**Form FL‑46**

|  |  |
| --- | --- |
| COURT FILE NUMBER | Clerk’s Stamp |
| COURT | |  | | --- | |  |   COURT OF JUSTICE   |  | | --- | |  |   COURT OF KING’S BENCH |
| JUDICIAL CENTRE  (KING’S BENCH) |  |
| COURT LOCATION  (COURT OF JUSTICE) |  |
| APPLICANT(S) |  |
| RESPONDENT(S) |  |
| DOCUMENT | **RECIPIENT’S STATEMENT –  VARY CHILD SUPPORT** |

|  |  |
| --- | --- |
| ADDRESS FOR SERVICE AND  CONTACT INFORMATION OF  PARTY FILING THIS DOCUMENT |  |

I,      , swear/affirm that:

*(Choose one)*

|  |  |  |
| --- | --- | --- |
| 1. |  | I am a parent or guardian of the child(ren) and the child(ren) is/are in my care. |
|  |  |  |
|  |  | I am a person who has care and control of the child(ren). I am the child(ren)’s [aunt, uncle, etc.]. |
|  |  |  |
|  |  |  |
|  |  | I am the child (one of the children). My birthdate is [date] and I am [age] years old. |
|  |  |  |

2. I attach a copy of the Child Support Order I want to change dated [date].

*(Choose all that apply)*

3. Since the Child Support Order was made, circumstances have changed as follows:

|  |  |
| --- | --- |
|  | my financial position has changed. |
|  |  |
|  | I believe the Respondent’s financial position has changed. |
|  |  |
|  | the special expenses for the child(ren) have changed and I attach a Special Expense List and |
|  | receipts. |
|  |  |
|  | (Special expenses generally include child care expenses, medical and dental insurance premiums, health-related expenses, expenses for post-secondary education, and extraordinary expenses for extracurricular activities and school education.) |
|  |
|  |  |
|  | the child(ren) live with the Respondent as follows: |
|  |  |
|  | other changes: (specify) |

*(Complete if child is 18 years or over)*

4. The following children are 18 years or over and need child support because they are full-time students at the following institutions: (attach proof of attendance)

|  |  |  |
| --- | --- | --- |
| Child | Date of birth | Institution |
|  |  |  |
|  |  |  |

5. My annual total income for the last three years was (see line 150 of tax return):

|  |  |
| --- | --- |
| 20 | $ |
| 20 | $ |
| 20 | $ |

I expect my gross annual income this year to be $     .

Currently, I earn income from      .

*(Choose all that apply)*

|  |  |  |  |
| --- | --- | --- | --- |
| 6. |  | I want financial information from the Respondent. (attach written request for financial | |
|  |  | information) | |
|  |  |  | |
|  |  | I made a written request for financial information from the Respondent on: [date] | |
|  |  |  | |
|  |  |  | The Respondent has responded. I attach the documents from the Respondent. |
|  |  |  | |
|  |  |  | The Respondent has not responded. I attach a copy of my written request given to the Respondent. |
|  |  |  |  |
|  |  |  | |
|  |  | I believe the Respondent’s annual income should be set at $     . | |
|  |  |  | |
|  |  | I know the following facts about the Respondent’s employment, training, health and ability | |
|  |  | to work: | |

7. As of [date], the amount of unpaid support arrears was $[arrears]. (if available, attach a statement of account)

*(Choose one)*

|  |  |  |
| --- | --- | --- |
| 8. |  | I attach calculations showing how much I believe the Respondent should pay according to the child support guidelines. (attach calculations) |
|  |  |  |
|  |  | I did not attach calculations. |
|  |  |  |

9. The change to child support payments should start on [date].

10. I have the following other information in support of my application:

|  |  |  |
| --- | --- | --- |
| Sworn/Affirmed before me on [date], 20[year]  at [city], Alberta.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Justice of the Peace or Commissioner  for Oaths in and for the Province of Alberta | )  )  )  )  )  )  )  )  )  ) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Applicant’s Signature |

(Fill in if applicable)

**Special Expense List**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of child(ren): |  |  |  |  |
| Child care expenses |  |  |  |  |
| * amount charged by caregiver or day care | $ | $ | $ | $ |
| * parent’s portion of day care costs | $ | $ | $ | $ |
| Medical and/or dental insurance premiums | $ | $ | $ | $ |
| Health‑related expenses (exceeding insurance reimbursement by at least $100 annually) | $ | $ | $ | $ |
| Extraordinary primary/ secondary school expenses | $ | $ | $ | $ |
| Expenses for post-secondary education | $ | $ | $ | $ |
| Extraordinary expenses for extracurricular activities | $ | $ | $ | $ |

Details of above expenses: (include description of each health, school and extracurricular expense)

ATTACH RECEIPTS