Form C

Nam	me (First Middle Last):	Date of Birth (dd-mmm-vvvv)		
		Date of Birth (ad hilling yyyy).		
		idelines table amount for the child named above.		
	Form E is attached.			
		hild support guidelines table amount plus special or extraordinary expenses for the child named		
		in an amount different from the guidelines table amount, plus special or extraordinary the child named above. Forms E, F and I are attached.		
Nam	ne (First Middle Last):	Date of Birth (dd-mmm-yyyy):		
	Only the child support guidelines table amount.			
	Child support in an amount different from the gu	idelines table amount for the child named above.		
	Form E is attached.			
	The child support guidelines table amount plus above. Forms F and I are attached.	special or extraordinary expenses for the child named		
	Child support in an amount different from the guexpenses for the child named above. Forms E,	idelines table amount, plus special or extraordinary F and I are attached.		
Nam	me (First Middle Last):	Date of Birth (dd-mmm-yyyy):		
		idelines table amount for the child named above.		
	Form E is attached.			
	The child support guidelines table amount plus special or extraordinary expenses for the child named above. Forms F and I are attached.			
	Child support in an amount different from the guidelines table amount, plus special or extraordinary expenses for the child named above. Forms E, F and I are attached.			
Nam	ne (First Middle Last):	Date of Birth (dd-mmm-yyyy):		
	Only the child support guidelines table amount.			
	Child support in an amount different from the gu	Child support in an amount different from the guidelines table amount for the child named above.		
	Form E is attached.			
☐ The child support guidelines table amount plus special or extraordinary expenses for the child nam above. Forms F and I are attached.		special or extraordinary expenses for the child named		
	Child support in an amount different from the guexpenses for the child named above. Forms E,	idelines table amount, plus special or extraordinary F and I are attached.		
acc	e Respondent resides outside of Canada and I cordance with the applicable law (note: Section der the <i>Divorce Act</i>):	ask for child support for the following child(ren) ir n 2 does not apply if your application is made		
Name (First Middle Last)		Date of Birth (dd-mmm-yyyy)		
Name (First Middle Last)		Date of Birth (dd-mmm-yyyy)		
Name (First Middle Last)		Date of Birth (dd-mmm-yyyy)		
	MO (Elect Middle Leet)	Date of Birth (III		

	☐ I ask for an order that the Respondent obtain or maintain medical insurance coverage for the child(ren).				
		I ask for an order that the Respondent obtain or maintain dental insura	ance coverage for the child(ren).		
	☐ I am asking for ongoing child support starting as of the date of this application.				
		☐ I am asking for retroactive child support starting as of a date prior to the date of this application(dd-mmm-yyyy) in addition to ongoing child support.			
		I am asking for retroactive child support for the period of(dd-mmm-yyyy).	(dd-mmm-yyyy) to		
N	ИО.	FE: Provide information for each child to explain why you are requestin why an application was not made earlier.	ng retroactive child support and		
			Additional page(s) attached		
nis do	cur	nent is attached to and forms part of the evidence in my support/suppo			
		(Signa	ature of Claimant/Applicant)		