



Support Enforcement Program (SEP)

Court Location
Court File No.
Unified Family Court
Provincial
Supreme

SEP Account No.
- FOR OFFICE USE ONLY -

Opt-Out/Withdrawal Form

Please Print. Complete Part I and either Part II or III. Do not fill in shaded areas.

Part I

Creditor Information (person entitled to receive support)

Last Name First Name Middle Name

Mailing Address Phone Res. Phone Bus.

Postal Code Sex Birthdate Social Insurance Number

Debtor information (person required to pay support)

Last Name First Name Middle Name Mother's Maiden Name

Mailing Address Phone Res. Phone Bus.

Postal Code Sex Birthdate Social Insurance Number

Part II (if your order has never been enforced under SEP, please complete this part.)

Decision to Opt-Out

I hereby declare that I do not wish the support order, a copy of which is enclosed, to be registered with the Support Enforcement Program. I understand that the other party may choose to register the order.

Date X Signature of Creditor

Part III (If your order has already been registered, please complete this part.)

Decision to Withdraw

I hereby request that the order previously registered by me under the Support Enforcement Program, be withdrawn for the following reasons:

Blank lines for reasons

Date X Signature of Registrant

Please return this form (and, if you have completed Part II, a copy of the related order) to:

Support Enforcement Program
P.O. Box 2006
Corner Brook, Newfoundland
A2H 6J8

I am [] the creditor [] the debtor

For Office Use Only

Withdrawal Approved

Yes

No

Comments:

Signed By: _____