

Court file number

(Name of Court)

**Form 15C: Consent
Motion to Change**

at _____
Court office address

Applicant(s)

Full legal name & address for service — street & number, municipality, postal code, telephone & fax numbers and e-mail address (if any).

Lawyer's name & address — street & number, municipality, postal code, telephone & fax numbers and e-mail address (if any).

Respondent(s)

Full legal name & address for service — street & number, municipality, postal code, telephone & fax numbers and e-mail address (if any).

Lawyer's name & address — street & number, municipality, postal code, telephone & fax numbers and e-mail address (if any).

Assignee (if applicable)

Full legal name & address for service — street & number, municipality, postal code, telephone & fax numbers and e-mail address (if any).

Lawyer's name & address — street & number, municipality, postal code, telephone & fax numbers and e-mail address (if any).

YOU MAY USE THIS FORM IF YOU ARE SEEKING TO CHANGE AN ORDER OR AGREEMENT THAT HAS BEEN RECALCULATED BY THE ONLINE CHILD SUPPORT SERVICE. YOU MUST SERVE A COPY OF THIS FORM ON THE FAMILY RESPONSIBILITY OFFICE IF THE ORDER YOU RECALCULATED WAS MADE UNDER THE DIVORCE ACT AND THE RECALCULATION WAS COMPLETED WITHIN THE LAST 35 DAYS.

YOU MAY NOT USE THIS FORM TO CHANGE A NOTICE OF CALCULATION MADE BY THE ONLINE CHILD SUPPORT SERVICE.

EACH OF YOU SHOULD CONSIDER GETTING A LAWYER'S ADVICE BEFORE SIGNING THIS CONSENT.

IF YOU ARE SEEKING TO CHANGE A SUPPORT ORDER OR AGREEMENT THAT HAS BEEN ASSIGNED TO A PERSON OR AGENCY, YOU MUST SERVE ALL DOCUMENTS ON THE ASSIGNEE AND OBTAIN THE ASSIGNEE'S CONSENT TO ANY CHANGE THAT MAY AFFECT THE ASSIGNEE'S FINANCIAL INTEREST. FAILURE TO OBTAIN THE ASSIGNEE'S CONSENT MAY RESULT IN A COURT SETTING ASIDE AN ORDER AND ORDERING COSTS AGAINST THE PARTY WHO DID NOT PROVIDE NOTICE. IT IS THE RESPONSIBILITY OF THE PERSON SEEKING THE CHANGE TO DETERMINE IF THE ORDER HAS BEEN ASSIGNED. YOU CAN DO THIS BY SUBMITTING A CONFIRMATION OF ASSIGNMENT FORM. THE CONFIRMATION OF ASSIGNMENT FORM IS AVAILABLE THROUGH THE MINISTRY OF THE ATTORNEY GENERAL WEBSITE OR AT THE COURT OFFICE.

1. We know that each of us has the right to get advice from his or her own lawyer about this case and understand that signing this consent may result in a final court order that will be enforced.
2. ☐ We have filed/are filing Financial Statements (Form 13 or 13.1) with the court.
☐ We have agreed not to file any Financial Statements with the court.
3. ☐ We have attached the existing final order or support agreement and ask the court to make an order that changes that order or agreement as set out below.
☐ Since the order/agreement for child support was made, a Notice of Recalculation was issued by the online Child Support Service dated _____ (please attach).

CUSTODY/ACCESS

(Complete only if the parties are asking for a change in a custody or access order.)

4. ☐ We agree that (name(s) of person(s) or party(ies)) _____ shall have custody of the following child(ren):

Child's full legal name	Birthdate(d, m, y)	Age	Sex

☐ We agree that *(name(s) of person(s) or party(ies))* _____
shall have access to: *(name(s) and birthdate(s) of child(ren))* _____

as follows: *(give details of access order)* _____

OR

5. ☐ We agree that *(names of parties or persons)* _____
and _____ shall have joint custody of the following child(ren):

Child's full legal name	Birthdate (d, m, y)	Age	Sex

☐ We agree that the residential/access arrangements for the child(ren) *(name(s) and birthdate(s) of child(ren))* _____

shall be as follows: _____

CHILD SUPPORT

(Complete only if the parties are asking for a change in child support.)

