support Variation of a Support Order	Form M	

Form A

Other Documents attached		
<input type="checkbox"/>	Legal or Statutory Authority for application	
<input type="checkbox"/>	All Support Orders or Written Agreements between the parties, or relating to any child for whom support is claimed	
<input type="checkbox"/>	Documents required by the jurisdiction hearing this application	
<input type="checkbox"/>	Other (list)	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
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	<input type="checkbox"/>	

I, _____ make oath or affirm and say that the information and facts contained in this application, including the attached forms, are true. I am making this application in good faith.

SWORN OR AFFIRMED BEFORE ME

At the _____ of _____

In the Yukon Territory

On _____, 20__.

Claimant's/Applicant's signature

Notary Public in and for the Yukon Territory