

APPLICATION RESPECTING EXISTING ORDERS OR AGREEMENTS

RULE 2(2)

It is appropriate to apply to change, terminate, or suspend an order or set aside a part of or replace an agreement only if the circumstances have changed since the order was made. If you disagree with the order but the circumstances have **not** changed, the appeal process should be followed instead.

Step 1

COMPLETE the APPLICATION. You may use a typewriter or print clearly and firmly. If you accessed this form from the Ministry of Justice website, you may also complete it at the computer and then print it. You may also need to **COMPLETE** a **FINANCIAL STATEMENT**. To find out, see the instructions on the front of the Financial Statement form.

MAKE 3 PHOTOCOPIES of the ORDER you want to be changed, suspended or terminated, the **FINANCIAL STATEMENT** (if any) and any other attached documents.



Step 2

FILE the APPLICATION and the ORDER (and the **FINANCIAL STATEMENT**, if any) and any attached documents by taking or mailing them to the court registry. You must file them at the registry in which the order is located, unless a judge has granted permission for you to file them at another registry. Make sure you file 3 copies of each document, as well as the originals. The staff will apply the registry stamp to each document and assign a file number. They will return the copies you need for your records and to serve the other party. There is no filing fee in Provincial Family Court.

INTERIM ORDERS

If your application can not be heard by the court for some time and your circumstances require an order to be made sooner (for example, if you have evidence that the respondent intends to take the children out of the province), you can ask for an interim (temporary) order. Ask registry staff about this when you file your application. You must be prepared to give the judge evidence that the circumstances require it.



Step 3

MAKE ARRANGEMENTS TO SERVE the other party with a copy of the application, your financial statement (if any) and any accompanying documents. The purpose of service is to be sure the other party knows what you are asking for.

These documents must be served on the other party in person, by any person at least 19 years of age other than yourself. The court registry will give you a blank copy of a reply form, and if your claim is to vary a support order, a blank copy of a financial statement. These must be attached to the copy of the application when it is served on the respondent, as they are for the respondent to complete. Ask the registry if you need more information about serving the documents.



Step 4

WAIT AT LEAST 30 DAYS after the respondent has been served with your documents, **THEN ASK THE REGISTRY** whether the respondent has filed a reply. If the reply has been filed, the registry will set a date and time for a first appearance hearing. They will send you a copy of the reply within 21 days of receiving it, and a notice of hearing advising you of the date and time of the hearing, once the hearing is scheduled. You will probably receive the reply before you receive the notice of hearing.

If the respondent does not file a reply within 30 days, the first appearance hearing will be scheduled after you file an affidavit of personal service (printed on the back of the 'proof of service' copy of the application) and you request the registry to schedule the hearing.



Step 5

CONFERENCES AND TRIAL In some cases, the trial will be scheduled next, but in most cases (other than those that only involve claims for support) the judge may order a family case conference and/or a trial preparation conference to be held first. These are informal proceedings held before a judge, who may make many of the same types of orders as can be made at a trial.

A **family case conference** attempts to narrow and clarify the issues to be tried, and to explore whether options such as mediation are appropriate for the case. In some cases, the parties may agree to a consent order, so the case never goes to trial.

A **trial preparation conference** ensures that the parties are ready to present their cases at trial, and identifies how long the trial will take and how many witnesses will be called.

A **trial** is a formal and structured hearing where a judge makes decisions about any issues that the parties still do not agree upon. It is held in a courtroom, and the parties must make their arguments and present their evidence in a certain order. You may wish to attend another family court trial as a spectator, to get an idea of what happens in the courtroom, before your case goes to trial.

COURT FILE NO.

Copy the court file number, FMEP case number (if any) and court location from the order.



CASE NAME:

The name of the case does not change. Copy it exactly as it appears on the order you want changed or cancelled.



FILED BY:

You must be sure that the address for service you give is correct because this is where notices or information will be sent to you. If your address changes at any time, you must file a NOTICE OF CHANGE OF ADDRESS form with the registry and serve a copy on the other party. **IMPORTANT NOTE:** *If you do not want the other party to know your residential address, advise the court registry in writing and provide another address at which you can receive information and notices. Failure to accept service at address provided could result in a final order being made in your absence.*



NOTICE TO: _____

Provide the name, address and telephone number of the other party. You may also include the fax number, if you know it.



