

# Child Support Recalculation Service Application Form

## Family Justice Services Branch

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

CSRS Use Only:  
File #: \_\_\_\_\_

### Applicant information:

(Last Name)	(First Name)	(Middle Names)
(Mailing address and City/Town)		(Street address and City/Town)
(Province and Postal Code)		(daytime telephone)
(e-mail address)		(alternate telephone)
(Date of Birth dd/mm/yr)		

### Applicant employment information: (Only to be completed if you are required to pay support)

(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:	Gender M - Male F - Female	DATE OF BIRTH		
						Day	Month	Year
1.								
2.								
3.								
4.								

Dependant(s) over age 18:  Yes  No

### Parenting Arrangement:

- Sole (one party has the majority of time with the child/ren)
- Shared (minimum time of 40% with each parent)
- Split (1 or more children reside with each parent)

**Information for other party:**

(Last Name)	(First Name)	(Middle Names)
(Mailing address and City/Town)		(Street address and City/Town)
(Province and Postal Code)		(daytime telephone)
(e-mail address)		(alternate telephone)
Date of Birth (dd/mm/yr)		

**Employment information for other party:** (Only to be completed if the other party pays support)

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

**Case Information:**

(Current Child Support Amount)	(Type of payment) <input type="radio"/> Weekly <input type="radio"/> Bi-Weekly <input type="radio"/> Monthly <input type="radio"/> Semi-Monthly <input type="radio"/> 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)
- There is a history of domestic violence or a no contact order

By signing this form, 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. Parenting arrangement or dependency status of the children;
  - c. Address; and
  - d. Employment information.
- 2) All information received and retained in the Child Support Recalculation Service will be kept confidential and will only be released in accordance with *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.

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Date of Application

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Signature of Applicant

Once you've completed the form, send to:

Child Support Recalculation Service  
323 - 3085 Albert Street  
Regina, Saskatchewan S4S 0B1  
[recalculation@gov.sk.ca](mailto:recalculation@gov.sk.ca)  
Fax: 306-787-2599

For assistance, please call 306-787-5042 in the Regina area or toll-free 1-833-825-1445 outside the Regina area. Additional information about our service is available at <https://www.saskatchewan.ca/child-support-recalculation>.