

APPLICATION FOR A SUPPORT ORDER
(sections 18.1 and 19 of the Divorce Act)

Reserved for administrative use by the Ministère de la Justice

Reference number of the file of the requesting designated authority:

PART 1– IDENTIFICATION OF THE APPLICANT			
Names		Given names	
		Date of birth YYYY/MM/DD	
Telephone number (residence) () -	Cell phone number () -	Telephone number (work) () -	Extension:
Email address		Language of correspondence <input type="checkbox"/> French <input type="checkbox"/> English	
Residential address (<i>civic number, street, apartment number, town or city, province, state, country</i>)			Postal code/ZIP code
Mailing address if different (<i>civic number, street, apartment number, town or city, province, state, country</i>)			Postal code/ZIP code
<input type="checkbox"/> I request that my personal information not be disclosed to the other parties because of spousal or family violence.			

PART 2– IDENTIFICATION OF THE RESPONDENT		
Names		Given names
		Date of birth YYYY/MM/DD

SECTION 2.1– INFORMATION (IF KNOWN) CONCERNING THE RESPONDENT			
Telephone number (home) () -	Cell phone number () -	Telephone number (work) () -	Extension:
Email address		Social Insurance Number	
Home address in Québec (<i>civic number, street, apartment number, town or city</i>)			Postal code

PART 3 – IDENTIFICATION OF THE IMPEADED PARTIES (CHILDREN OF FULL AGE)

Identify, if applicable, the impleaded parties (children of full age) concerned by this application and provide their contact information, if known:

Names		Given names	Date of birth YYYY/MM/DD
Telephone number (home) () - - - -	Cell phone number () - - - -	Email address	
Home address (<i>civic number, street, apartment number, town or city, province, state, country</i>)			Postal code/ZIP code

[Add a child of full age \(+\)](#)**PART 4– INFORMATION ON THE DIVORCE**

Date of marriage YYYY/MM/DD	Date of divorce YYYY/MM/DD	Canadian province or territory in which the judgment of divorce was rendered
<input type="checkbox"/> A copy of the Canadian judgment of divorce is enclosed with this application		

SECTION 4.1– SUPPORT ORDERS RENDERED PRIOR TO THIS APPLICATION

<input type="checkbox"/> Judicial <input type="checkbox"/> Administrative	Date of decision YYYY/MM/DD	Reference number of the decision
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[Add a support order \(+\)](#)**SECTION 4.2– COLLECTION FILE FOR SUPPORT ORDERS RENDERED PRIOR TO THIS APPLICATION**

File number	Canadian province or territory/State/Country
Arrears 421- Indicate the total amount of arrears: \$ as of: YYYY/MM/DD 422- Indicate the amount of the <input type="checkbox"/> monthly or <input type="checkbox"/> yearly payments ordered by the Court: \$	

SECTION 4.3– PARENTING ORDERS

Date of decision AAAA / MM / JJ	Reference number of the decision
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[Add a parenting order \(+\)](#)

PART 5– NATURE OF THE APPLICATION: IDENTIFICATION OF THE PERSONS FOR WHOM A SUPPORT ORDER IS BEING SOUGHT

Indicate the persons for whom you are seeking a support order by checking the appropriate box or boxes:

- 510- The former spouse identified in Part 1: complete **Part 6**
- 520- The minor children identified in Part 7 and the children of full age identified in Part 3: complete **Part 7**
- 530- The minor children identified in Part 7: complete **Part 7**
- 540- The children of full age identified in Part 3: complete **Part 7**

ATTENTION: This application may not be made for the purpose of establishing or modifying a parenting order or an order for child custody.

