

Court file number

(Name of Court)

**Form 15D: Consent Motion to
Change Child Support**

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).

Instructions to the Parties:

IF YOU ARE SEEKING TO CHANGE A CHILD SUPPORT TERM IN AN AGREEMENT THAT HAS NOT ALREADY BEEN FILED WITH THE COURT PURSUANT TO SECTION 35 OF THE FAMILY LAW ACT, YOU MUST FILE THE AGREEMENT AND FORM 26B (Affidavit for Filing Domestic Contract with Court) BEFORE BRINGING THIS MOTION TO CHANGE.

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 CHILD SUPPORT ORDER OR AGREEMENT THAT HAS BEEN ASSIGNED TO A PERSON OR AGENCY, YOU MUST 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.

TO THE COURT:

This motion to change child support is filed by the parties with the consent of the applicant and respondent and, if applicable, the assignee.

We ask the court to make the order requested in this motion by relying on this form only.

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 attached the existing agreement or order for child support 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).

Check the following box(es) that apply:

3. The total annual income of the person paying support is \$ _____.

The Payor ☐ is ☐ is not self-employed.

4. Proof of income for the payor was provided to the recipient by: *(check at least one)*

- ☐ Most recent income tax return
- ☐ Most recent notice of income tax assessment
- ☐ Current pay stub
- ☐ Business records
- ☐ Other *(provide details)* _____

5. ☐ *(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)* _____.

6. ☐ This amount is the table amount listed in the Child Support Guidelines.
- ☐ This amount is more than the table amount listed in the Child Support Guidelines.
- ☐ This amount is less than the table amount listed in the Child Support Guidelines for the following reasons: *(give details)* _____

7. ☐ 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 <i>(frequency of payment, date due, etc.)</i>
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

(Complete paragraphs 8 and 9 only if the parties are agreeing to special or extraordinary expenses.)

8. ☐ The recipient's total annual income is \$ _____

9. Proof of income for the recipient was provided to the payor by: *(check at least one)*

- ☐ Most recent income tax return
- ☐ Most recent notice of income tax assessment
- ☐ Current pay stub
- ☐ Business records
- ☐ Other *(provide details)* _____

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

dated _____, should be terminated as of *(date)* _____.

Complete applicable paragraphs if there is outstanding child support owing

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

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)