DIRECTOR OF MAINTENANCE ENFORCEMENT OR MINISTER UNDER THE EMPLOYMENT AND ASSISTANCE ACT AND THE EMPLOYMENT AND ASSISTANCE FOR PERSONS WITH DISABILITIES ACT: _____

If your application relates to a support order and that order is:

- enrolled with the Director under the Family Maintenance Enforcement Program (FMEP) and/or
- assigned to the Minister under the *Employment and Assistance Act* and the *Employment and Assistance for Persons with Disabilities Act*.

then you must check the applicable box and serve a copy of this application on the Director or on the Minister, as applicable.



WHAT CHANGES TO THE ORDER ARE YOU ASKING FOR?

Please describe. Attach additional sheet if you require more space to describe the changes requested, and why they are needed.



SIGN your name and state today's date.
State name of lawyer, if any.



APPLICATION RESPECTING EXISTING ORDERS OR AGREEMENTS

In the Provincial Court of British Columbia

COURT FILE NO.:
COURT LOCATION:
FMEP NO.:

Case name as it appears on the order.

In the case between:

NAME

And:

NAME

Your current mailing address for service.

Filed by:

APPLICANT

NAME

DATE OF BIRTH (MMM/DD/YYYY)

(Set out the street address of the address for service. One or both of a fax number and an e-mail address may be given as additional addresses for service.)

ADDRESS FOR SERVICE

CITY

PROVINCE

POSTAL CODE

PHONE

EMAIL

FAX

Other party's address for service.

Notice to:

RESPONDENT

NAME

DATE OF BIRTH (MMM/DD/YYYY)

ADDRESS FOR SERVICE

CITY

PROVINCE

POSTAL CODE

PHONE

EMAIL

FAX

Check box(es) if order affects FMEP or is assigned to FMP.

And to:

Director of Maintenance Enforcement

Minister under the *Employment and Assistance Act* and the *Employment and Assistance for Persons with Disabilities Act*

IMPORTANT NOTE: If this claim involves an order for support, you may be required to file financial information. If you do not, the court may attribute income to you and set the amount of support to be paid.

IMPORTANT NOTE TO RESPONDENT: If you fail to file a reply within 30 days after being served with this application, you will not receive notice of any part of the proceeding and the court may make an order against you.

What changes to the order are you asking for?

I ask that the attached order dated _____ be changed to the following
(MMM/DD/YYYY)

OR, I ask that the attached order dated _____ be suspended.
(MMM/DD/YYYY)

OR, I ask that the attached order dated _____ be terminated.
(MMM/DD/YYYY)

OR, I ask that the arrears of support be reduced or cancelled as follows:

OR, I ask that the attached agreement dated _____ be set aside in whole or in part.
(MMM/DD/YYYY)

OR, I ask that the attached agreement dated _____ be replaced.
(MMM/DD/YYYY)

OR, I ask for an order under section 19(2) of the Interjurisdictional Support Orders Act to set aside the registration of a foreign order under that Act.

OR, I ask for an order under section 35 of the Interjurisdictional Support Orders Act to vary a support order registered in British Columbia.

Attach additional sheet if you require more space to describe the changes requested, and why they are needed.

The reasons for my application are as follows:

Sign your name and state today's date.

Dated _____
(MMM/DD/YYYY)

Name of applicant's lawyer

Signature

State name of lawyer, if any.

If the applicant in this proceeding is represented by a lawyer, the lawyer must complete the following certificate.

LAWYER'S CERTIFICATE (FAMILY LAW ACT, s. 8 (2))

I, _____, lawyer for _____ certify that,
Name of party

in accordance with section 8 (2) of the Family Law Act, I have

- a) discussed with the party the advisability of using various types of family dispute resolution to resolve the matter, and
- b) informed the party of the facilities and other resources, known to me, that may be available to assist in resolving the dispute.

Dated _____
(MMM/DD/YYYY)

Type or print name

Signature of lawyer

APPLICATION RESPECTING EXISTING ORDERS OR AGREEMENTS

In the Provincial Court of British Columbia

COURT FILE NO.:
COURT LOCATION:
FMEP NO.:

Case name

In the case between:

NAME

And:

NAME

Filed by:

APPLICANT

NAME

DATE OF BIRTH (MMM/DD/YYYY)

(Set out the street address of the address for service. One or both of a fax number and an e-mail address may be given as additional addresses for service.)

ADDRESS FOR SERVICE

CITY

PROVINCE

POSTAL CODE

PHONE

EMAIL

FAX

Notice to:

RESPONDENT

NAME

DATE OF BIRTH (MMM/DD/YYYY)

ADDRESS FOR SERVICE

CITY

PROVINCE

POSTAL CODE

PHONE

EMAIL

FAX

And to:

Director of Maintenance Enforcement

Minister under the *Employment and Assistance Act* and the *Employment and Assistance for Persons with Disabilities Act*

IMPORTANT NOTE: If this claim involves an order for support, you may be required to file financial information. If you do not, the court may attribute income to you and set the amount of support to be paid.

