

## Instructions for Recipients of Family Support

This filing package includes forms to be completed and returned to the Family Responsibility Office as soon as possible. The Family Responsibility Office requires this information to begin the enforcement process to collect support payments on your behalf.

### 1. Support Filing Form

**It is important that you provide the requested information about your support provisions and where we can contact you by mail and telephone.**

If you are not already filed with the **Family Responsibility Office** or if your order or agreement was previously withdrawn from the Family Responsibility Office, you must complete this form and **attach a copy of your Order or Agreement**.

**NOTE:** if you are filing a Marriage Contract, Separation Agreement, Cohabitation Agreement or Paternity Agreement, please provide a stamped copy showing that it has been filed with the Ontario Court of Justice or the Supreme Court of Justice Family Court. A sworn "Affidavit for Filing of Domestic Contract or Paternity Agreement" must also be attached.

**YOU MUST SIGN THE SUPPORT FILING FORM AT THE BOTTOM WHERE SHOWN.**

### 2. Registration for Direct Deposit Form

Completion of this form authorizes the Family Responsibility Office to deposit payments collected directly to the bank of your choice. Funds are received faster when payments are directly deposited.

### 3. Payor Information Form

Please answer all the questions as completely as possible and return it to our office. If you cannot answer a question, write "**DO NOT KNOW**" so that we know you saw the question but did not have the information at the time. If there is not enough space provided, please attach a separate sheet of paper.

### 4. Statement of Arrears Form

This form must be completed in order for the Family Responsibility Office to begin collecting the arrears you are owed. Please note Cost of Living Adjustment (COLA) changes. A copy of this form will be provided to the support payor and this form becomes a court document if we take action to enforce support payments. It must therefore be signed in the presence of a **Commissioner of Oaths, Justice of the Peace or Notary Public**.

Check List	
<input type="checkbox"/>	Support Filing Form <i>(Form must be signed)</i>
<input type="checkbox"/>	Registration for Direct Deposit <i>(Section "B" must be completed OR void cheque attached)</i>
<input type="checkbox"/>	Payor Information Form <i>(Provide as much information as possible)</i>
<input type="checkbox"/>	Statement of Arrears <i>(Form must be signed and your signature witnessed)</i>

Language Preferred:

 English

 French

Case Number

Last Name		First Name		Middle Initial
Address: Street Number and Name / Apartment Number			Lot, Concession or Township	
City / Town		Province		Postal Code
Home Telephone Number Area code (    ) _____		Date of Birth: Day / Month / Year ____ / ____ / ____		Social Insurance Number _____ - _____ - _____
Employer:				
Work Telephone Number Area code (    ) _____				
Last Name of Person Owing Support		First Name		Middle Initial
My Support Provisions are contained in a <i>(check one)</i>				
<input type="checkbox"/> Court Order		<input type="checkbox"/> Separation Agreement		<input type="checkbox"/> Marriage Contract
<input type="checkbox"/> Cohabitation Agreement		<input type="checkbox"/> Paternity Agreement		Date ____ / ____ / ____ Day                  Month                  Year
<b><i>(Agreement / Contract must be filed with the Ontario Court of Justice or Superior Court of Justice Family Court)</i></b>				
Are you claiming spousal support for yourself? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Are you claiming support for the child(ren) named in the order / agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list the name(s) of the child(ren) you are claiming support for <i>(use additional sheet if required)</i>				
<b>Last Name, First Name, Initial(s)</b>		<b>Date of Birth Day / Month / Year</b>		<b>Sex</b>
				<input type="checkbox"/> Male <input type="checkbox"/> Female
				<input type="checkbox"/> Male <input type="checkbox"/> Female
				<input type="checkbox"/> Male <input type="checkbox"/> Female
				<input type="checkbox"/> Male <input type="checkbox"/> Female
Do you currently receive or have you applied for <input type="checkbox"/> Family Benefits <input type="checkbox"/> General Welfare <input type="checkbox"/> No				
Do you have another case filed with the Family Responsibility Office? If yes, please provide the name that the case is filed under and the case number.				
Name case is filed under				Case Number

**You must sign this form in order for the Family Responsibility Office to enforce the support terms of your order/ agreement / contract.**

Signature

Date

Case Number

When the Family Responsibility Office receives a support payment that is owed to you, these funds will be sent by DIRECT DEPOSIT to the bank of your choice. To ensure that you receive your money quickly, the following information must be provided. Incorrect information could result in your payment being sent to the wrong account.

