

# Enrollment Form Maintenance Enforcement Office (MEO)

**Note: Enrollment with the MEO is voluntary.**

- **Do not enroll unless you want the MEO to handle the collection of your support payments.**
- **The MEO's management of your case is greatly improved when you provide accurate and complete information.**
- **Please read the last page of this form carefully before completing and signing it.**  
Fill in as many blanks as possible.

Maintenance Enforcement Office  
PO BOX 2077  
Regina, SK S4S 0B1  
Phone: 306-787-8961 | Fax: 306-787-1420  
Email: [meoinquiry@gov.sk.ca](mailto:meoinquiry@gov.sk.ca)

<b>For Maintenance Enforcement Office Use Only:</b>			Case Number: _____		
Recipient Client ID: _____	Associated Cases: _____	Check: _____	Check: _____	Entered by: _____	
Payor Client ID: _____	Associated Cases: _____	Check: _____	Check: _____	Entered by: _____	

### Information on the Recipient *(person entitled to receive support)*

Name: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Last First Middle Gender

*Other names known by (any former married names, nicknames, aliases, etc.)*

Name: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Last First Middle

Home Address: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Street City Prov. Country Postal Code

*Mailing Address (if different from above)*

Mailing Address: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Street City Prov. Country Postal Code

Home Phone (+ area code) \_\_\_\_\_ / Work Phone \_\_\_\_\_ / Cell Phone \_\_\_\_\_ Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
DD MM Year

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Email Address Health Number Drivers Licence Number Social Insurance Number

\_\_\_\_\_ / \_\_\_\_\_  
Marital Status Name of Current Spouse

Member of a First Nations:  Yes \_\_\_\_\_ Band Name \_\_\_\_\_ Is Recipient Status?:  Yes \_\_\_\_\_ Treaty Number \_\_\_\_\_

Is Recipient on Social Assistance:  Yes \_\_\_\_\_ Client Number \_\_\_\_\_ Social Assistance Provider \_\_\_\_\_

Military Service?:  Yes \_\_\_\_\_  
Details

### Names of Friend(s)/Relative(s) *(individuals who would know the Recipient's whereabouts)*

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Full Name Phone Number Type of Relationship

Address: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Street City Prov. Country Postal Code

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Full Name Phone Number Type of Relationship

Address: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Street City Prov. Country Postal Code

**Information on the Payor** (person required to pay maintenance)

Name: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Last First Middle Gender

Other names known by (any former married names, nicknames, aliases, etc.)

Name: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Last First Middle

Home Address: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Street City Prov. Country Postal Code

Mailing Address (if different from above)

Mailing Address: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Street City Prov. Country Postal Code

Home Phone (+ area code) / Work Phone / Cell Phone Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
DD MM Year

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Email Address Marital Status Name of Current Spouse

Member of a First Nations:  Yes \_\_\_\_\_ Band Name Is Payor Status?:  Yes \_\_\_\_\_ Treaty Number

Is Payor on Social Assistance:  Yes \_\_\_\_\_ Client Number Social Assistance Provider Military Service?:  Yes \_\_\_\_\_ Details

Is the Payor currently receiving:  Employment Insurance  Workers Comp  Old Age Security  Canada Pension Plan (CPP)

**Identifiers** (of the Payor)

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Health Number Drivers Licence Number Province Issued Social Insurance Number Passport Number

\_\_\_\_\_ / \_\_\_\_\_  
Mothers Maiden Name Social Media Names (ie. Facebook, Twitter, Other)

**Description** (of the Payor)

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Height ft/in./cm Weight lbs/kg Hair Colour Ethnicity Eye Colour Glasses  Yes  No Is a picture attached?  Yes  No

Are there any other details that would help identify the Payor (e.g., tattoos, scars, etc.)?

**Current Employment Information** (of the Payor)

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Self-Employed  Yes  No  
Employed With Occupation Associations/Unions Business Type

Employer Address: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Street City Prov. Country Postal Code

Start Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Phone Number / Fax Number / Email / Website  
DD MM Year

**Previous Employment Information** (of the Payor)

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Self-Employed  Yes  No  
Employed With Occupation Associations/Unions Business Type

Employer Address: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Street City Prov. Country Postal Code Phone Number

Start Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ End Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
DD MM Year DD MM Year Fax Number / Email / Website

**Names of Friend(s)/Relative(s)** (person who would know Payor's whereabouts)

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Full Name Phone Number Type of Relationship

Address: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Street City Prov. Country Postal Code

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Full Name Phone Number Type of Relationship

Address: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Street City Prov. Country Postal Code

## Payor's Assets

Provide details of any assets the Payor has, including vehicle(s) (type, make, model, year and plate number), house, cottage, land, banking information, pension plans, retirement savings plans, term deposits, insurance policies, stocks/shares, credit cards, equipment, business inventory, or other assets. Please complete the following and provide as much detail as possible.