IMPORTANT NOTE TO RESPONDENT: If you fail to file a reply within 30 days after being served with this application, you will not receive notice of any part of the proceeding and the court may make an order against you.

Other party's address for service.

What is the other party asking for in this application?

I ask that the attached order dated _____ be changed to the following

(MMM/DD/YYYY)

OR, I ask that the attached order dated _____ be suspended.

(MMM/DD/YYYY)

OR, I ask that the attached order dated _____ be terminated.

(MMM/DD/YYYY)

OR, I ask that the arrears of support be reduced or cancelled as follows:

OR, I ask that the attached agreement dated _____ be set aside in whole or in part.

(MMM/DD/YYYY)

OR, I ask that the attached agreement dated _____ be replaced.

(MMM/DD/YYYY)

OR, I ask for an order under section 19(2) of the Interjurisdictional Support Orders Act to set aside the registration of a foreign order under that Act.

OR, I ask for an order under section 35 of the Interjurisdictional Support Orders Act to vary a support order registered in British Columbia.

The reasons for my application are as follows:

Why the other party believes the order should be changed, suspended or terminated.

Dated _____

(MMM/DD/YYYY)

Name of applicant's lawyer

Signature

If the applicant in this proceeding is represented by a lawyer, the lawyer must complete the following certificate.

LAWYER'S CERTIFICATE (FAMILY LAW ACT, s. 8 (2))

I, _____, lawyer for _____ certify that,

Name of party

in accordance with section 8 (2) of the Family Law Act, I have

- a) discussed with the party the advisability of using various types of family dispute resolution to resolve the matter, and
- b) informed the party of the facilities and other resources, known to me, that may be available to assist in resolving the dispute.

Dated _____

(MMM/DD/YYYY)

Type or print name

Signature of lawyer

APPLICATION RESPECTING EXISTING ORDERS OR AGREEMENTS

In the Provincial Court of British Columbia

COURT FILE NO.:
COURT LOCATION:
FMEP NO.:

Case name as it appears on the order.

In the case between:

NAME
And:
 NAME

Filed by:

APPLICANT

NAME DATE OF BIRTH (MMM/DD/YYYY)
 (Set out the street address of the address for service. One or both of a fax number and an e-mail address may be given as additional addresses for service.)
 ADDRESS FOR SERVICE CITY PROVINCE
 POSTAL CODE PHONE EMAIL FAX

Notice to:

RESPONDENT

NAME DATE OF BIRTH (MMM/DD/YYYY)
 ADDRESS FOR SERVICE CITY PROVINCE
 POSTAL CODE PHONE EMAIL FAX

And to:

- Director of Maintenance Enforcement Minister under the *Employment and Assistance Act* and the *Employment and Assistance for Persons with Disabilities Act*

IMPORTANT NOTE: If this claim involves an order for support, you may be required to file financial information. If you do not, the court may attribute income to you and set the amount of support to be paid.

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The reasons for my application are as follows:

Why the other party believes the order should be changed, suspended or terminated.

Dated _____ (MMM/DD/YYYY)

Name of applicant's lawyer

Signature

If the applicant in this proceeding is represented by a lawyer, the lawyer must complete the following certificate.

LAWYER'S CERTIFICATE (FAMILY LAW ACT, s. 8 (2))

I, _____, lawyer for _____ certify that,

Name of party

in accordance with section 8 (2) of the Family Law Act, I have

- a) discussed with the party the advisability of using various types of family dispute resolution to resolve the matter, and
 b) informed the party of the facilities and other resources, known to me, that may be available to assist in resolving the dispute.

Dated _____ (MMM/DD/YYYY)

Type or print name

Signature of lawyer

APPLICATION RESPECTING EXISTING ORDERS OR AGREEMENTS

APPLICATION RESPECTING EXISTING ORDERS OR AGREEMENTS

In the Provincial Court of British Columbia

COURT FILE NO.:
COURT LOCATION:
FMEP NO.:

APPLICATION RESPECTING EXISTING ORDERS OR AGREEMENTS

Case name as it appears on the order.

In the case between:

NAME _____
And:
 NAME _____

Your current mailing address for service.

Filed by:

NAME _____ DATE OF BIRTH (MMM/DD/YYYY) _____ **APPLICANT**
(Set out the street address of the address for service. One or both of a fax number and an e-mail address may be given as additional addresses for service.)
 ADDRESS FOR SERVICE _____ CITY _____ PROVINCE _____
 POSTAL CODE _____ PHONE _____ EMAIL _____ FAX _____

Other party's address for service.

