

**CHILD SUPPORT CLAIM**

I ask for child support for the following children:

<b>Full name of child (Last, First, Middle)</b>	<b>Child's date of birth (day, month, year)</b>

I ask that the amount of support be set using the child support guidelines or law of the jurisdiction where the respondent lives.

*If the respondent lives in Canada:*

I ask for only the child support guidelines table amount for one or more children.

I ask for support in an amount different from the table amount. The Request for Child Support Different from Child Support Guidelines Table Amount (Form 7) is attached.

I ask for additional support, over the table or an amount otherwise established. A Special Expense Claim (Form 8) is attached. I ask for additional support of \$ \_\_\_\_\_.

I ask for an order that the respondent obtain or maintain medical or dental insurance coverage for the child(ren).

This document is attached to, and forms part of the evidence in, my support application/support variation application:

\_\_\_\_\_  
Claimant's/Applicant's signature