**Form FL‑46**

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| COURT FILE NUMBER |      Clerk’s Stamp |
| COURT |

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|   |

COURT OF JUSTICE

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|   |

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 ANDCONTACT INFORMATION OFPARTY 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