

## **COURT-ORDERED EVALUATIONS SUPPORT PROGRAM** **APPLICATION FORM**

(PLEASE READ ALL OF THE FOLLOWING INSTRUCTIONS)

To apply to the Court-Ordered Evaluations Support Program (C-OESP), you must:

1. Complete and sign this Application Form.
2. Attach a copy of your signed Court Order in which the evaluation was ordered, along with copies of any other orders made in regard to custody or access.
3. Attach your income information, as follows:
  - If you are an employee:
    - a copy of your most recent annual income tax assessment notice, ***and***
    - a copy of a recent statement of income, such as a pay stub, from your current employer(s)
  - If you are self-employed:
    - copies of your 3 most recent annual income tax assessment notices
  - If you are not employed:
    - a copy of your most recent annual income tax assessment notice, ***and***
    - a recent statement of income (if any) from all current sources of income (such as Employment Insurance benefits, social assistance, disability benefits, Worker's Compensation, etc)
4. Send all of the above documents to:  
C-OESP Coordinator,  
c/o Program Support Branch,  
Department of Justice and Consumer Affairs,  
P.O. Box 6000,  
Fredericton, N.B.  
E3B 5H1

If you do not know the answer to a question, or if it does not apply to you, please write 'DNK' (do not know) or "N/A" (not applicable) in the space provided. Please do not leave any space blank.

If you are represented by a lawyer, he or she may be able to help you with this form.

**SECTION I: INFORMATION ABOUT YOURSELF**

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_  
(Day – Month – Year)

Address \_\_\_\_\_  
\_\_\_\_\_

Telephone Number \_\_\_\_\_ / \_\_\_\_\_  
(Home) (Work)

Previous Name (if any) \_\_\_\_\_

Your Lawyer's Name \_\_\_\_\_

Firm Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Telephone/Fax Number \_\_\_\_\_ / \_\_\_\_\_  
(Phone) (Fax)

Is your lawyer provided through Legal Aid? Yes<sup>1</sup> \_\_\_\_ No \_\_\_\_

Are you employed? Yes \_\_\_\_ No \_\_\_\_

If yes, what is your occupation? \_\_\_\_\_

If yes, what is the name of the employer? (If self-employed, give name of firm)

\_\_\_\_\_

Address of employer \_\_\_\_\_  
\_\_\_\_\_

What is your total annual income? \$ \_\_\_\_\_

If not employed, what is your source of income, if any? (Ex.: E.I. benefits, social assistance, disability insurance benefits, etc)

\_\_\_\_\_

<sup>1</sup> Note: If you are represented by a lawyer provided by the Legal Aid Services Commission, you are not eligible for C-OESP assistance.

**SECTION II: INFORMATION ABOUT THE OTHER PARTY**

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_  
(Day – Month – Year)

Address \_\_\_\_\_

\_\_\_\_\_

Telephone Number \_\_\_\_\_ / \_\_\_\_\_  
(Home) (Work)

Previous Name (if any) \_\_\_\_\_

Lawyer's Name \_\_\_\_\_

Firm \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone/Fax Number \_\_\_\_\_ / \_\_\_\_\_  
(Phone) (Fax)

Is his/her lawyer provided through Legal Aid? Yes \_\_\_\_ No \_\_\_\_

Is the other party employed? Yes \_\_\_\_ No \_\_\_\_

If yes, what is his/her occupation? \_\_\_\_\_

If yes, what is the name of the employer? (If self-employed, give name of firm)

\_\_\_\_\_

Address of employer \_\_\_\_\_

\_\_\_\_\_

What is his/her total annual income? \$ \_\_\_\_\_

If not employed, what is his/her source of income, if any?

\_\_\_\_\_

**SECTION III: SOME GENERAL QUESTIONS**

1. What is your relationship to the child(ren)?

- Mother
- Father
- Maternal Grandmother
- Maternal Grandfather
- Paternal Grandmother
- Paternal Grandfather
- Other (please specify) \_\_\_\_\_

2. I am

- Applicant/Petitioner
- Respondent/Defendant

3. What is your relationship status to the other party in this proceeding?

- Separated
- Divorced
- Common Law
- Never Lived Together
- Other, please specify \_\_\_\_\_

4. When did this relationship begin? \_\_\_\_\_  
(Day – Month – Year)

5. When did this relationship end? \_\_\_\_\_  
(Day – Month – Year)

6. Presently, are you and the other party living in the same household?  
Yes \_\_\_\_ No \_\_\_\_

7. Has there been a separation agreement (If yes, please attach copy)  
Yes \_\_\_\_ No \_\_\_\_

8. Presently, who resides in your household (other than you)?

\_\_\_\_\_

**SECTION IV: INFORMATION ABOUT THE CHILDREN**

*(If there are more than three children, please attach additional pages)*

**Name of Child #1** \_\_\_\_\_

Male \_\_\_\_ Female \_\_\_\_

Date of Birth \_\_\_\_\_

(Day – Month – Year)