**Instructions**

If you wish to have your support payments deposited into your **CHEQUING ACCOUNT**, COMPLETE SECTION 'A' and **ATTACH A BLANK PERSONAL CHEQUE** with 'VOID' written on it.

If, however, you wish to designate your **SAVINGS ACCOUNT**, complete **SECTION "A"**, take this form to your bank and ask them to complete **SECTION "B"** – Banking Data.

**DO NOT FORGET TO SIGN THE BOTTOM OF THE FORM AUTHORIZING THE DIRECT DEPOSIT SERVICE**

**Important notes about changing bank accounts**

If your account number changed, or if you wish to have your support payments deposited to a different account, you must complete a new DIRECT DEPOSIT FORM and return it to the Family Responsibility Office. After the changes have been processed, your support payments will be sent to your new account. **DO NOT CLOSE YOUR OLD ACCOUNT UNTIL YOU RECEIVE YOUR FIRST PAYMENT TO THE NEW ACCOUNT.**

**SECTION "A" – Support Recipient Information**
**PLEASE PRINT CLEARLY**

Last Name		First Name		Middle Initial
Address: Street Number and Name / Apartment Number			Lot, Concession or Township	
City / Town		Province		Postal Code
Telephone number where you can be reached during the day				
Area Code (       )				

**NOTE: If attaching a VOID cheque, please tape the cheque over the Banking Information in Section "B"**

**SECTION "B" – Banking Information** *To be completed by your bank if you are not attaching a VOID Cheque*

Branch Number		Institution Number		Account number
Name of Financial Institution				<b>Place Bank Stamp</b>
Branch				
Branch Address				
Bank Official's Signature and Position				Date

Until further notice, I authorize the direct deposit of my support payments to the account and financial institution designated in this form.

 \_\_\_\_\_  
Signature of Recipient

 \_\_\_\_\_  
Date

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			Case Number		
Payor's Last Name		Payor's First Name		Initial	<input type="checkbox"/> Male <input type="checkbox"/> Female
Payor's Address: Street Number and Name / Apartment Number			Lot, Concession or Township		
City / Town		Province		Postal Code	
Home Telephone Number					
Area code (     ) _____					
Payor's Previous Address: Street Number and Name / Apartment Number			Lot, Concession or Township		
City / Town		Province		Postal Code	
Payor lived at this address					
from _____ / _____ / _____ to _____ / _____ / _____					
Day      Month      Year                      Day      Month      Year					
Does Payor use any other name(s)? If so, what name(s)?					
Does the Payor have a Driver's Licence?			If Payor has Driver's Licence,		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			Licence Number _____ Prov. _____		
Social Insurance Number <i>(This may be found on payor's tax return or your tax return)</i>			Payor's Date of Birth:		
_____ - _____ - _____			Day / Month / Year _____ / _____ / _____		
Payor's mother's name before marriage			Payor's Health Insurance Number		
Payor's Marital Status:					
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Cohabiting					
<b>Income Information</b>					
Indicate if Payor self-employed:					
<input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, give details of employment _____					
(e.g. Sole Owner, Partner, Family Business)					
Payor's Current Employer / Income Source					
Payor's Position			Date Started:		
			Day / Month / Year _____ / _____ / _____		
Employer's Address: Street Number and Name			Unit/Suite Number		
City / Town		Province		Postal Code	
Employer's Telephone Number					
Area code (     ) _____					
Payor's Previous Employer / Income Source					
Payor's Position			Date Started:		
			Day / Month / Year _____ / _____ / _____		
Employer's Address: Street Number and Name			Unit/Suite Number		
City / Town		Province		Postal Code	
Employer's Telephone Number					
Area code (     ) _____					

# Payor Information Form

Information for Recipient to Complete  
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Case Number
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## Property Information

Does the payor own / lease / rent a car, truck, boat, snowmobile, farm equipment or recreational vehicle?					
<b>1.</b>	Vehicle Type	Model	Year	Colour	
	Licence Plate number	Serial number	<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Lease		
<b>2.</b>	Vehicle Type	Model	Year	Colour	
	Licence Plate number	Serial number	<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Lease		
Does the Payor own ( <i>alone or jointly with another person / company</i> ) a house, cottage, farm, land, apartment building, office or investment property either in or outside of Canada?					
<b>1.</b>	Type of Property				
	Address: Street Number and Name / Apartment Number		Lot, Concession or Township		
	City / Town	Province		Postal Code	
	What is / are the name(s) of the person(s) / company who also own this property?				
<b>2.</b>	Type of Property				
	Address: Street Number and Name / Apartment Number		Lot, Concession or Township		
	City / Town	Province		Postal Code	
	What is / are the name(s) of the person(s) / company who also own this property?				

