

Please type or print in dark ink when completing this application form.

Applicant applying is: Receiving Child Support Paying Child Support

Your contact information:

(Last Name)	(First Name)	(Middle Names)
(Mailing address and City/Town)		(Street address)
(Province and Postal Code)		(daytime telephone)
(e-mail address)		(alternate telephone)

Contact information for other party:

(Last Name)	(First Name)	(Middle Names)
(Mailing address and City/Town)		(Street address)
(Province and Postal Code)		(daytime telephone)
(e-mail address)		(alternate telephone)

Employment information for Payor:

(Employer Business Name)	(Yearly Income)
(Employer Address)	(City) (Province) (Postal Code)
(Employer Phone)	(Employer Contact Name)

Children for whom child support is being paid:

	LAST NAME	FIRST	MIDDLE	Resides with which parent:	Sex of child	DATE OF BIRTH		
						Day	Month	Year
1.								
2.								
3.								
4.								
5.								
6.								

Case Information:

(Current Child Support Amount)	(Type of payment)	Weekly	Bi-Weekly	Monthly	Semi-Monthly	Lump Sum
	Other (please specify):					
(Amount of Child Support paid in the recent tax year)		(Tax year)				

Additional information:

Attach copy of current child support order or agreement (MUST be attached)

Maintenance Enforcement Office Case Number _____
If Applicable

I declare that I understand:

- 1) I will keep the office informed of any new or changed information such as changes to:
 - a. Court order or agreement;
 - b. Custody or dependency status of the children;
 - c. Address; and
 - d. Payor's employment.
- 2) All information received and retained in the Child Support Recalculation Service will be kept confidential, and will only be released in accordance with subsection 21.35 of *The Family Maintenance Regulations, 1998*.
- 3) The information given in this Application Form is true and correct.
- 4) By providing your email address you consent to our office using the email address to send you notices and updates related to your file.

Date of Application

Signature of Applicant

Once you've completed the form and saved it as a PDF, please email it as an attachment to recalculation@gov.sk.ca or print and mail it to:

Child Support Recalculation Service
Room 323 - 3085 Albert Street
Regina, Saskatchewan S4S 0B1