6. We agree to an order for child support that is:

☐ equal to or more than what is in the Child Support Guidelines.

☐ none (no child support).

☐ less than what is in the Child Support Guidelines for the following reasons: _____

7. The party receiving support ☐ is ☐ is not receiving social assistance.

8. We agree that child support shall be as follows:

☐ Based on the payor's annual income of \$ _____, *(name of party)* _____
shall pay to *(name of party)* _____ \$ _____ per month
for the following child(ren) *(name(s) and birthdate(s) of child(ren))* _____

with payments to begin on *(date)* _____.

☐ Starting on *(date)* _____, *(name of party)* _____
shall pay *(name of party)* _____ \$ _____ for the
following special or extraordinary expenses:

Child's name	Type of expense	Total Amount of Expense	Payor's Share	Terms of Payment (frequency of payment, date due, etc.)
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

☐ (Complete only if the parties are agreeing to special or extraordinary expenses.) The recipient's total annual income is \$ _____.

☐ The order or agreement for child support, with respect to the child(ren) (name(s) and birthdate(s) of child(ren))

dated _____, shall be terminated as of (date) _____.

Complete if applicable:

9. We also agree that the outstanding child support owed be paid off as follows:

☐ The child support owed to (name of recipient) _____ shall be fixed at \$ _____ as of (date) _____ and (name of payor) _____ shall pay (name of recipient) _____ \$ _____ per month, with payments to begin on (date) _____ until the full amount owing has been paid.

☐ The child support owed to (name of agency or other person) _____ shall be fixed at \$ _____ as of (date) _____ and (name of payor) _____ shall pay (name of recipient) _____ \$ _____ per month, with payments to begin on (date) _____ until the full amount owing has been paid.

SPOUSAL SUPPORT

(Complete only if the parties are seeking a change in spousal support.)

10. We agree that the spousal support payments should be as follows:

☐ (Name of party) _____ shall pay to (name of party) _____ the amount of \$ _____ per month, with payments to begin on (date) _____.

☐ The order or agreement for spousal support, dated _____, shall be terminated as of (date) _____.

11. We agree that the outstanding spousal support owed be paid off as follows:

☐ The spousal support owed to (name of recipient) _____ shall be fixed at \$ _____ as of (date) _____ and (name of payor) _____ shall pay (name of recipient) _____ \$ _____ per month, with payments to begin on (date) _____ until the full amount owing has been paid.

☐ The spousal support owed to (name of agency or other person) _____
shall be fixed at \$ _____ as of (date) _____ and (name of payor) _____
_____ shall pay (name of recipient) _____
\$ _____ per month, with payments to begin on (date) _____
until the full amount owing has been paid.

NOTE: If money is owed to an agency or other person (an assignee), a representative of that agency or the other person must consent to the change in the order.

OTHER
(Complete if applicable.)

12. We agree that paragraph(s) (specify which paragraphs of the order are to be changed) _____ of the order
of Justice (name of judge) _____, dated _____,
shall be changed as follows: (give details of the order you want the court to make) _____

The parties do not need to sign this consent at the same time. Each party must sign in the presence of his or her witness who shall sign immediately after that party.

NOTE: The witness cannot be one of the parties. If the witness does not know the party, the witness should see identification that proves that the person signing the consent is the same person who is a party to the consent.

Applicant's signature

Respondent's signature

Date of applicant's signature

Date of respondent's signature

Signature of witness

Signature of witness

Type or print name of witness to applicant's signature

Type or print name of witness to respondent's signature

Address of witness

Address of witness

Telephone number of witness

Telephone number of witness

ASSIGNEE'S CONSENT

Signature of person authorized to sign on behalf of assignee

Date of signature

Print name and title of person signing the consent

Witness's signature

Name of witness (type or print legibly)