



Court File #: _____

Court Location: _____

REMO/RESO/ISO # _____

Office use only

RESPONDENT'S ANSWER TO APPLICATION

- I am the Respondent
- I am a person or agency or government with a legal right to participate in this application. My relationship is: _____.

I have been served with a Support Application, or Support Variation Application. My address for delivery of documents is:

(Last Name)	(First Name)	(Middle Names)
(Street address and City/Town)		
(Province and Postal Code)		(daytime telephone)
(Mailing Address, if different than street address)		(fax number)
These are: <input type="checkbox"/> my own addresses, or <input type="checkbox"/> c/o my lawyer, or <input type="checkbox"/> c/o another person		

- 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 Answer, or
 - I am the support payor under the Order or Agreement the applicant wishes to change. My financial statement is attached to this Answer, or
 - I am the support recipient under the Order or Agreement the applicant wishes to change. My financial information is not required to make a support variation Order.

- I DO NOT AGREE with the Application. My reasons for not agreeing are in the attached documents.

- I will go to Court and bring with me 3 copies of this Respondent's Answer to Application with copies of the following documents attached, where applicable:
 - Financial Statement (Form K) *(required unless you are a support recipient who agrees to change an existing order)*
 - Request to Pay Child Support (different than child support guidelines table amount) (Form I)
 - Request for a Child Support Order (different than child support guidelines table amount) (Form G)
 - Special Expense Claim (Form H) *(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 L) *(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): _____

I will have a lawyer at the Court hearing. My lawyer's name, address, and telephone number are:

I, _____ make oath or affirm and say that the information and facts contained in this answer, including the attached forms and/or documents, are true. I am making this answer in good faith.

SWORN OR AFFIRMED BEFORE ME

At the _____ of _____

In the Province/Territory of _____

On _____, 200__.

A Commissioner, etc.

Respondent's signature