



CHILD SUPPORT ADMINISTRATIVE RECALCULATION SERVICE NOTICE OF LEGAL REPRESENTATIVE OR AGENT

Complete this form if you are appointing a legal representative (lawyer) or agent (family member or other person) to handle the processing of a child support administrative recalculation application.

For office use

File No:

I, _____ am the Payor Recipient (check one) and
(full name)

I hereby appoint _____ as my legal representative or
(name of legal representative or agent)

agent and request that all future documentation in relation to this application shall be forwarded to my legal representative or agent at the address below:

LEGAL REPRESENTATIVE OR AGENT		
Name of firm/business or individual		
Street Address		
Mailing Address (if different from above)		
City	Territory/Province	Postal Code
Work Phone	Home Phone	Cell Phone
Email Address	Secondary Email Address	Fax

Date completed (YYYY-MM-DD)

Signature

Comments

Complete applications may be submitted:

In person:

Family Law Information Centre
Andrew A. Philipsen Law Centre (Main Floor)
2134 2nd Avenue, Whitehorse, YT

By mail:

Child Support Administrative Recalculation Service
Family Law Information Centre
Box 2703 (J-FLIC)
Whitehorse, YT, Y1A 2C6