

Q.B. File No. _____

CHILD SUPPORT RECALCULATION SERVICE REGISTRATION FORM

(Please Print)

PARENT A (PETITIONER)

(Full Name)

Address: _____ Date of Birth: _____

City and Province: _____ Postal Code: _____

Social Insurance No. _____ Treaty Status No. _____

Home Telephone / Cell No. _____ Work Telephone Number: _____

Facsimile Transmission No: _____ E-mail Address: _____

EMPLOYMENT

Current Employer: _____ Telephone Number: _____

Address of Employer/

Place of Work: _____ Town / City: _____

Facsimile Transmission No. _____ E-mail Address: _____

APPOINTMENT and AUTHORIZATION

I, _____, confirm that my completed contact information is accurate. I consent to the disclosure of my personal contact information to the other parent.

Date

Signature of Parent

Name of Witness (Please Print)

Signature of Witness

Q.B. File No. _____

CHILD SUPPORT RECALCULATION SERVICE REGISTRATION FORM

(Please Print)

PARENT B (RESPONDENT)

(Full Name)

Address: _____ Date of Birth: _____

City and Province: _____ Postal Code: _____

Social Insurance No. _____ Treaty Status No. _____

Home Telephone Number: _____ Work Telephone Number: _____

Facsimile Transmission No: _____ E-mail Address: _____

EMPLOYMENT

Current Employer: _____

Address of Employer/

Place of Work: _____ Town / City: _____

Telephone Number: _____ Facsimile Transmission No. _____

E-mail Address: _____

APPOINTMENT and AUTHORIZATION

I, _____, confirm that my completed contact information is accurate. I consent to the disclosure of my personal contact information to the other parent.

Date

Signature of Parent

Name of Witness (Please Print)

Signature of Witness