Please attach additional information on a separate sheet of paper.

## Other Information

Do you have the name and addresses of any of the payor's relatives or friends who may help us locate the payor if required?

<b>1.</b>	Name	Relationship to Payor
	Address: Street Number & Name / Apartment Number / City / Province / Postal Code	Telephone Number Area code (      )
<b>2.</b>	Name	Relationship to Payor
	Address: Street Number & Name / Apartment Number / City / Province / Postal Code	Telephone Number Area code (      )

Does the Payor belong to any professional or community groups, associations, clubs, unions that may help us to locate the payor, if required? (*Provide name of organization, address and telephone number if possible.*)


# Payor Information Form

Information for Recipient to Complete

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Case Number

Does the Payor have other sources of income? (e.g. Workers' Compensation, Employment Insurance Benefit, Disability Insurance, Pension Income). If YES, provide as much detail as possible, including claim numbers if known.


Please attach additional information (e.g. Business cards, business contacts), on separate sheet of paper.

Does Payor frequently travel outside of Canada?			
If yes, for	<input type="checkbox"/> Business	<input type="checkbox"/> Pleasure	Passport Number _____
Does Payor have any Federal Licences? (e.g. Pilot Licence, Transport Licence)			
Type of Licence:	_____	Licence Number	_____

**Physical Description of Payor** (This information is required if we need to serve the Payor with Court Documents.)  
 If possible, include a current photograph of the payor. Please attach the photograph to a separate sheet of paper and write the payor's name, date the photograph was taken and your case number.

Height	Weight	Build	Eye Colour	Eye Glasses <input type="checkbox"/> Yes <input type="checkbox"/> No
Hair Colour	Skin Colour	Distinguishing Marks or Features (eg. Tattoos)		

**Financial Information**

Does the Payor have any Credit Cards?	
Card Type	Account Number
Card Type	Account Number

Where does the Payor Bank?

<b>1.</b>	Name of Financial Institution	Account Number
	Address	
<b>2.</b>	Name of Financial Institution	Account Number
	Address	

List any other assets you are aware of. (e.g. Stocks, Bonds, Term Deposits, Life Insurance, Investment Certificates, RRSP)  
 If you require more space, please attach a separate sheet of paper

Type of Asset	Location	Account / Policy / Serial Number

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## Statement of Arrears

### Instructions

1. Complete the Statement of Arrears form **in pen only**, if any support payments are owing to you at this time. The Family Responsibility Office will begin the process of collecting these missed support payments (called “arrears”) for you. A copy of this form will be provided to the support payor and this form becomes a court document if we take action to enforce support payments. It must be signed in front of a Commissioner of Oaths, Justice of the Peace or Notary Public. A Commissioner is available at all court offices, community legal clinics and municipal or township offices. A Commissioner is also available at most law offices.
2. To complete the calculations on the Statement of Arrears form write the date on which you were supposed to receive a support payment, starting with the first payment missed. The due dates for payment are found in your support order / agreement. If there is no due date, use the date of the order / agreement itself to calculate dates payments are due. Then indicate if the payment was missed completely or if it was paid in part. List every support payment due after that, indicating if the payment was missed or paid in part or in full. You must use a separate line for each payment. If you need more room, fill in “Schedule A” and attach it to the Statement of Arrears. We will try to collect the total amount of arrears you claim are owing to you on this form.
3. If the arrears you are claiming include interest, please note that the Family Responsibility Office will only take enforcement action on interest that has accrued as a result of the support payor’s failure to comply with the support order. Where funds are being remitted to the Family Responsibility Office pursuant to a support deduction order or garnishment, the support payor has no control over the schedule of payments by the income source or garnishee and, therefore, the Family Responsibility Office will not enforce any interest owing for delays in the receipt of support payments. To claim interest, please see **Instructions for Completing Interest Calculations**.
4. Some support orders and agreements say that support payments must be changed on a regular basis to reflect changes in the cost of living over the previous year. These provisions are called Cost of Living Adjustment clauses (COLA). A COLA clause provides for the increase or decrease in the amount of support payments. In order to be enforced by the Family Responsibility Office, support orders that contain a cost of living adjustment clause must follow either the standard formula set out in Section 34(5) of the Ontario *Family Law Act* or Ontario *Regulation 176/98*.

Under the *Family Law Act*, the COLA is increased annually on the support order’s anniversary date by the indexing factor for November of the previous year. The indexing factor for a given month is the percentage change in the Consumer Price Index for Canada for prices for all items since the same month of the previous year, as published by Statistics Canada.

