

IN THE PROVINCIAL COURT OF NEWFOUNDLAND AND LABRADOR
COURT CENTRE: _____
Court File No. _____

CONSENT ORDER FOR CHILD SUPPORT

BETWEEN: _____ APPLICANT
AND: _____ RESPONDENT

BEFORE the Honourable Judge _____ the _____ day
of _____, A.D., 20____;

1. **WHEREAS** the _____ (Applicant or Respondent), _____ (name),
is seeking support pursuant to the Family Law Act, RSNL1990 cF-2, as amended, for the child/ren: (List
the full name, date of birth and place of birth for each child for whom support will be payable.)

- 1. _____ DOB _____ at _____
- 2. _____ DOB _____ at _____
- 3. _____ DOB _____ at _____
- 4. _____ DOB _____ at _____

OR (in the case of a variation application)

1. **WHEREAS** by an Order made by the _____ Court at
_____ in the Province of _____ on the
_____ day of _____, _____, the _____
(Applicant or Respondent), _____ (insert name), was ordered to pay support to the
_____ (Applicant or Respondent), _____, (insert name) for the
child/ren: (List the full name, date of birth and place of birth for each child to whom the Order pertains.)

- 1. _____ DOB _____ at _____
- 2. _____ DOB _____ at _____
- 3. _____ DOB _____ at _____
- 4. _____ DOB _____ at _____

2. **AND WHEREAS** the Parties have reached an agreement with respect to child support as set out in
this Order;

3. **IT IS HEREBY ORDERED** that _____ (name of person who will pay support)
based on gross annual income of \$ _____ for 20____, shall pay support to
_____, (name of person who will receive support) for the child/ren listed above in
the amount of \$ _____ per month, based on the child support tables for the Province
of _____ (If the amount is more than or less than the appropriate guideline table
amount, explain why, i.e. by consent, allowing for undue hardship, shared custody arrangement, etc.

_____), such amount
to be payable as follows: _____

_____ (Describe
when and how payments are to be made, i.e. the first or last day of each month or in two equal instalments on the 15th and
last of each month, etc.) starting _____, 20____, (date of first payment)
pursuant to the Family Law Act, RSNL1990 cF-2, as amended.

4. **IT IS FURTHER ORDERED** that all amounts owing under this Order shall be paid directly to the Director of Support Enforcement for the benefit of the child/ren at:

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

Telephone
(709)637-2608

unless this Order is withdrawn from the Director of Support Enforcement in accordance with Section 7(1) of the Support Orders Enforcement Act, 2006, SNL2006 cS-31.1.

FILED at _____ in the Province of Newfoundland and Labrador this _____ day of _____, A.D, 20_____.

Judge/Clerk

I, _____, (**Applicant**) agree to the terms of this Order and I consent to it being filed with the Court.

Signed at _____ in the Province of _____
this _____ day of _____, 20_____.

Applicant's signature

Witness to Applicant's signature (A Commissioner for Oaths, Justice of the Peace, Notary Public or other person authorized to administer oaths)

I, _____, (**Respondent**) agree to the terms of this Order and I consent to it being filed with the Court.

Signed at _____ in the Province of _____
this _____ day of _____, 20_____.

Respondent's signature

Witness to Respondent's signature (A Commissioner for Oaths, Justice of the Peace, Notary Public or other person authorized to administer oaths)