



# Maintenance Enforcement Program Registration Form

Intake office account #
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 name		
_____		_____			_____		
Sex <input type="checkbox"/> M <input type="checkbox"/> F	Birthdate Day    Month    Year		Relationship to children		Social Insurance Number		
_____	_____	_____	_____	_____	_____	_____	
Place of work _____							
Address (please give full home address and postal code)					Phone (home)		
_____					_____		
_____					Phone (work)		
_____					_____		
Name and address of contact person if needed (parent, other relative or friend)							
_____							
Have you asked for help from Social Services in this matter in the last 3 years?						<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there a history of abuse in the relationship between you and your former partner?						<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your maintenance order registered and/or enforced by another program at present?						<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please give name and address of program or court <i>and</i> file/case number.							
_____							

**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	Birthdate		
Last	First	Middle	(terr/prov/other)	(last 6 mos)	<input type="checkbox"/> M <input type="checkbox"/> F	Day	Month	Year
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____

*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 last name	First name	Middle name	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Birthdate Day   Month   Year
Birthplace (terr/prov/other)		Aliases		
Social Insurance Number		Mother's maiden name		
Description Height	Weight	Eye colour	Hair colour	Complexion
Distinguishing features (tattoos, moles, scars etc.)				Glasses <input type="checkbox"/> Yes <input type="checkbox"/> No
				Contact lenses <input type="checkbox"/> Yes <input type="checkbox"/> No
Respondent's current marital status single <input type="checkbox"/> common law <input type="checkbox"/> married <input type="checkbox"/> separated/divorced <input type="checkbox"/>		Name of respondent's current spouse/partner Last name   First name		
Respondent's current address (please give full home address and postal or zip code)				
Respondent's phone (home)		Respondent's phone (work)		
To help us collect support payments, please list friends/relatives who may know where the respondent is.				
1. Last name	First name	Phone (include area code)		
Address (street, city, postal/zip code)				
2. Last name	First name	Phone (include area code)		
Address (street, city, postal/zip code)				
3. Last name	First name	Phone (include area code)		
Address (street, city, postal/zip code)				

## Respondent's employment information

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

## Respondent's financial information

<b>Motor Vehicles</b> (cars, boats, recreation vehicles etc.)			
Kind of vehicle, make and year	Colour	Licence Plate Number	Prov/Terr/other
<b>Real Estate</b> (homes, cabins, cottages, investment property, vacant land etc.)			
Address	Town/City	Terr/Prov/other	Legal Description
<b>Banking</b>			
Name of bank	Address	Type of account	Account number
<b>Investments/Assets</b> (retirement savings plans, term deposits, company shares, business partnerships, side jobs etc.)			
Type of investment/asset	Account number	other descriptive information	
<b>Credit Cards</b>			
1. Company name	Account number	3. Company name	Account number
2. Company name	Account number	4. Company name	Account number

