

YT MEP File #
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ISO File #
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Complete the form with as much information as possible. Write "n/a" or leave fields blank if the information asked for does not apply to you or is unavailable.

**CLAIMANT INFORMATION** (person who receives support)

Last name		First name		Middle name(s)	
Birthdate (YYYY/MM/DD)		Relationship to children		Social Insurance Number	
Home address (street, city, province/territory, postal code)					
Mailing address (if different from above)					
Home phone ( )		Cell phone ( )		Work phone ( )	
Other phone ( )		Employer			
Email address			Employer		
Alternate contact person (name, phone, address, email)					
Is your maintenance order registered and/or enforced by another program at present? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, provide your file/case number and the program name and address:					

**RESPONDENT INFORMATION** (person who pays support)

Last name		First name		Middle name(s)		Nickname/Alias	
Birthdate (YYYY/MM/DD)		Relationship to children				Social Insurance Number	
Home address (street, city, province/territory, postal code)							
Mailing address (if different from above)							
Home phone ( )		Cell phone ( )		Work phone ( )		Other phone ( )	
Email address				Mother's maiden name			
Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated/Divorced <input type="checkbox"/> Common Law				Full name of current spouse/partner			

**RESPONDENT INFORMATION** *(continued)***EMPLOYMENT INFORMATION**

Occupation(s)		Monthly income
Current employer	Address	Phone ( )
Previous employer(s)	Address	Phone
		( )
		( )
		( )
		( )

**FINANCIAL INFORMATION****Motor Vehicles** (cars, boats, recreational vehicles, etc.)

Make/Model/Year	Colour	Licence plate	Prov/Terr/other

**Real Estate** (houses, cabins/cottages, investment property, land, etc.)

Address	Town/City	Prov/Terr/other	Legal description

**Banking/Investments** (bank accounts, retirement savings, term deposits, stocks, bonds, pensions, etc.)

Type of account/investment	Account number	Name and address of financial institution	Other descriptive info

**Other sources of income or assets** (hobby income, insurance disability, etc.)


**Additional information** (to help MEP contact the respondent)**Physical description**

Height	Weight	Eye colour	Hair colour	Ethnic origin
Glasses <input type="checkbox"/> Yes <input type="checkbox"/> No	Distinguishing features (tattoos, moles, scars, etc.)			

Friends and relatives (who may know where the respondent is located)			
Full name	Relationship	Address (street, city, postal code)	Phone
			( )
			( )
			( )
			( )
			( )
Other comments			

DEPENDENT CHILD(REN) INFORMATION				
List only the dependent child(ren) named in the maintenance order or agreement. If there are more than 5 children, attach names on separate sheet of paper.				
Last name	First name	Middle name(s)	Birthdate (YYYY/MM/DD)	Residence (last 6 months)

The information I have given on this form is true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature of registrant

\_\_\_\_\_  
Date (YYYY/MM/DD)

**Submit your completed Registration Application form with the required support documents to MEP.**  
See checklist at [www.gov.yk.ca/forms/forms/0000/MEPchecklist.pdf](http://www.gov.yk.ca/forms/forms/0000/MEPchecklist.pdf)

**In person:**

Andrew A. Philipsen Law Centre (first floor)  
2134 Second Avenue  
Whitehorse

**Office hours:**

9 a.m. to 4 p.m., Monday to Friday

**Mail:**

Maintenance Enforcement Program  
Box 2703 (J-3M),  
Whitehorse, Yukon Y1A 2C6

FAX: 867-393-6989

Email: [justmep@gov.yk.ca](mailto:justmep@gov.yk.ca)

**Need help?**

Contact MEP at  
867-667-5437  
or toll free at  
1-877-617-5347