

INTERJURISDICTIONAL SUPPORT VARIATION APPLICATION UNDER THE DIVORCE ACT

Form A.4

*This application is made pursuant to the Divorce Act.**

Originating Jurisdiction	Receiving Jurisdiction
Court File #:	Court File #:
Court Location:	Court Location:
Designated Authority #:	Designated Authority #:

(For office use only)

1. This is a SUPPORT VARIATION APPLICATION between

the **Applicant** (name of the person applying for the order):

(First Name)

(Middle Name)

(Last Name)

and the **Respondent** (name of the person responding to this application):

(First Name)

(Middle Name)

(Last Name)

I am the Applicant and I reside in _____ (Province/Territory/State/Country).

The Respondent resides in Canada, we were divorced in Canada and a support order was made under the *Divorce Act*.

2A. I ask the court for a SUPPORT VARIATION ORDER including the following:

A change or variation in the total amount of support in the current support order from \$ _____ per month, to \$ _____ per month. (Form K is required. Additional forms may also be required, depending on the reason for this application.)

A change in the amount of unpaid support arrears owing under the current support order(s) and that the arrears be 'fixed' or set at \$ _____ as of _____ (dd-mmm-yyyy). (Forms I and K are required. Additional forms may also be required depending on the reason for this application.)

The change or variation of this order to be effective as of _____ (dd-mmm-yyyy).

(If a retroactive commencement date is requested, an explanation must be provided on Form K.)

The termination of the obligation to pay support for _____ (name), as of _____ (dd-mmm-yyyy). (Form K is required. Other forms may also be required.)

Other (specify): _____

Future periodic disclosure of financial information as appropriate.

2B. Provincial Child Support Service

- As an alternative to a court hearing, I request to have the amount of child support recalculated by a provincial child support service, if: a provincial child support service in the province where the respondent resides provides such a service; if there is a court order permitting the service (if required); and if the designated authority of that province determines, that this application is suitable for that service.

3. Person applying for an order (the Claimant)

NOTE: Information contained in this application, including your contact information, will be included in the package provided to the Respondent and will form part of a court file that MAY BE available to the general public. If you are concerned about providing your own address, you may provide an alternative address where you can be contacted and where documents or correspondence may be sent to you. You must check the applicable box below.			
(First Name)	(Middle Name)	(Last Name)	
(Street Address, City/Town)			
(Province/Territory/State/Country)	(Postal Code/Zip Code)	(Daytime Telephone)	(Cell Phone Number)
(Mailing Address, if different than street address)	(Fax Number)	(Email Address)	
The above is:			
<input type="checkbox"/> my own address			
<input type="checkbox"/> c/o my lawyer			
(Lawyer's name _____)			
<input type="checkbox"/> c/o another person			
(That person's name _____)			
<input type="checkbox"/> c/o agency to whom my rights have been assigned			
(Contact name _____)			
As it may be necessary to contact you in the future, you are required to inform the Designated Authority of any address changes.			

4. Request to be notified and request to participate in hearings (the following checkboxes are optional)

- I ask to be notified of all hearings arising from this application, if possible under the rules and procedures of the reciprocating jurisdiction.
- I ask to be given the opportunity to participate in all hearings arising from this application by way of telephone or other technology, if possible under the rules and procedures of the reciprocating jurisdiction.

NOTE: If you check this box, you must make yourself available to participate in all hearings.

5. As a government or government agency may need to be informed of and/or participate in this application (if its laws allow it) please indicate as appropriate:

- I am receiving or have received income or social assistance in the past.
- The Respondent is/may be receiving income or social assistance now or has in the past

6. Person responding to this application (the Respondent)

(First Name)	(Middle Name)	(Last Name)
(Street Address, City/Town)		
(Province/Territory/State/Country, Postal Code/Zip code)	(Daytime Telephone)	(Cell Phone Number)
(Mailing Address, if different than street address)	(Fax Number)	(Email Address)
NOTE: Additional Locate Information Form is also required		

7. Child(ren) (only those children who are the subject of this application)

	Name (First Middle Last)	Province/Territory/State/Country (of residence – last 6 months)	Date of Birth (Day/Month/Year)
1.			
2.			
3.			
4.			

Additional page(s) attached

8. Information about previous court orders, agreements or related proceedings (check all that apply)

I have a Maintenance Enforcement file in: _____ (prov/terr/state/country).
File # _____

A Divorce Order has been made in Canada.

A copy of the Divorce Order is attached

Date of the marriage: _____

Divorce granted in which province or territory: _____

I confirm that:

Child Support Variation

There is a child support order under the *Divorce Act*; and there are no undecided variation proceedings respecting child support under the *Divorce Act* in a court in a province or territory.

AND/OR

Spousal Support Variation

There is a spousal support order under the *Divorce Act*; and there are no undecided variation proceedings respecting spousal support in a court in a province or territory for spousal support under the *Divorce Act*.

AND/OR

I requested spousal support in the divorce proceeding but a spousal support order was not made at that time because _____

(attach a copy of the court's reasons if available)

There are no undecided claims for spousal support in a court in a province or territory for spousal support under the *Divorce Act*

There are court order(s) involving the Respondent, the child(ren) and me.

A copy of each order is attached (include any orders that specify or determine arrears).

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

- Parentage Form B
- Child Support Claim Form C
- Request for a Support Order (if Respondent does not provide financial information) Form D
- Request for Child Support Different than Child Support Guidelines Table Amount Form E
- Special or Extraordinary Expenses Claim Form F
- Request to Pay Child Support Different than Child Support Guidelines Table Amount Form G
- Support for Claimant/Applicant Form H
- Financial Statement Form I
- Child Status and Financial Statement Form J
- Evidence to Support Variation of a Support Order Form K
- All Support Orders or Written Agreements between the parties or relating to any child for whom support is claimed
- Documents required by the jurisdiction hearing this application:

_____ Additional page(s) attached

- Other: _____
- Other: _____

10. Jurat

I, _____ swear/affirm that the information and facts contained in this application, including the attached forms, are true. I am making this application in good faith.

SWORN/AFFIRMED BEFORE ME

At the Municipality/City/Town of _____

In the Province/Territory/State/Country of _____

On _____, 20_____.

Notary Public or other authorized individual

Applicant Signature

Print Name and Title of the authority under which this oath was administered.
(For example, Commissioner of Oaths. Use Stamp or Seal, if applicable.)

Commission Expiry Date (DD/MM/YYYY) (If applicable)

12. Legal Authority: The *Divorce Act* and the Federal Child Support Guidelines will be applied to decide this application.

* Divorce Act, 2019, c.16.