SUPPORT VARIATION APPLICATION UNDER THE INTERJURISDICTIONAL SUPPORT ORDERS (ISO) ACT

Form A.2

This application is made pursuant to the applicable Interjurisdictional Support Orders (ISO) Act.*

Originating Jurisdiction	Receiving Jurisdiction
Court File #:	Court File #:
Court Location:	Court Location:
Designated Authority #:	Designated Authority #:

(For Office Use Only)

the Applicant (name of the person applying for the order):						
	(First Name)	(Middle Name)	(Last Name)			
	the Respondent	$oldsymbol{t}$ (name of the person responding to thi	s application):			
	(First Name)	(Middle Name)	(Last Name)			
I am the	e Applicant and I reside in I ask the court for a SUPPORT V	(Province/Ter	ritory/State/Country).			
	A change or variation in the total a from per month, to (Form K is required. Additional form A change in the amount of unpaid		order or agreement, the reason for this application.) t support order(s) or agreement(s),			
	A change or variation in the total a from per month, to (Form K is required. Additional form A change in the amount of unpaid and that the arrears be 'fixed' or see (Forms I and K are required. Additional form I and K are required. Additional form I and K are required. Additional form I are troactive commencement data the termination of the obligation to	MARIATION ORDER including the following important of support in the current support to per month. In many also be required, depending on support arrears owing under the current et at as of I ional forms may also be required dependent to be effective as of ate is requested, an explanation must be	order or agreement, the reason for this application.) t support order(s) or agreement(s),			

2B. Provincial Child Support Serv	ice				
support service, if: a provincial ch	ng, I request to have the amount of child support service in the province where the remitting the service (if required); and if the described solutions are suitable for that service.	espondent resides provides such a			
3. Person applying for an order (tl	he Applicant)				
provided to the Respondent and will concerned about providing your own	application, including your contact information form part of a court file that MAY BE available address, you may provide an alternative addr lence may be sent to you. You must check the	to the general public. If you are less where you can be contacted			
(First Name)	(Middle Name)	(Last Name)			
	(Street Address, City/Town)				
	, , ,				
(Province/Territory/State/Country)	(Postal Code/ZIP Code)	(Daytime Telephone)			
(Mailing Address, if different than street addre	ess) (Fax Number)	(Email Address)			
The Above is: my own addre		(=)			
c/o my lawyer					
(Lawyer's Na		1			
c/o another pe		,			
		1			
, , ,	(That person's name) C/o agency to whom my rights have been assigned				
(Contact Na	me)			
	ssary to contact you in the future, you are r Designated Authority of any address chang				
4. Request to be notified and req	uest to participate in hearings (The following	g checkboxes are optional)			
I ask to be notified of all he procedures of the reciproc	earings arising from this application, if postating jurisdiction.	sible under the rules and			
or other technology, if pos	tunity to attend all hearings arising from the sible under the rules and procedures of the company of the compa	e reciprocating jurisdiction.			
5. As a government or government	nt agency may need to be informed of and/	or participate in this application (if			

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its laws allow it) please indicate as appropriate:

 $\hfill \square$ I am receiving or have received income or social assistance in the past.

 $\hfill \square$ The Respondent is/may be receiving income or social assistance now or has in the past.

(First Name)	(Middle Name)	(Last Name)
	(Street Address, City/Town)		
Province/Territory/State/Country and Postal Code)	(Daytime Telephone)	(Cell phone number)	
Mailing Address, if different than street address)	(Fax Number)	(Email Address)	
OTE: Additional Locate Information Form	is also required		
Child(ren) (only those children who are t	he subject of this applicat	ion)	
Name(First Middle L	ast)	Province/Territory/State/Country (of residence - last 6 months)	Date of Birth
i.			
(Attach an additional page if more	e than 4 children)	Addition	ıal page(s) attache
. Information about previous court orders	, agreements or related pr	oceedings (check all that app	ly)
☐ I have a Maintenance Enforcement file	in: (ı	prov/terr/state/country). File #	
☐ There are court order(s) involving the R		nd me.	
A copy of each order is attached (i	nclude any orders that sp	ecify or determine arrears).	
☐ There is a written agreement involving t	he Respondent, the child(re	n) and me.	
☐ The agreement is not registere	ed with the court.		
☐ The agreement was registered	d with the court on	(YYYY/MM/DD).	
A copy of the agreement, and any	changes to it, is attached.		
☐ There is no Divorce action in process.			
☐ There is a Divorce action in process. It o	does not include a claim for	support.	

A copy of this Order, and any changes to it, is attached.

9. The following documents are attached to and form part of the evidence in this application.	ation
☐ Child Support Claim	Form C
Request for a Support Order (if Respondent does not provide financial information)	Form D
Request for Child Support Different than Child Support Guidelines Table Amount	Form E
Special or Extraordinary Expenses Claim	Form F
Request to Pay Child Support Different than Child Support Guidelines Table Amount	Form G
Support for Claimant/Applicant	Form H
Financial Statement	Form I
Child Status and Financial Statement	Form J
Evidence to Support Variation of a Support Order	Form K
All Support Orders or Written Agreements between the parties or relating to any child for w support is claimed	/hom
☐ Documents required by the jurisdiction hearing this application:	
	Additional Page(s) Attached
Other:	
Other:	
10. Jurat	
I, swear/affirm that the information and facts	contained in this application
including the attached forms, are true. I am making this application in good faith.	contained in this application
SWORN/AFFIRMED BEFORE ME	
At the Municipality/City/Town of	
· · · · · · · · · · · · · · · · · · ·	
In the Province/Territory of	
On, 20	
Notary Public or other authorized individual Applicant Signature	
Print Name and Title of the authority under which this oath was administered. (For example, Commissioner for Oaths. Use Stamp or Seal, if applicable.)	
Commission Expiry Date (YYYY/MM/DD) (If applicable)	
11. Legal Authority: The applicable law rules in effect in the province, territory or country wh	ere the Respondent resides

will determine what family support law will be applied to decide this application.

^{*} In Canada: Interjurisdictional Support Orders Act, S.A. 2002, c. I-3.5. (AB); Interjurisdictional Support Orders Act, S.B.C. 2002, c. 29 (BC); Inter-jurisdictional Support Orders Act, S.S. 2002, c. I-10.03(SK); The Inter-jurisdictional Support Orders Act, C.C.S.M., c. I60 (MB); Inter-jurisdictional Support Orders Act, 2002, S.O. 2002, c. 13 (ON); Inter-jurisdictional Support Orders Act, S.N.B. 2002, c. I-12.05 (NB); Interjurisdictional Support Orders Act, S.N.S. 2002, c. 9 (NS); Interjurisdictional Support Orders Act, R.S.P.E.I. 1988, c. I-4.2 (PEI); Interjurisdictional Support Orders Act, S.N.L. 2002, c. I-19.2 (NL);Interjurisdictional Support Orders Act, S.N.W.T. 2002, c. 19 (NT);Interjurisdictional Support Orders Act, S.Y. 2001, c. 19 (Yukon); Interjurisdictional Support Orders Act, S.Nu. 2008,c.17,s.46 and S.Nu. 2008,c.19,s.2. (NU)