

RESPONDENT'S RESPONSE TO APPLICATION

Form L

1. I am:

- The Respondent
- A person or agency or government with a legal right to participate in this application. My relationship is:

Court File #:
Court Location:
Designated Authority #:

(For office use only)

2. I have been served with a SUPPORT APPLICATION or SUPPORT VARIATION APPLICATION. My address for delivery of documents is:

NOTE: All information contained in this document including your contact information could be provided to the other party. If you are concerned about providing your own address, you may provide an alternative address where you can be contacted or served with further documents. You must check the applicable box below.

(First Name)			(Middle Name)			(Last Name)		
(Street Address, City/Town)								
(Province/Territory and Postal Code)			(Daytime Telephone)			(Cellular Telephone)		
(Mailing Address, if different than street address)				(Fax Number)		(Email Address)		
<p>The above is: <input type="checkbox"/> my own address</p> <p style="margin-left: 20px;"><input type="checkbox"/> c/o my lawyer (Lawyer's name _____)</p> <p style="margin-left: 20px;"><input type="checkbox"/> c/o another person (That person's name _____)</p> <p style="margin-left: 20px;"><input type="checkbox"/> c/o agency to whom my rights have been assigned (Contact name _____)</p>								
Complete this section if you are being represented by a lawyer								
(Lawyer's Name)								
(Street Address, City/Town)								
(Province/Territory and Postal Code)				(Telephone)				
(Mailing Address, if different than street address)								

(Complete either section 3 or 4, as applicable.)

3. **I AGREE** with the application, and consent to an order being made as requested.
- I agree to an order that I will pay support. My financial statement is attached to this Response, or
 - I am the support payor under the order or agreement the Applicant wishes to change. My financial statement is attached to this Response, or
 - I am the support recipient under the order or agreement the Applicant wishes to change. My financial information is attached to this Response if required.

or

4. **I DO NOT AGREE** with the application. My reasons for not agreeing are in the attached documents.
- I have also attached the following documents to this Response to explain my reasons for not agreeing to the application:
 - Financial Statement (Form I) (Required unless you are a support recipient and your financial information is not required to determine the support variation application.)
 - Request to Pay Child Support Different than Child Support Guidelines Table Amount (Form G)
 - Request for Child Support Different than Child Support Guidelines Table Amount (Form E)
 - Special or Extraordinary Expense Claim (Form F) (Use if you are the recipient/Respondent and you do not agree with the payor/Applicant's application to change special expense amounts under the existing order.)
 - Child Status and Financial Statement (Form J) (One for each child over the age of majority where you do not agree with the application concerning the support for that child.)
 - Other (specify):

5. **Jurat**

I, _____ swear/affirm that the information and facts contained in this response, including the attached forms, are true. I am making this application in good faith.

SWORN/AFFIRMED BEFORE ME

At the Municipality/City/Town of _____

In the Province/Territory of _____

On _____, 20__.

Notary Public or other authorized individual

Respondent's Signature

Print Name and Title of the authority under which this oath was administered.
(For example, Commissioner of Oaths. Use Stamp or Seal, if applicable.)

Commission Expiry Date (YYYY/MM/DD) (if applicable)