

Maintenance Enforcement Program Registration Form

Originating office account #

Claimant information *please print* Please fill in *every* line of this Registration Form. If the information asked for does not apply to you, please write n/a (for 'non applicable') in the space. If you do not have the information asked for, write 'not available' in the space.

Last name		First name		Middle nam	ie	
Sex □ M □ F	Birthdate Day Month Y	⁄ear	Relationship to children	Socia	al Insurance	Number
Place of work						
Address (please	Address (please give full home address and postal code) Phone (home)					me)
F				Phone (wo	Phone (work)	
Name and addre	ess of contact perso	on if needed (parent, other relative or fr	iend)	1	
Have you asked	for help from Socia	al Services in	this matter in the last 3 ye	ears?	□ Yes	□ No
Is there a history of abuse in the relationship between you and your former partner? \Box Yes					🗆 No	
Is your maintenance order registered and/or enforced by another program at present? If yes, please give name and address of program or court <i>and</i> file/case number.				□ Yes	🗆 No	
1						

Dependent child/children information Please list only the names of dependent children named in the maintenance order or variation order.

Number of children named in maintenance order.

1. Name of child			Birthplace Residence	Sex	Bir	thdate	
Last	First	Middle	(terr/prov/other) (last 6 mos		Day	Month	Year
				□F			
2. Name of child Last	First	Middle	Birthplace Residence (terr/prov/other) (last 6 mos	Sex) □ M	Bir Day	thdate Month	Year
				🗆 F			
3. Name of child Last	First	Middle	Birthplace Residence (terr/prov/other) (last 6 mos	Sex) □ M	Bir Day	thdate Month	Year
				🗆 F			
4. Name of child Last	First	Middle	Birthplace Residence (terr/prov/other) (last 6 mos	Sex) □ M	Bir Day	thdate Month	Year
				□F			
5. Name of child Last	First	Middle	Birthplace Residence (terr/prov/other) (last 6 mos	Sex) □ M	Bir Day	thdate Month	Year
				□F			

please use the space on the back page of this registration form if more than five children are named in the maintenance order or variation — continued on next page

Respondent information (*please print*) The respondent is the person who makes maintenance payments. This information must be accurate and current.

Respondent's las	st name	First name	Middle name	Sex □ M □ F	Birthdate Day Month	Year
Birthplace (terr/p	rov/other)		Aliases			
Social Insurance	Number	Mother's mai	iden name			
Description Height	Weight	Eye colour	Hair colour	Comple	exion	
Distinguishing fea (tattoos, moles, s	atures scars etc.) —				Glasses 🗆 Y	′es No
					- Contact 🗆 ` lenses 🖂 I	
married	ommon law eparated/divo	□ Last n	of respondent's current ame me address and postal o	First na		
Respondent's pho	one (home)		Respondent's pho	no (work)		
rtespondent's pric						
To help us collect 1. Last name	t support pay	vments, please list fr First name 	iends/relatives who may	v know where th Phone (includ		3.
Address (street,	city, postal/z	ip code)				
2. Last name		First name		Phone (includ	le area code)	
Address (street,	city, postal/z	ip code)		1		
3. Last name		First name		Phone (includ	le area code)	
Address (street,	city, postal/z	ip code)				

Respondent's employment information

Occupation(s) (please state respondent's o	Monthly Income	
Current employer Address		Phone
Last-known and previous employer(s)	Address	Phone
	Address	Phone

Respondent's financial information

Motor Vehicles (cars, boats, recreation vehicles etc.)						
Kind of vehicle, make and year	Colour	Licence Plate Number	Prov/Terr/other			
	1		<u> </u>			

Address	Town/City	erty, vacant land etc.) Terr/Prov/other	Legal Description

Banking

Name of bank	Address	Type of account	Account number

 Investments/Assets (retirement savings plans, term deposits, company shares, business partnerships, side jobs etc.)

 Type of investment/asset
 Account number
 other descriptive information

Credit Cards		

1. Company name	Account number	3. Company name	Account number
2. Company name	Account number	4. Company name	Account number

Other respondent information	(that would help the MEP	find the respondent)
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Additional dependent child/children information (continued from front page of registration form)

6. Name of child Last	First	Middle	Birthplace Residence (terr/prov/other) (last 6 mos)		Bir Day	thdate Month	Year
7. Name of child Last	First	Middle	Birthplace Residence (terr/prov/other) (last 6 mos)	Sex □ M	Bir Day	thdate Month	Year
				Γ			
8. Name of child Last	First	Middle	Birthplace Residence (terr/prov/other) (last 6 mos)	Sex □ M □ F	Bir Day	thdate Month	Year

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

Claimant's signature	Date	Please attach photo of respondent to your application form.
Mail your completed Registration Information to the Enforcement Program, or take it to the MEP officient on Second Avenue in Whitehorse or to any Terr mailing address in Whitehorse is: The Maintenance Enforcement Program (Yukon Department of Justice, Box 2703, Whitehorse, Yukon Y1A 2C6 Telephone (867) 667-5437 or 1-800-661-0408 local	ce in the Law Building itorial Agent. The MEP J-3M),	Remember to print the name of the respondent on the back of the photo.