

NOTICE

COURT OF QUEEN'S BENCH

RE: **Child Support Recalculation Service Registration Form**

The requirement to provide a completed Child Support Recalculation Service Registration Form whenever the recalculation of child support is granted in an order came into force July 1, 2005 pursuant to the *Child Support Guidelines Regulation, amendment*, Man. Reg. 87/2005 to *The Family Maintenance Act*.

Registration Process

Registration form provided to the court

24.5(1) A parent requesting a recalculation order must provide the court with a completed registration form and a proposed recalculation order.

Content of registration form

24.5(2) The registration form must be in the form required by the officer and include

(a) the parent's full name and current mailing address, e-mail address, fax and telephone numbers;

(b) a statement by the parent appointing the recalculation service, for the purpose of recalculating child support, to act on the parent's behalf in requesting and receiving financial information under Act and these guidelines.

Court to provide registration form

24.5(3) The court must send each recalculation order it makes, along with the registration form, to the recalculation service.

Since the coming into force of the *Child Support Guidelines, amendment*, Man. Reg. 87/2005, many child support orders received in the Court of Queen's Bench Registry have not had the required Child Support Recalculation Service Registration Form attached. If the proper documentation is not provided when the order is filed the order will be

rejected and returned to counsel. Re-filed materials will be subject to a rejection fee.

The *Child Support Guidelines Regulation, amendment*, Man. Reg. 87/2005 can be accessed on the Internet at: <http://web2.gov.mb.ca/laws/regs/index.php>

A copy of a blank Child Support Recalculation Service Registration Form is attached and can also be obtained from the Child Support Recalculation Service Office by calling 945-2293 in Winnipeg, outside Winnipeg toll free at 1-800-282-8069 ext. 2293 or e-mail at csrs@gov.mb.ca.

ISSUED BY:

Original signed by _____

Michael J. Williams
Senior Support Determination Officer
Child Support Recalculation Service
Courts Division

DATE: August 2006

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.

_____, 2006
Date

Signature of Parent

Name of Witness (Please Print)

Signature of Witness

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: _____

PARENT RECEIVING REQUEST FOR RECALCULATION AUTHORIZATION ORDER

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

_____, 2006
Date

Signature of Parent

Name of Witness (Please Print)

Signature of Witness