Notice to:

NAME _____ DATE OF BIRTH (MMM/DD/YYYY) _____ **RESPONDENT**
 ADDRESS FOR SERVICE _____ CITY _____ PROVINCE _____
 POSTAL CODE _____ PHONE _____ EMAIL _____ FAX _____

Check box(es) if order affects FMEP or is assigned to FMP.

And to:

Director of Maintenance Enforcement Minister under the *Employment and Assistance Act* and the *Employment and Assistance for Persons with Disabilities Act*

IMPORTANT NOTE: If this claim involves an order for support, you may be required to file financial information. If you do not, the court may attribute income to you and set the amount of support to be paid.

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OR, I ask that the attached order dated _____ (MMM/DD/YYYY) be terminated.

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OR, I ask that the attached agreement dated _____ (MMM/DD/YYYY) be replaced.

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Attach additional sheet if you require more space to describe the changes requested, and why they are needed.

The reasons for my application are as follows:

Sign your name and state today's date.

Dated _____ (MMM/DD/YYYY)

State name of lawyer, if any.

Name of applicant's lawyer

 Signature

If the applicant in this proceeding is represented by a lawyer, the lawyer must complete the following certificate.

LAWYER'S CERTIFICATE (FAMILY LAW ACT, s. 8 (2))

I, _____, lawyer for _____ (Name of party) certify that,

in accordance with section 8 (2) of the Family Law Act, I have

- a) discussed with the party the advisability of using various types of family dispute resolution to resolve the matter, and
- b) informed the party of the facilities and other resources, known to me, that may be available to assist in resolving the dispute.

Dated _____ (MMM/DD/YYYY)

Type or print name

 Signature of lawyer

Complete this affidavit if personal service was successful.

If you served the application on the back of this page together with another document(s), you need to complete only one affidavit of personal service, listing all documents served on the person named.

Check box(es) for each document served, and name the document. Make sure you mark each attached document with the correct Exhibit letter.

If you must make a correction, or cross anything out, please initial.

This section must be sworn or affirmed before a Commissioner for Taking Affidavits.

AFFIDAVIT OF PERSONAL SERVICE (FORM 5)

In the Provincial Court of British Columbia

I swear or affirm that I _____
NAME OCCUPATION

of _____ personally served _____
ADDRESS NAME OF PERSON SERVED

on _____ at _____
DATE ADDRESS

with a copy of the following documents:

- the application respecting existing orders or agreements on the back of this page
- EXHIBIT "___"
- EXHIBIT "___"
- EXHIBIT "___"
- EXHIBIT "___"
- blank reply form
- blank financial statement form

The party was identified to me in this manner:

- I know the person _____
- He/she admitted to being this person.
- Other (specify) _____

Sworn or affirmed before me

at _____ British Columbia

on _____
DATE

A Commissioner for Taking Affidavits for British Columbia

Signature

Complete this affidavit if you served the application by mail, by fax, e-Mail or by substituted service.

You may use one of these methods only if a judge has granted permission to do so.

If you served the application on the back of this page together with another document(s), you need to complete only one affidavit of service, listing all documents served on the person named.

Check appropriate box(es) for each document served and name the document. Make sure you mark each attached document with the correct Exhibit letter.

If you must make a correction, or cross anything out, please initial.

This section must be sworn or affirmed before a Commissioner for Taking Affidavits.

AFFIDAVIT OF SERVICE (FORM 13)

In the Provincial Court of British Columbia

I swear or affirm that I _____
NAME OCCUPATION

of _____ served _____
ADDRESS NAME OF PERSON SERVED

on _____ at _____
DATE ADDRESS

with a copy of the following documents:

- | | Name of document |
|--------------------------|---|
| <input type="checkbox"/> | the application respecting existing orders or agreements on the back of this page |
| <input type="checkbox"/> | EXHIBIT "___" |
| <input type="checkbox"/> | EXHIBIT "___" |
| <input type="checkbox"/> | EXHIBIT "___" |
| <input type="checkbox"/> | EXHIBIT "___" |
| <input type="checkbox"/> | blank reply form |
| <input type="checkbox"/> | blank financial statement form |

The party was served in this manner:

- Fax (attach a copy of Form 10)
- Mail
- E-Mail
- By substituted service as ordered by the court.

Sworn or affirmed before me

at _____ British Columbia

on _____
DATE

A Commissioner for Taking Affidavits for British Columbia

Signature