

# SUPPORT FOR CLAIMANT/APPLICANT

# Form H

## 1. Application for support for myself (amount and date)

- I am the Claimant/Applicant and ask for support for myself. I ask the Court to order support of \$\_\_\_\_\_ per month starting as of \_\_\_\_\_ (dd-mmm-yyyy). A Financial Statement (Form I) is included in my application.
- The Respondent agreed to pay support for me of (monthly or other amount): \$\_\_\_\_\_ and has not paid the whole amount. There is now unpaid support of \$\_\_\_\_\_ owing.
  - Written agreement (attach)
  - Verbal agreement
  - Other \_\_\_\_\_

**Retroactive commencement date** (if you have asked for support to start on a date earlier than the date of your application, explain why your application was not made earlier)

Additional page(s) attached

## 2. Facts about my claim (complete all that apply and add additional documents as necessary)

My application is based on the following facts:

My date of birth is (dd-mmm-yyyy): \_\_\_\_\_

I claim support from the Respondent based on the following grounds:

Additional page(s) attached

- 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.
  - I have attached an excerpt of the law that says I am entitled as an adult child to claim support from a parent.
- The Respondent and I were married to each other.
- The Respondent and I were not married to each other but we were in a registered relationship with legal rights and obligations according to: \_\_\_\_\_  
(Specify the law under which your relationship was registered.)
- The Respondent and I were not married but we lived together as a couple. Our relationship was not registered but I believe I am entitled to claim support from the Respondent according to: \_\_\_\_\_  
(Specify the laws that say you are entitled to claim support. You may be entitled under the laws of your province or territory or under the law of another province territory, or country or under the law of more than one place. You may need to seek legal advice about this.)

\_\_\_\_\_ to \_\_\_\_\_  
Start date of relationship (dd-mmm-yyyy)                      End of relationship (dd-mmm-yyyy)

The last place we lived as a couple before separation is: \_\_\_\_\_  
(Specify city/town, province, territory or state and country)

During the time we lived together, we lived in the following places:

--

(Specify city/town, province, territory or state, and country.)

During the time we were together, we separated for a total of \_\_\_\_\_ because:  
(years, months)

--

The Respondent and I lived together for a total of \_\_\_\_\_.  
(total time in years and months)

My marital status is:    Separated    Divorced    Married    Common-law    Single    Other: \_\_\_\_\_

The Respondent and I did not have any children together.

The Respondent and I have the following children together:

Name (First Middle Last)	Date of Birth (dd-mmm-yyyy)
1.	
2.	
3.	
4.	

(If there is a child support order/agreement about any of the above child(ren), attach it.)

There were children from a previous relationship living with the Respondent and me:    Yes    No

Name (First Middle Last)	Date of Birth (dd-mmm-yyyy)
1.	
2.	
3.	
4.	

(Attach an additional page if more than 4 children)

Identify each child and whose child(ren) they are, and percentage of time that they were with you and the Respondent.

--

Additional page(s) attached

The following children are living with me:

Name (First Middle Last)	Date of Birth (dd-mmm-yyyy)
1.	
2.	
3.	
4.	

(Attach an additional page if more than 4 children.)

Date youngest child will start full time schooling:

Name (First Middle Last)	Date (dd-mmm-yyyy)

Date youngest child is expected to complete high school:

Name (First Middle Last)	Date (dd-mmm-yyyy)

The following children are living with the Respondent:

Name (First Middle Last)	Date of Birth (dd-mmm-yyyy)
1.	
2.	
3.	
4.	

(Attach an additional page if more than 4 children.)

### 3. My education

The last grade I finished in school (before post-secondary 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.):

Additional page(s) attached

**5. Medical**

- 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. The 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 other 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)

- Compared to the time the Respondent and I were together, my standard of living has changed. (Please explain below why your standard of living is now better or worse than it was when living with the Respondent.)

Additional page(s) attached

- I plan 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

This document is attached to and forms part of the evidence in my support/support variation application.

\_\_\_\_\_  
(Signature of Claimant/Applicant)