Name of Daycare/School \_\_\_\_\_

Grade \_\_\_\_\_

Address of Daycare/School \_\_\_\_\_

Phone Number of Daycare/School \_\_\_\_\_

Name of Daycare Provider/Teacher \_\_\_\_\_

Does this child have any special health/education needs? Yes \_\_\_\_ No \_\_\_\_

If yes, what are they? \_\_\_\_\_

\_\_\_\_\_

Please provide the following information about any health/educational professionals who are involved with this child. (example: doctor, counsellor, psychologist, psychiatrist)

Type of Professional \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

Type of Professional \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

**Name of Child #2** \_\_\_\_\_

Male \_\_\_\_ Female \_\_\_\_

Date of Birth \_\_\_\_\_

(Day – Month – Year)

Name of Daycare/School \_\_\_\_\_

Grade \_\_\_\_\_

Address of Daycare/School \_\_\_\_\_

Phone Number of Daycare/School \_\_\_\_\_

Name of Daycare Provider/Teacher \_\_\_\_\_

Does this child have any special health/education needs? Yes \_\_\_\_ No \_\_\_\_

If yes, what are they? \_\_\_\_\_

\_\_\_\_\_

Please provide the following information about any health/educational professionals who are involved with this child. (example: doctor, counsellor, psychologist, psychiatrist)

Type of Professional \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

Type of Professional \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

**Name of Child #3** \_\_\_\_\_

Male \_\_\_\_ Female \_\_\_\_

Date of Birth \_\_\_\_\_  
(Day - Month - Year)

Name of Daycare/School \_\_\_\_\_

Grade \_\_\_\_\_

Address of Daycare/School \_\_\_\_\_

Phone Number of Daycare/School \_\_\_\_\_

Name of Daycare Provider/Teacher \_\_\_\_\_

Does this child have any special health/education needs? Yes \_\_\_\_ No \_\_\_\_

If yes, what are they? \_\_\_\_\_

\_\_\_\_\_

Please provide the following information about any health/educational professionals who are involved with this child. (example: doctor, counsellor, psychologist, psychiatrist)

Type of Professional \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

Type of Professional \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

**SECTION V: INFORMATION ABOUT THE LEGAL PROCEEDINGS**

*(To be completed with the assistance of your lawyer, or by you if you do not have a lawyer)*

1. I am asking the court for the following (check whichever ones apply):

- sole custody of the child(ren)
- joint and/or shared custody of the child(ren)
- access to the children, please specify
- supervised access to the child(ren) by
  - applicant
  - respondent
- no access to the child(ren) by
  - applicant
  - respondent
- termination of access to the children by
  - applicant
  - respondent
- restraining order
- non-removal order
- contempt order
- spousal support
- child support
- variation of child support
- termination of support arrears
- exclusive possession of matrimonial home
- division of property
- an assessment under s.8 of The Family Services Act
- costs
- other, please specify

2. Is there an assessment in progress or has an assessment already been completed dealing with parenting and/or custody/access issues?

Yes \_\_\_\_ No \_\_\_\_

If yes, please attach copy of assessment.

If yes, when? \_\_\_\_\_  
(Day – Month – Year)

If yes, by whom? \_\_\_\_\_

3. Have you and the other party(ies) ever attempted mediation?

Yes \_\_\_\_ No \_\_\_\_

If yes, when? \_\_\_\_\_  
(Day – Month – Year)

If yes, by whom? \_\_\_\_\_

4. What efforts have been made to settle this case?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Have you attended the *For the Sake of the Children* parent education program?

Yes \_\_\_\_ No \_\_\_\_

If yes, when? \_\_\_\_\_  
(Day – Month – Year)

6. Have there been any previous court order(s) dealing with custody and/or access?

Yes \_\_\_\_ No \_\_\_\_

**If yes, please attach a copy of order(s)**

7. When is the next court appearance? \_\_\_\_\_  
(Day – Month – Year)

8. What is the name of the Court proceeding? \_\_\_\_\_ / \_\_\_\_\_  
(Applicant) (Respondent)

9. What is the Court file number? \_\_\_\_\_

**Be sure to complete all pages, attach all pertinent documents, and sign and date this form below**

I certify that I have reviewed the above information and that I believe it to be accurate.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature)