



SUPPORT ENFORCEMENT PROGRAM

REGISTRATION INFORMATION

When a relationship ends the financial responsibilities that were a part of it often continue.

Newfoundland and Labrador courts regularly issue support orders requiring people to continue providing for family members even after they are no longer together. Individuals may also enter into agreements in which a person is obliged to continue providing financially for another person and or children.

The Support Orders Enforcement Act establishes a Government Program to enforce family support orders and agreements.

The Support Enforcement Program will do everything it can to ensure those who are entitled to support receive their payments.

The information you provide will assist the Program in the collection of money as required under a support order or agreement. If you are unsure about your eligibility, or have any questions about the program, you may write to:

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

Phone: (709) 637-2608

Fax # (709) 634-9518

www.gov.nl.ca/just/civil/support.htm



Support orders made by a court in Newfoundland and Labrador, after May 1, 1989, will be sent to the Enforcement Program by the Court Clerk or Registrar. If you choose not to avail of this enforcement service, you must complete the opt-out/withdrawal form (SEP-002) available from the court where your order is issued. Please note, if you are in receipt of Social Assistance, the Minister of Human Resources and Employment may require that you register with the Enforcement Program. If you want to have the Program enforce a domestic contract (e.g. Separation or paternity agreement) which is not an order of the court (usually completed with the aid of legal counsel) it must be first filed in a Supreme Court in accordance with existing legislation and a court stamped copy forwarded with this registration information form and an Affidavit of Arrears. When completed, this form may be mailed, along with copies of all orders or agreements to the address shown on the front of this form. Use part "C" of these instructions, a document checklist, to make certain that you have included everything needed to register with the program.

PART A - REGISTRATION INFORMATION

- Please fill in the Registration Information Form and provide as much detail as possible. If the information does not apply, write "not applicable." If the information is not available, write "not available."
- Children: list only those dependent children named in the order or variation or domestic contract.
- Debtor: the person responsible for making support payments. The information you supply about the debtor should be accurate, complete and as current as possible.
- Creditor: the person entitled to receive support payments.
- If you gave additional information that would be useful in locating the debtor, or any additional information which might assist the Enforcement Program, but cannot be included in the space provided, please include it under "Comments" or on a separate sheet of paper.

PART B - AFFIDAVIT OF ARREARS

- If your support order, or variation is dated prior to May 1, 1989, this affidavit (Form SEP 003), available from any Newfoundland and Labrador court or the Enforcement Program, must be completed and provided with the registration information (even if there are no arrears).
- If you have opted out or have withdrawn an order, and you now wish your order to be enforced, you must also complete an affidavit of arrears.
- On the upper right hand corner of the affidavit, print the court file number which you will find on your court order.
- If your order was made in Newfoundland and Labrador, indicate either Provincial Court, Supreme Court, or the Unified Family Court, and the location of the court making the order, in the space provided.
- All Domestic contracts must be accompanied with an Affidavit of Arrears.
- If you are registering an out of province order you must also complete an Affidavit of Arrears. A certified copy of the order is also required.

Refer to your support order or agreement to determine the amount of money you are owed within the past ten-year period. With the help of the sample worksheet and instructions attached to the affidavit calculate and enter the amounts on your affidavit of arrears in the space provided.

After completing the information on the affidavit take it before a Commissioner for Oaths to have it sworn. Commissioners for Oaths are available at all court houses.

PART C - DOCUMENT CHECKLIST

In order to register you must send:

- (1) Registration Information Form
- (2) Affidavit of Arrears, if applicable (See Part B above)
- (3) A certified or court stamped copy of the following where applicable:

- Court order for support and any order(s) varying the terms of an original support order or a support provision in a domestic contract.
- All orders relating to the enforcement of a support order or a support provision in a domestic contract (including any order(s) for the payment, or non-payment of arrears).
- Domestic contract, i.e. marriage contract, separation agreement, cohabitation agreement, or paternity/affiliation agreement. (In the case of a domestic contract, please ensure it is first filed with and stamped by either the Unified Family Court, or the Trial Division of the Supreme Court of Newfoundland and Labrador, before you forward it with this registration information form).

It is important to remember that, once an order is registered for enforcement, all payments must be made through the Enforcement Program. No payments may be made or accepted directly between the parties. Once you request enforcement of your order, no enforcement action may be commenced or continued privately or by counsel.



Support Enforcement Program

Court Location
Court File No.
<input type="checkbox"/> Unified Family Court
<input type="checkbox"/> Provincial <input type="checkbox"/> Supreme

REGISTRATION INFORMATION

Please Print. Do not fill in shaded areas.

