



## Child Support Recalculation Application

### What best describes your identity?

Note: *This question is voluntary. The Child Support Recalculation Service wants to ensure that families can access its services.*

- Indigenous (e.g. Inuit, First Nations, Métis)
- White (e.g. German, Irish, English, Italian, Polish, French Canadian)
- Hispanic or Latin (e.g. Mexican, Puerto Rican, Cuban, Salvadoran, Dominican)
- Black or Caribbean (e.g. Black, Jamaican, Haitian, Nigerian, Somalian)
- Asian (e.g. Chinese, Filipino, Asian Indian, Korean, Japanese)
- Middle Eastern or North African (e.g. Lebanese, Egyptian, Syrian, Moroccan, Algerian)
- Pacific Islander (e.g. Samoan, Native Hawaiian, Tongan)
- Prefer not to answer
- Other: \_\_\_\_\_

### 3. Information about the Other Party (parent, caregiver, guardian)

Enter as much information as you can about the other party involved in this application.

Legal First Name		Legal Middle Name	
Legal Last Name			
Date of Birth <small>(YYYY / MM / DD)</small>		Preferred Name	
Street Address 1			
Street Address 2			
City		Province	
Postal Code		Home Phone Number	
Cell Phone Number		Work Phone Number	
Email			

## Child Support Recalculation Application

### 4. Information About the Child(ren)

Enter the complete information of each child named in your order or written agreement.

Legal first name	Legal middle name(s)	Legal last name	Date of birth (YYYY / MM / DD)

### 5. Additional Information

**Do you have any concerns for your safety or your children’s safety?** Yes    No

If yes, please provide any details including if there are **any protection orders** in place involving you or the other party. Attach additional pages if needed.

**What is your preferred method of contact?** Email    Paper Mail

**Are you enrolled in the Family Maintenance Enforcement Program (FMEP)?** Yes    No

**If yes, my FMEP file # is:** \_\_\_\_\_

**Are you currently on income assistance?** Yes    No    I don’t know

**How did you hear about the Child Support Recalculation Service (CSRS)?**

- Family Maintenance Enforcement Program (FMEP)
- Family Justice Centre or Justice Access Centre (including a Family Justice Counsellor)
- Former spouse/partner
- Child Support Recalculation Service
- Courthouse
- Legal Community referral (ex. lawyer, family advocate)
- Community resource referral
- A friend or family member
- Internet
- Other

## Child Support Recalculation Application

---

### 6. Conditions of Enrolment

**Please review and accept the conditions of enrolment:**

- I will notify the recalculation service of any changes in my contact information or any legal action which may impact the recalculation of my child support.
- I understand the recalculation service may access Court Services Online to obtain copies of the child support order or written agreement.
- Unless a court orders otherwise, I may withdraw from the recalculation service providing that the other party also agrees to withdraw.
- I understand that if I do not provide my income tax information, as requested by the recalculation service, the service may adjust my annual income amount using rate increases set out under the Family Law Act Regulation.
- I understand the use of the information I provide to the recalculation service is for the purposes of child support recalculation. If I am involved with the Family Maintenance Enforcement Program, my information may be shared with this program.
- The information I have given on this form is true and correct to the best of my knowledge and belief.

**Collection Notice:** *Your personal information is collected by Ministry of Attorney General's Maintenance Enforcement and Locate Services (MELS) pursuant to section 26(a) and (c) of the Freedom of Information and Protection of Privacy Act and the Family Law Act. MELS uses this information for the purposes of establishing, recalculating or enforcing child support. Should you have any questions about the collection, use or disclosure of your personal information, please contact a Client Relations Officer: Address: PO Box 2074 Station Main, Vancouver, BC Phone Number: (604) 660-2528*

I accept and acknowledge the terms and conditions listed above.

---

Signature

---

Date (YYYY / MM / DD)