Under *Regulation 176/98*, the following COLA clauses will be enforced by the Family Responsibility Office:

- clauses which apply cost of living adjustments derived from any part of the Consumer Price Index (CPI);
  - clauses which contain a calculation applying a specific rate of increase or decrease in support order or support deduction order;
  - clauses made in accordance with methods specified in Quebec legislation dealing with cost of living adjustments in support orders;
  - clauses which contain a calculation by applying the greater or lesser of:
    - I. percentage change in the payor’s or recipient’s income  
AND
    - II. percentage change in the Consumer Price Index (CPI).
5. If the arrears you are claiming are not for regular on-going support, but are for expenses, please note:
    - Depending on the terms of your Order or Agreement, these types of expenses may or may not be enforceable by the Family Responsibility Office.
    - If the Order / Agreement doesn’t include a clear requirement to pay or reimburse these expenses, they are likely not enforceable. If the expenses are enforceable, the Family Responsibility Office requires a sworn Statement of Arrears, including the receipts.

## Instructions for Completing Interest Calculations

Please note that the Family Responsibility Office will **not** take enforcement action on interest that has accrued as a result of the support payor's failure to comply with the support order. Where funds are being remitted to the Family Responsibility Office pursuant to a support deduction order or garnishment, the support payor has no control over the schedule of payments by the income source or garnishee and, therefore, the Office will not enforce any interest owing for delays in the receipt of support payments.

When determining the amount of interest owed to you, you should know the following:

- i. If your Ontario support order is dated after June 21, 1979, the interest rate must be stated in the order. For Ontario orders made before June 22, 1979, the rate of interest is five percent (5%) and does not have to be stated in the order.
- ii. Prior to January 1, 1985, the Provincial Court (Family Division) could not award interest.
- iii. Under the Courts of Justice Act, interest accruing on a debt is simple interest and not compound interest.
- iv. Where the court provides that support be paid on a periodic basis (e.g. \$500.00 / month), each payment in default will bear interest from the date that the payment was due. Therefore, the interest owing for each missed support payment must be calculated separately.
- v. Interest can be calculated by using the following formula:

$$\frac{\text{Principal} \times \text{Interest Rate} \times \text{Number of Days the Payment is in Arrears}}{365 \text{ days}}$$

Where

The principal is the outstanding individual support payment.

The Interest Rate, established by the *Courts of Justice Act* or its predecessor, is the rate that was in effect on the date that the court made the support order.

Example

On January 27, 1992 the court made an order for support in the amount of \$500.00 / month. The support payor has failed to make support payments for the months of July and September, 1992. The prescribed rate of interest for the first quarter of 1992 is 9%. As of October 1, 1992, the accrued interest is calculated as follows:

$$\text{Interest on July's payment is: } 500 \times 9\% \times \frac{92}{365} = \$11.34$$

$$\text{Interest on September's payment is: } 500 \times 9\% \times \frac{30}{365} = \$3.70$$

$$\text{Total Interest} = \$11.34 + \$3.70 = \$15.04$$





Statement of Arrears

Case Number

Support Recipient's Name

Payor's Name

1. I am the support recipient under the following:

Order

Date of Order

Court

Court File Number

Agreement filed with the Court

Date of Agreement

Court Agreement Filed With

Court File Number

2. The following amounts due under the order / agreement have not been paid. (If you need more space, complete "Schedule A".)

Check if applicable. [ ] See "Schedule A" attached

Table with 5 columns: Date Payment Due Day/Month/Year, Amount Due, Date Paid Day/Month/Year, Amount Paid, Arrears. Multiple empty rows for data entry.

If you are entitled to interest on your support, you must calculate the interest amount. Attach a copy of your calculations.

If you are entitled to a COLA adjustment to your support, you must include the adjustment in the amount due. Attach a copy of your calculations.

Summary table with rows for Total Arrears, Total Interest to date, and My arrears as at TOTAL. Includes fields for dollar amounts and percentages.

You must sign this form in the presence of a lawyer, justice of the peace, notary public or commissioner for taking affidavits

Sworn before me at the \_\_\_\_\_ of \_\_\_\_\_ in
the \_\_\_\_\_ of \_\_\_\_\_
this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Signature of a commissioner, etc.

Signature of Support Recipient



**Schedule "A"**  
**To Statement of Arrears Form**

Case Number

Date Payment Due Day/Month/Year	Amount Due	Date Paid Day/Month/Year	Amount Paid	Arrears

Enter amount onto Statement of Arrears Form.