CREDITOR INFORMATION (person entitled to receive support):

SEP Account No.
<i>FOR OFFICE USE ONLY</i>

LAST NAME	FIRST NAME	MIDDLE NAME	SEX <input type="checkbox"/> M <input type="checkbox"/> F	DD	BIRTHDATE MM	YYYY
MAILING ADDRESS				PHONE RESIDENCE		
				POSTAL CODE	PHONE BUSINESS	
NL MCP NO.	SOCIAL INSURANCE NO.		DRIVER'S LICENCE NO./PROVINCE			
PLACE OF EMPLOYMENT				IS THE CREDITOR PRESENTLY RECEIVING SOCIAL ASSISTANCE BENEFITS <input type="checkbox"/> YES <input type="checkbox"/> NO		
NEXT OF KIN	ADDRESS			PHONE NO.		

NUMBER OF CHILDREN SPECIFIED IN SUPPORT ORDER	NAME OF CHILD	SEX	DD	BIRTHDATE	YYYY
		<input type="checkbox"/> M <input type="checkbox"/> F		MM	
<div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div>		<input type="checkbox"/> M <input type="checkbox"/> F	DD	MM	YYYY
		<input type="checkbox"/> M <input type="checkbox"/> F	DD	MM	YYYY
		<input type="checkbox"/> M <input type="checkbox"/> F	DD	MM	YYYY
		<input type="checkbox"/> M <input type="checkbox"/> F	DD	MM	YYYY

DEBTOR INFORMATION (person required to pay support) (Please complete as much information as possible)

LAST NAME	FIRST NAME	MIDDLE NAME	SEX <input type="checkbox"/> M <input type="checkbox"/> F	DD	BIRTHDATE MM	YYYY
CURRENT MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED/DIVORCED		OTHER NAMES KNOWN BY		PHONE RESIDENCE		
LAST KNOWN ADDRESS				PHONE BUSINESS		
		POSTAL CODE	MOTHER'S MAIDEN NAME			
NL MCP NO.	* SOCIAL INSURANCE NO.		DRIVER'S LICENCE NO. /PROVINCE OR PLATE NO.			
DESCRIPTION: HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	COMPLEXION	GLASSES	
DISTINGUISHING MARKS OR FEATURES					PHOTO ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO	
			IS THE DEBTOR PRESENTLY RECEIVING EI BENEFITS <input type="checkbox"/> YES <input type="checkbox"/> NO	IS THE DEBTOR PRESENTLY RECEIVING SOCIAL ASSISTANCE BENEFITS <input type="checkbox"/> YES <input type="checkbox"/> NO		
OCCUPATION(S)				IS THE DEBTOR PRESENTLY EMPLOYED <input type="checkbox"/> YES <input type="checkbox"/> NO		
THE DEBTOR'S PRESENT EMPLOYER IS:					GROSS MONTHLY INCOME \$	
ADDRESS OF PRESENT EMPLOYERS			POSTAL CODE	PHONE NO.		
PREVIOUS EMPLOYERS	ADDRESS	FROM EMPLOYED	TO	PHONE NO.		
RELATIVES OR FRIENDS (FOR LOCATION PURPOSES - INCLUDE SPOUSE OR COMMON-LAW SPOUSE)	NAME ADDRESS				PHONE NO.	

PLEASE COMPLETE DEBTOR INFORMATION ON REVERSE SIDE

Is the debtor presently receiving a retirement pension? YES
 NO

If yes, please give the gross monthly amount \$ _____ and from whom it is received _____

DEBTOR FINANCIAL INFORMATION (LIST KNOWN CHEQUING OR SAVINGS ACCOUNTS, RRSP, AND OUTSTANDING LOANS, ETC.)

NAME AND ADDRESS OF FINANCIAL INSTITUTION(S)	TYPE OF ACCOUNT OR LOAN	ACCOUNT NO.(S)

REAL ESTATE OWNED (INCLUDE COTTAGES, INVESTMENT PROPERTIES, ETC.)

MUNICIPAL ADDRESS(ES)	MORTGAGEE NAME & ADDRESS(ES)	ACCOUNT NO.(S)

MOTOR VEHICLE(S) (INCLUDE RECREATIONAL VEHICLES, MOTORCYCLES, BOATS, ETC.)

MAKE	YEAR	COLOR	LICENCE PLATE NO. /PROVINCE
FINANCED BY			SERIAL NO.
MAKE	YEAR	COLOR	LICENCE PLATE NO. /PROVINCE
FINANCED BY			SERIAL NO.
MAKE	YEAR	COLOR	LICENCE PLATE NO. /PROVINCE
FINANCED BY			SERIAL NO.

ALL CREDIT CARDS

COMPANY NAME	ACCOUNT NO.	COMPANY NAME	ACCOUNT NO.

OTHER FINANCIAL INVESTMENTS OR ASSETS (PROVIDE FULL DETAILS)

ADDITIONAL COMMENTS (IF ANY)
