

# INTERJURISDICTIONAL SUPPORT APPLICATION UNDER THE DIVORCE ACT

## Form A.3

*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 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 and we were divorced in Canada.

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

Child support: Total amount of \$ \_\_\_\_\_ **per month** or the appropriate amount according to the applicable child support guidelines, starting as of \_\_\_\_\_ (dd-mmm-yyyy).

This total amount per month includes all amounts that I have claimed on Form D which may include:

- the child support guidelines table amount;
- any amounts that are different than the child support guidelines table amount; and
- any monthly special or extraordinary expense amounts for all children named in this application.

The amounts for these claims are specified on Form D and other Forms I have attached, if applicable and are based on the Respondent's income or imputed income of \$ \_\_\_\_\_ per year. I rely on Form D to support my claim for this amount if it is necessary to impute income.

- If a retroactive commencement date is requested, I have provided an explanation on Form C. (Forms C and D are required; Forms E, F, I and/or J may also be required.)

That the Respondent obtain and maintain medical and/or dental insurance coverage for the child(ren) and/or myself. (Form C is required.)

Spousal support for myself in the amount of \$ \_\_\_\_\_ per month starting as of \_\_\_\_\_ (dd-mmm-yyyy). (Forms H and I are required.) (If a retroactive commencement date is requested, an explanation must be provided on Form H.)

- Other (specify): \_\_\_\_\_
- Future periodic disclosure of financial information as appropriate.
- I ask that any order made and information provided in this application be provided to the relevant enforcement authority.

**2B. Provincial Child Support Service**

As an alternative to a court hearing, I request to have the amount of child support calculated 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 Applicant)**

<b>NOTE:</b> 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 _____)		
<b>As it may be necessary to contact you in the future, you are required to inform the Designated Authority of any address changes.</b>		

**4. I am entitled to claim support for the child(ren) of the marriage named in this application as I am the former spouse of the Respondent, and I believe the Respondent has an obligation to support the child(ren).**

**5. 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.

**6. 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

**7. 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)	
<b>NOTE: Additional Locate Information Form is also required</b>								

**8. 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 (dd-mmm-yyyy)
1.			
2.			
3.			
4.			

Additional page(s) attached

**9. 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:**

There are no child support orders or spousal support orders under the *Divorce Act*; and

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

**Check the applicable boxes only if you are requesting spousal support in this application:**

I did not request spousal support in the divorce proceeding.

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 court orders or agreements involving the Respondent, the child(ren) and me.

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

**A copy of each order is attached.**

There is a written agreement involving the Respondent, the child(ren) and me.

**A copy of the agreement, and any changes to it, is attached.**

**10. 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: \_\_\_\_\_

**11. 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.