

RESPONDENT’S ANSWER TO APPLICATION

Court File #: _____ Court Location: _____ REMO/RESO/ISO # _____ <p style="text-align: center;">Office use only</p>
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- I am the Respondent
- I am a person, agency or government with the following legal right to participate in this application:

_____.

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 number)
(Mailing Address, if different from street address)		(fax number)
This is <input type="checkbox"/> my own address, 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 that the applicant wishes to vary. My financial statement is attached to this Answer, or
 - I am the support recipient under the Order or Agreement the applicant wishes to vary. 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 11) *(required unless you are a support recipient who agrees to vary an existing order)*
 - Request to Pay Child Support Different from Child Support Guidelines Table Amount (Form 9)
 - Request for Child Support Different from Child Support Guidelines Table Amount (Form 7)
 - Special Expense Claim (Form 8) *(use if you are the recipient/respondent and you do not agree with the payor/applicant’s application to vary special expense amounts under the existing order)*
 - Child’s Status and Financial Statement (Form 12) *(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 solemnly 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 TO OR SOLEMNLY AFFIRMED BEFORE ME)

At the _____ of _____)

In the Province/Territory of _____)

On _____, 200__)

)

)

_____))

A Commissioner of Oaths or Notary

Signature of respondent