### Motor Vehicle Information:

Make	Model	Year	Colour	Licence Plate	Province/State	Payor is Sole Owner	Joint Ownership With
						<input type="checkbox"/>	
						<input type="checkbox"/>	
						<input type="checkbox"/>	
						<input type="checkbox"/>	

### Real Estate Information:

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Payor Sole Owner  or Joint Owner with: \_\_\_\_\_  
 Street Address City Prov./State Postal Code Legal Description

### Banking Information:

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Joint Account / Joint Owner with: \_\_\_\_\_  
 Name of Financial Institution Street Address City Prov./State Account Type Account No.

### Pension Information:

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Company Name Street Address City Prov./State Postal Code Type Account No.

### RRSP Information:

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Company Name Street Address City Prov./State Postal Code Type Account No.

### Term Deposit Information:

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Company Name Street Address City Prov./State Postal Code Type Account No.

### Insurance Policy Information:

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Company Name Street Address City Prov./State Postal Code Type Account No.

### Bonds and Stock Information:

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Company Name Street Address City Prov./State Postal Code Type Account No.

### Credit Card Information:

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Company Name Street Address City Prov./State Postal Code Type Account No.

### Other equipment not previously mentioned:

### Other asset information not previously listed:

\_\_\_\_\_

## Police Record (of the Payor)

Police Record?  Yes  No (If yes, indicate the type of offence, providing details – such as date, location, etc. – below):

\_\_\_\_\_

Driving Offences  Assault  Restraining Order  Other (indicate type, date, location, etc.): \_\_\_\_\_

History of Enforcement (details of any past attempts to enforce payment of this support):

\_\_\_\_\_

## Dependant(s) Listed Under the Order or Agreement (any person whose benefit support is required as listed in the order)

Last Name	First Name	Initial	Type C=Child / S=Spousal	Gender	Date of Birth (Day/Mon/Year)	For Office Use Only Client ID Number

I apply to have the enclosed support order/agreement filed with and enforced by the Maintenance Enforcement Office. By signing this form, I declare that I understand:

1. All payments must be made through the Maintenance Enforcement Office. Payments must not be exchanged directly between the Recipient and the Payor.
2. Once I am enrolled, I will not attempt to collect the support on my own. I give my right to enforce the order or agreement to the Executive Director of Maintenance Enforcement.
3. I will keep the office informed of any new or changed information concerning my case such as changes:
  - a. in the order or agreement;
  - b. in the parenting arrangement (formerly custody) or dependency status of the children;
  - c. of address; and
  - d. in employment.
4. While the office will do its best to enforce the order or agreement, it cannot guarantee that payments will be made, will be made consistently, or will be made without interruption.
5. All information received and retained in the Maintenance Enforcement Office will be kept confidential and will only be released in accordance with *The Enforcement of Maintenance Orders Act* and *The Enforcement of Maintenance Orders Regulations*.
6. The information given in this Enrollment Form is true and correct.
7. By providing your email address, you consent to the Maintenance Enforcement Office using the email address to send you notices and updates related to your file.

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Signature

/ \_\_\_\_\_  
Date of Application

To become enrolled in the Maintenance Enforcement Program, please submit this completed form and one of the following:

- if your support is contained in a court order, and that order was granted by a Saskatchewan Court, a photocopy of that order; or
- if a court outside Saskatchewan granted your support order, one certified copy of that order (which you can obtain directly from the courthouse where the order was granted); or
- if your support is contained in an agreement, made in Saskatchewan, a photocopy of that agreement AFTER it has been filed with the Court of King's Bench in the region where you live. If the agreement was made in another jurisdiction, it must be filed with a proper authority in that jurisdiction, and one certified copy obtained.
- if you are the Recipient, you are now required to receive your payments by direct deposit to your bank account. We have enclosed a blank direct deposit form for your convenience.

Please mail or bring the documents to:

**Maintenance Enforcement Office,**  
PO BOX 2077, 3085 Albert Street,  
Regina, SK, S4S 0B1

For assistance in completing this form, please call 306-787-8961 in the Regina area or toll-free at 1-866-229-9712 outside the Regina area. You can also email your inquiry to [meoinquiry@gov.sk.ca](mailto:meoinquiry@gov.sk.ca) or visit our website at:

<https://www.saskatchewan.ca/residents/family-and-social-support/child-support/paying-and-receiving-child-support>.