

*Please note that a separate form must be completed for each parent that child support is being sought from.*

**CHILD(REN)**

Name \_\_\_\_\_ D.O.B YYYY/MM/DD

Name \_\_\_\_\_ D.O.B YYYY/MM/DD

Name \_\_\_\_\_ D.O.B YYYY/MM/DD

Name \_\_\_\_\_ D.O.B YYYY/MM/DD

APPLICANT INFORMATION			
First Name	Last Name	Date of Birth <u>YYYY/MM/DD</u>	Place of Birth
Address			Postal Code
Phone	Other Phone	Email	
Place of Employment			

PAYING PARENT INFORMATION			
First Name	Last Name	Date of Birth <u>YYYY/MM/DD</u>	Place of Birth
Last Known Address			
Last Known Phone	Other Phone	Email	
Name and Address of Last Known Employer		Occupation	

**ADDITIONAL INFORMATION**

1. What was the nature of your relationship with the other parent?
- Married      Date: \_\_\_\_\_ Place: \_\_\_\_\_
  - Separated      Date: \_\_\_\_\_
  - Cohabitated      Date: \_\_\_\_\_ to \_\_\_\_\_
  - Casual      Date: \_\_\_\_\_ to \_\_\_\_\_
  - Still together
  - Other, describe: \_\_\_\_\_

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2. Who does/do the child(ren) currently live with?

Applicant    Paying parent    Both: At applicant's \_\_\_\_\_ % of time. At paying parent's \_\_\_\_\_ % of time.

Other, explain: \_\_\_\_\_

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3. Have you approached the other parent for support?

Yes   Approximate date: \_\_\_\_\_

What was his/her reaction? \_\_\_\_\_

No \_\_\_\_\_

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4. Are there any written agreements or Court Orders in place pertaining to child support or custody for the child(ren)?

Yes   \*Please attach copy, or indicate date and place child support/custody was agreed to

Date: \_\_\_\_\_ Place: \_\_\_\_\_

No \_\_\_\_\_

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5. Are there any verbal agreements in place pertaining to child support or custody of the child(ren)?

Yes   The agreement states that: \_\_\_\_\_

No \_\_\_\_\_

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6. Do you have any concerns about attempting to obtain support from the other parent?

Yes   Explain: \_\_\_\_\_

No \_\_\_\_\_

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7. When did you begin receiving social assistance?

Exact Date: YYYY/MM/DD

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8. Is there any other information you think we should know?

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I understand that, by signing this document, I am providing Legal Services with consent to contact me for follow-up as it relates to my application for child support. I understand that applying for child support is part of my responsibility as a social assistance recipient and that my benefits may be reduced if I do not proceed with applying for this funding source that is available to me.

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Applicant Signature

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Date

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Social Worker Name

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Telephone