SUPPORT FOR CLAIMANT/APPLICANT

Form H

9	I am the Claimant/Applicant and ask for support for myself. I ask the Court to order support of \$ per month starting as of (dd-mmm-yyyy). A Financial Statement (Form I) is included in my application. The Respondent agreed to pay support for me of (monthly or other amount): \$ and has not paid the whole amount. There is now unpaid support of \$ owing. Written agreement (attach) Verbal agreement					
(
	Other					
	Retroactive commencement date (if you have asked for support to start on a date earlier than the date of your application, explain why your application was not made earlier)					
	Additional page(s) attached					
Fact	s about my claim (complete all that apply and add additional documents as necessary)					
M	y application is based on the following facts:					
M	y date of birth is (dd-mmm-yyyy):					
•••	, and or annual (at minimal yyyy).					
Ιc	claim support from the Respondent based on the following grounds:					
	Additional page(s) attached					
	I am an adult child seeking support from a parent. I have completed and attached Form J based on my circumstances as the Respondent's child instead of completing the rest of this Form H.					
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	9 1 2		ogenier, we		llowing places:		
			(Specify city/	town, province,	territory or state, and o	country.)	
	During the	time we were			r a total of		because
						(years, month	
	The Respo	ondent and I liv	red together f	or a total of _	(total tin	ne in years and	
marital	status is:	Separated	Divorced	Married	Common-law	Single	Other:
		ndent and I did ndent and I hav	_	_			
1.			e (First Middle L			Date of	Birth (dd-mmm-yyyy)
2.							
3.							
4.							
		(If the	re is a child supp	port order/agree	ment about any of the	above child(re	en), attach it.)
There	were childr	ren from a prev	rious relations	ship living with	n the Respondent	and me:	Yes No
1.		N	ame (First Midd	lle Last)		Date of	Birth (dd-mmm-yyyy)
2.							
3.							
4.							
			(Attach an a	additional page i	f more than 4 children)	
	fy each chil	d and whose c	hild(ren) they	are, and per	centage of time th	nat they we	re with you and the
							_

Name (First Middle Last)	Date of Birth (dd-mmm-yyyy)						
1.	_ = === === (== ====== ,,,,,,,						
2.							
3.							
4.							
	Attach an additional page if more than 4 children.)						
Date youngest child will start full time sch	youngest child will start full time schooling:						
Name (First Middle Last)	Date (dd-mmm-yyyy)						
Date youngest child is expected to compl	lete high school:						
Name (First Middle Last)	Date (dd-mmm-yyyy)						
The following children are living with the I	Respondent:						
Name (First Middle Last) 1.	Date of Birth (dd-mmm-yyyy)						
2.							
3.							
4.							
(A	Attach an additional page if more than 4 children.)						
education							
The last grade I finished in school (before	post-secondary school):						
Level	Year Completed						
College/University level or year complete	d:						
Program and Level	Year Completed						
Other training/certificate/diploma received	d:						
Level	Year Completed						

4. My work experience A. While with the Respondent: ☐ I did not work for pay while the Respondent and I were together. (If this statement applies, mark the box with an X, and go to Section 4.B.) ☐ During the time the Respondent and I were together, I worked for pay for a total of ____ (years, months) ☐ I have attached work history list with dates, employment, and monthly pay. My usual employment (occupation) was: I also worked as (other occupations): Additional page(s) attached ☐ If part-time, I worked an average of ______ hours per month. ☐ I worked less than full time, or did not work for pay, because (identify all reasons and time periods below): Additional page(s) attached B. Since the Respondent and I separated: ☐ I have not worked for pay at all or I work for pay and am unable to meet my needs because: Additional page(s) attached ☐ I have worked. I have attached a list of my work history including the dates of each employment and monthly pay. ☐ I have taken the following steps to improve my ability to support myself (list the courses, job training, education, re-location, etc.):

5.	Me	edical				
		I am not able to fully support myself because of a medical condition, disability, or special need which keeps me from working:				
		☐ I am only able to work less than full-time hours.				
		☐ I am not able to work at all.				
		Condition/Special Need				
		(Attach documents or doctor's letter giving details.)				
		I am not able to fully support myself because a child or other person has a medical condition, disability, or special need which keeps me from working:				
		☐ I am only able to work less than full-time hours.				
		☐ I am not able to work at all.				
		Name of person:				
		Relationship to me:				
		Condition/Special Need:				
		(Attach documents or doctor's letter giving details.)				
6.	Th	ne present and the future				
		As of the date of this application, I am:				
		□ Not working.				
		☐ Working full time				
		(Occupation, monthly income)				
		☐ Working part-time(Occupation, monthly income)				
		Looking for work (attach job search list).				
		☐ Going to school				
		(List the type of course, how long, where.)				
		Receiving income or financial assistance from the following other source(s) (for example, social assistance, government pension, other disability or family assistance), explain:				

(Indicate the monthly amounts received, for how long, expected amounts to be received in future.)

	My o	ther sources of income are (monthly) (check any that apply):
		Rental of space/apartment in my home
		Investment income (savings, GICs, bonds, property)
		Support from a present spouse, or other former spouse (attach order or agreement)
		Other (attach pages giving details)
	expla	pared to the time the Respondent and I were together, my standard of living has changed. (Please in below why your standard of living is now better or worse than it was when living with the ondent.)
		Additional page(s) attached
	I plar	n to make myself self-supporting by (check any that apply):
_		Going to school to complete high school
		Going to school to obtain a certificate/diploma/degree
		Apprenticeship or vocational training
		Obtaining employment
	A.	Details of my plan include (List name of course, where offered, length of time it takes, whether full of part time, costs, and results to be achieved. If the training/course has a brochure or curriculum, attach it.)
		Additional page(s) attached
	B.	I expect when my plan is completed, my standard of living will change. (Please explain below why your standard of living will be better or worse once your plan is completed.)
		Additional page(s) attached
	I will	not be able to become self-supporting because:
		Additional page(s) attached
his	docur	ment is attached to and forms part of the evidence in my support/support variation application.
		(Signature of Claimant/Applicant)