PART 6– SUPPORT ORDER FOR A FORMER SPOUSE

601- Indicate the amount of support claimed as a former spouse: \$

602- Specify whether that amount is claimed monthly or yearly

603- Indicate the date on which payment of that support is to begin: YYYY/MM/DD

PART 7– CHILD SUPPORT ORDER

If the child support order (this application) is for

- 710- **minor children and children of full age**, complete **Section 7.1** and go to Part 8
- 720- **minor children** only, complete **Section 7.2** and go to Part 8
- 730- **children of full age** only, complete **Section 7.3** and go to Part 8

SECTION 7.1– SUPPORT ORDER FOR MINOR CHILDREN AND CHILDREN OF FULL AGE

711- Indicate the amount of support claimed for minor children and children of full age under the *Federal Child Support Guidelines*: \$

712- Specify whether that amount is claimed monthly or yearly

713- Indicate the amount of special or extraordinary expenses claimed for minor children and children of full age (enclose the supporting documents – see line 912 of Part 9): \$

714- Indicate the date on which the payment of support and of the amount corresponding to special or extraordinary expenses for minor children and children of full age is to begin: YYYY/MM/DD

715- Identify the minor children concerned by this application for a support order:

Names	Given names	Date of birth YYYY/MM/DD
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Obligation of support resulting from: a bond of filiation standing in place of a parent

Add a minor child (+)

716- Identify the children of full age concerned by this application for a support order by their given names:

Given names:

Add a child of full age (+)

SECTION 7.2— SUPPORT ORDER FOR MINOR CHILDREN

721- Indicate the amount of support claimed for minor children under the *Federal Child Support Guidelines*: \$

722- Specify whether that amount is claimed monthly or yearly

723- Indicate the amount of special or extraordinary expenses claimed for minor children (enclose the supporting documents – see line 912 of Part 9): \$

724- Indicate the date on which the payment of support and of the amount corresponding to special or extraordinary expenses for minor children is to begin: YYYY/MM/DD

725- Identify the minor children concerned by this application for a support order:

Names	Given names	Date of birth YYYY/MM/DD
Obligation of support resulting from: <input type="checkbox"/> a bond of filiation <input type="checkbox"/> standing in place of a parent		

Add a minor child (+)

SECTION 7.3— SUPPORT ORDER FOR CHILDREN OF FULL AGE

731- Indicate the amount of support claimed for children of full age under the *Federal Child Support Guidelines*: \$

732- Specify whether that amount is claimed monthly or yearly

733- Indicate the amount of special or extraordinary expenses claimed for children of full age (enclose the supporting documents – see line 912 of Part 9): \$

734- Indicate the date on which the payment of support and of the amount corresponding to special or extraordinary expenses for children of full age is to begin: YYYY/MM/DD

735- Identify the children of full age concerned by this application for a support order by their given names:

Given names:

Add a child of full age (+)

PART 8— GOVERNMENT DEPARTMENT OR BODY

A government department or body may request to be informed of this application or to take part in it (if permitted under the applicable rules of law). Check the appropriate box or boxes.

801- I receive or have received income assistance or social assistance.

802- The respondent receives, may receive or has received income assistance or social assistance.

PART 9– DOCUMENTS ENCLOSED TO COMPLETE THE APPLICATION

- 901- Canadian judgment of divorce
- 902- Judgment of separation from bed and board
- 903- Support orders (all prior decisions)
- 904- Statements of account or statements of arrears
- 905- Parenting orders
- 906- Act or certificate of birth
- 907- Certificate or judgment of adoption
- 908- Proof of registration at a secondary or post-secondary educational institution
- 909- Statement required under article 444 of the Code of Civil Procedure of Québec

- 910- Form III (section 22 of the Regulation of the Superior Court of Québec in family matters)
- 911- Documents required under section 21 of the *Federal Child Support Guidelines* concerning income
- 912- Explanations and supporting documents relating to special or extraordinary expenses
- 913- Notice concerning other orders or cases (section 16 of the Regulation of the Superior Court of Québec in family matters)
- 914- Other relevant evidence (specify):

PART 10– ADDITIONAL INFORMATION

Check the box to add a page

PART 11– DECLARATION BY THE APPLICANT

I certify that the above information is accurate and complete and I sign:

Town or city	Date YYYY/MM/DD	Signature
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APPLICATION TO VARY, RESCIND OR SUSPEND A SUPPORT ORDER
(SECTIONS 18.1 AND 19 OF THE DIVORCE ACT)

Reserved for administrative use by the Ministère de la Justice

Reference number of the file of the requesting designated authority:

PART 1– IDENTIFICATION OF THE APPLICANT

Names		Given names		Date of birth YYYY/MM/DD
Telephone number (residence) () -	Cell phone number () -		Telephone number (work) () - Extension:	
Email address			Language of correspondence <input type="checkbox"/> French <input type="checkbox"/> English	
Residential address (<i>civic number, street, apartment number, town or city, province, state, country</i>)				Postal code/ZIP code
Mailing address if different (<i>civic number, street, apartment number, town or city, province, state, country</i>)				Postal code/ZIP code
<input type="checkbox"/> I request that my personal information not be disclosed to the other parties because of spousal or family violence.				

PART 2– IDENTIFICATION OF THE RESPONDENT

Names		Given names		Date of birth YYYY/MM/DD
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SECTION 2.1– INFORMATION (IF KNOWN) CONCERNING THE RESPONDENT

Telephone number (residence) () -	Cell phone number () -		Telephone number (work) () - Extension:	
Email address			Social Insurance Number	
Residential address in Québec (<i>civic number, street, apartment number, town or city</i>)				Postal code

PART 3 – IDENTIFICATION OF THE IMPEADED PARTIES (CHILDREN OF FULL AGE)

Identify, if applicable, the impleaded parties (children of full age) concerned by this application and provide their contact information, if known:

Names		Given names	Date of birth YYYY/MM/DD
Telephone number (residence) () -	Cell phone number () -	Email address	
Residential address (civic number, street, apartment number, town or city, province, state, country)			Postal code/ZIP code

Add a child of full age (+)

PART 4– INFORMATION ON THE DIVORCE

Date of marriage YYYY/MM/DD	Date of divorce YYYY/MM/DD	Canadian province or territory in which the judgment of divorce was rendered
Indicate your situation with respect to the support order in question: <input type="checkbox"/> 401- I am a former spouse who receives support for myself <input type="checkbox"/> 402- I am a former spouse who receives support for my children <input type="checkbox"/> 403- I am a former spouse who pays support for my former spouse or for my children		
<input type="checkbox"/> A copy of the Canadian judgment of divorce is enclosed with this application		

SECTION 4.1– SUPPORT ORDERS RENDERED AS PART OF DIVORCE PROCEEDINGS

<input type="checkbox"/> Judicial <input type="checkbox"/> Administrative	Date of decision YYYY/MM/DD	Reference number of the decision
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Add a support order (+)

SECTION 4.2– COLLECTION FILE FOR SUPPORT ORDERS RENDERED AS PART OF DIVORCE PROCEEDINGS

File number	Canadian province or territory/State/Country
Arrears 421- Indicate the total amount of arrears: \$ as of: YYYY/MM/DD 422- Indicate the amount of the <input type="checkbox"/> monthly or <input type="checkbox"/> yearly payments ordered by the Court: \$	

SECTION 4.3– PARENTING ORDERS

Date of decision YYYY/MM/DD	Reference number of the decision
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Add a parenting order (+)

PART 5– CHANGES THAT OCCURRED SINCE A SUPPORT ORDER WAS RENDERED OR VARIED

Indicate, by checking the appropriate box or boxes, the changes that occurred since a support order was rendered or varied and that justify this APPLICATION according to the persons concerned (sections 5.1 and 5.2):

SECTION 5.1– CHANGES THAT OCCURRED WITH RESPECT TO THE CHILDREN

- 511- Changes in the situation of minor children who receive support
Specify:
- 512- Changes in the situation of children of full age who receive support
Specify:
- 513- Changes to the agreements concerning the care of the child
(for example, an agreement on parenting time)
Specify:
- 514- Other. Specify:

SECTION 5.2- CHANGES THAT OCCURRED WITH RESPECT TO THE FORMER SPOUSES

- 521- Changes in the income of the former spouse who pays support
- 522- Changes in the income of the former spouse who receives support
- 523- Changes in the situation of the former spouse who receives support
Specify:

PART 6– NATURE OF THE APPLICATION

Indicate the nature of your APPLICATION by checking the appropriate box or boxes:

- 601- I am seeking the **VARIATION** of a support order: complete **Part 7**
- 602- I am seeking the **RESCISSION** of a support order: complete **Part 8**
- 603- I am seeking the **SUSPENSION** of a support order: complete **Part 9**

PART 7– APPLICATION TO VARY A SUPPORT ORDER

If you checked box “601- I am seeking the **VARIATION** of a support order” in Part 6, indicate the persons concerned by your application to vary a support order by checking the appropriate box or boxes:

- 710- I am seeking the variation of a support order for minor children and children of full age:
complete **Section 7.1**
- 720- I am seeking the variation of a support order for minor children: complete **Section 7.2**
- 730- I am seeking the variation of a support order for children of full age: complete **Section 7.3**
- 740- I am seeking the variation of a support order for a former spouse: complete **Section 7.4**

SECTION 7.1- VARIATION OF A SUPPORT ORDER FOR MINOR CHILDREN AND CHILDREN OF FULL AGE

Support

- 711- I ask that the amount of support paid for minor children and children of full age under the *Federal Child Support Guidelines* be reduced by \$ **OR**

712- I ask that the amount of support paid for minor children and children of full age under the *Federal Child Support Guidelines* be increased by \$

SECTION 7.1- VARIATION OF A SUPPORT ORDER FOR MINOR CHILDREN AND CHILDREN OF FULL AGE
(continued)

713- This application brings the total amount of the support for minor children and children of full age to \$, paid monthly or yearly as of: YYYY/MM/DD

714- Identify the minor children concerned by this application to vary the amount paid as support:

Names	Given names	Date of birth YYYY/MM/DD
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Obligation of support resulting from: a bond of filiation standing in place of a parent

Add a minor child (+)

715- Identify the children of full age concerned by this application to vary the amount paid as support by their given names:

Given names:

Add a child of full age (+)

Special or extraordinary expenses

716- I ask that the amount paid as special or extraordinary expenses for minor children and children of full age be reduced by \$ **OR**

717- I ask that the amount paid as special or extraordinary expenses for minor children and children of full age be increased by \$

718- This application brings the total amount of special or extraordinary expenses for minor children and children of full age to \$ as of: YYYY/MM/DD

719- Identify the minor children concerned by this application to vary the amount paid as special or extraordinary expenses:

Names	Given names	Date of birth YYYY/MM/DD
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Obligation of support resulting from: a bond of filiation standing in place of a parent

Add a minor child (+)

719.1- Identify the children of full age concerned by this application to vary the amount paid as special or extraordinary expenses by their given names:

Given names:

Add a child of full age (+)

SECTION 7.2- VARIATION OF A SUPPORT ORDER FOR MINOR CHILDREN

Support

721- I ask that the amount of support paid for minor children under the *Federal Child Support Guidelines* be reduced by \$ **OR**

722- I ask that the amount of support paid for minor children under the *Federal Child Support Guidelines* be increased by \$

723- This application brings the total amount of the support for minor children to \$, paid monthly or yearly as of: YYYY/MM/DD

724- Identify the minor children concerned by this application to vary the amount paid as support:

Names	Given names	Date of birth
		YYYY/MM/DD

Obligation of support resulting from: a bond of filiation standing in place of a parent

Add a minor child (+)

Special or extraordinary expenses

725- I ask that the amount paid as special or extraordinary expenses for minor children be reduced by \$ **OR**

726- I ask that the amount paid as special or extraordinary expenses for minor children be increased by \$

727- This application brings the total amount of special or extraordinary expenses for minor children to \$ as of: YYYY/MM/DD

728- Identify the minor children concerned by this application to vary the amount paid as special or extraordinary expenses:

Names	Given names	Date of birth
		YYYY/MM/DD

Obligation of support resulting from: a bond of filiation standing in place of a parent

Add a minor child (+)

SECTION 7.3- VARIATION OF A SUPPORT ORDER FOR CHILDREN OF FULL AGE

Support

731- I ask that the amount of support paid for children of full age under the *Federal Child Support Guidelines* be reduced by \$ **OR**

732- I ask that the amount of support paid for children of full age under the *Federal Child Support Guidelines* be increased by \$

733- This application brings the total amount of the support for children of full age to \$, paid monthly or yearly as of: YYYY/MM/DD

734- Identify the children of full age concerned by this application to vary the amount paid as support by their given names:

Given names:

Add a child of full age (+)

SECTION 7.3- VARIATION OF A SUPPORT ORDER FOR CHILDREN OF FULL AGE (continued)

Special or extraordinary expenses

- 735- I ask that the amount paid as special or extraordinary expenses for children of full age be reduced by \$ OR
- 736- I ask that the amount paid as special or extraordinary expenses for children of full age be increased by \$
- 737- This application brings the total amount of special or extraordinary expenses for children of full age to \$ as of: YYYY/MM/DD

738- Identify the children of full age concerned by this application to vary the amount paid as special or extraordinary expenses by their given names:

Given names:

Add a child of full age (+)

SECTION 7.4- VARIATION OF A SUPPORT ORDER FOR A FORMER SPOUSE

- 741- I ask that the amount of support paid for a former spouse be reduced by \$ OR
- 742- I ask that the amount of support paid for a former spouse be increased by \$
- 743- This application brings the total amount of support paid for a former spouse to \$, paid monthly or yearly as of: YYYY/MM/DD

PART 8— APPLICATION TO RESCIND A SUPPORT ORDER

If you checked box “602- I am seeking the RESCISSION of a support order” in Part 6 of this application, indicate the support orders concerned by your application to rescind by checking the appropriate box or boxes:

- 810- I am seeking the rescission of a support order for minor children and children of full age: complete **Section 8.1**
- 820- I am seeking the rescission of a support order for minor children: complete **Section 8.2**
- 830- I am seeking the rescission of a support order for children of full age: complete **Section 8.3**
- 840- I am seeking the rescission of a support order for a former spouse: complete **Section 8.4**

SECTION 8.1- RESCISSION OF A SUPPORT ORDER FOR MINOR CHILDREN AND CHILDREN OF FULL AGE

811- I am seeking the rescission of a support order for minor children and children of full age as of: YYYY/MM/DD

812- Identify the minor children concerned by the application to rescind:

Names	Given names	Date of birth YYYY/MM/DD

Obligation of support resulting from: a bond of filiation standing in place of a parent

Add a minor child (+)

813- Identify the children of full age concerned by the application to rescind by their given names:

Given names:

Add a child of full age (+)

SECTION 8.2- RESCISSION OF A SUPPORT ORDER FOR MINOR CHILDREN

821- I am seeking the rescission of a support order for minor children as of: YYYY/MM/DD

822- Identify the minor children concerned by the application to rescind:

Names	Given names	Date of birth YYYY/MM/DD

Obligation of support resulting from: a bond of filiation standing in place of a parent

Add a minor child (+)

SECTION 8.3- RESCISSION OF A SUPPORT ORDER FOR CHILDREN OF FULL AGE

831- I am seeking the rescission of a support order for children of full age as of: YYYY/MM/DD

832- Identify the children of full age concerned by the application to rescind by their given names:

Given names:

Add a child of full age (+)

SECTION 8.4- RESCISSION OF A SUPPORT ORDER FOR A FORMER SPOUSE

841- I am seeking the rescission of a support order for a former spouse as of: YYYY/MM/DD

PART 9— APPLICATION TO SUSPEND A SUPPORT ORDER

If you checked box “603- I am seeking the **SUSPENSION** of a support order” in Part 6 of this application, indicate the support orders concerned by your application to suspend by checking the appropriate box or boxes:

- 910- I am seeking the suspension of a support order for minor children and children of full age: complete **Section 9.1**
- 920- I am seeking the suspension of a support order for minor children: complete **Section 9.2**
- 930- I am seeking the suspension of a support order for children of full age: complete **Section 9.3**
- 940- I am seeking the suspension of a support order for a former spouse: complete **Section 9.4**

SECTION 9.1- SUSPENSION OF A SUPPORT ORDER FOR MINOR CHILDREN AND CHILDREN OF FULL AGE

911- I am seeking the suspension of a support order for minor children and children of full age for a period of _____ months as of: YYYY/MM/DD

912- Identify the minor children concerned by the application to suspend:

Names	Given names	Date of birth YYYY/MM/DD
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Obligation of support resulting from: a bond of filiation standing in place of a parent

Add a minor child (+)

913- Identify the children of full age concerned by the application to suspend by their given names:

Given names:

Add a child of full age (+)

SECTION 9.2- SUSPENSION OF A SUPPORT ORDER FOR MINOR CHILDREN

921- I am seeking the suspension of a support order for minor children for a period of _____ months as of: YYYY/MM/DD

922- Identify the minor children concerned by the application to suspend:

Names	Given names	Date of birth YYYY/MM/DD
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Obligation of support resulting from: a bond of filiation standing in place of a parent

Add a minor child (+)

SECTION 9.3- SUSPENSION OF A SUPPORT ORDER FOR CHILDREN OF FULL AGE

931- I am seeking the suspension of a support order for children of full age for a period of _____ months as of: YYYY/MM/DD

932- Identify the children of full age concerned by the application to suspend by their given names:

Given names:

Add a child of full age (+)

SECTION 9.4- SUSPENSION OF A SUPPORT ORDER FOR A FORMER SPOUSE

941- I am seeking the suspension of a support order for a former spouse for a period of _____ months as of: YYYY/MM/DD

PART 10- GOVERNMENT DEPARTMENT OR BODY

A government department or body may request to be informed of this application or to take part in it (if permitted under the applicable rules of law). Check the appropriate box or boxes.

- 1 001- I receive or have received income assistance or social assistance.
- 1 002- The respondent receives, may receive or has received income assistance or social assistance.

PART 11– DOCUMENTS ENCLOSED TO COMPLETE THE APPLICATION

- | | |
|--|--|
| <ul style="list-style-type: none"><input type="checkbox"/> 1 101- Canadian judgment of divorce<input type="checkbox"/> 1 102- Judgment of separation from bed and board<input type="checkbox"/> 1 103- Support orders (all prior decisions)<input type="checkbox"/> 1 104- Statements of account or statements of arrears<input type="checkbox"/> 1 105- Parenting orders<input type="checkbox"/> 1 106- Act or certificate of birth<input type="checkbox"/> 1 107- Certificate or judgment of adoption<input type="checkbox"/> 1 108- Proof of registration at a secondary or post-secondary educational institution<input type="checkbox"/> 1 109- Statement required under article 444 of the Code of Civil Procedure of Québec | <ul style="list-style-type: none"><input type="checkbox"/> 1 110- Form III (section 22 of the Regulation of the Superior Court of Québec in family matters)<input type="checkbox"/> 1 111- Documents required under section 21 of the <i>Federal Child Support Guidelines</i> concerning income<input type="checkbox"/> 1 112- Explanations and supporting documents relating to special or extraordinary expenses<input type="checkbox"/> 1 113- Notice concerning other orders or cases (section 16 of the Regulation of the Superior Court of Québec in family matters)<input type="checkbox"/> 1 114- Other relevant evidence (specify): |
|--|--|

PART 12– ADDITIONAL INFORMATION

Check the box to add a page

PART 13– DECLARATION BY THE APPLICANT

I certify that the above information is accurate and complete and I sign:

Town or city	Date YYYY/MM/DD	Signature
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