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| **How to do a Consent Order** | **Instructions** |

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| If you and the other person have come to an agreement on all of your family law issues, you can do a Consent Order. You can use this **Consent Order (Form F34.02A)** template to draft the agreement between you and the other person. By signing a Consent Order, you acknowledge that the terms of the Order will be enforced. Before you sign a Consent Order, both you and the other person should get advice from separate lawyers.  You can only file a Consent Order if you already have an **Originating Application (Form F4.03A), Originating Application for Variation (Form F5.05A), Joint Originating Application (Form F4.04A), or Joint Originating Application for Variation (Form F5.06A)** filed with the Court**.** If you do not one of those documents filed with the Court, you must complete one and file it at the same time as your Consent Order.  If there are any issues that you and the other person do not agree on, you must set out these issues in an **Originating Application (Form F4.03A)** or **Originating Application for Variation (Form F5.05A).** You can still do a Consent Order on the issues you agree on.  **Completing Your Consent Order**  You can fill out this form by hand or you can download and fill out this form electronically at  <https://www.court.nl.ca/supreme/rules-practice-notes-and-forms/family/general/> (If you fill out the form electronically, you must still print the form and file it with the Court).  Check off “Final Order on Consent” (on the first page) if you are consenting to a final order. Check off “Interim Order on Consent” (on the first page) if you are consenting to an interim order.  Consent Orders dealing with child, spousal, partner, parental, or dependant support, must be separated from other types of orders. If you are consenting to support, fill out this **Consent Order – Support**. For all other Consent Orders (eg. parenting or property), fill out a **Consent Order – Other than Support (Form F34.02B)**.  If you need more space to fill out any section of this form, attach an extra page and indicate which section is continued on the extra page.  **Filing Your Consent Order**  You must make **2 extra copies** of your completed and signed consent Order. To file it, you must bring the original Consent Order to the same Court location where the Originating Application, Originating Application for Variation, Joint Originating Application, or Joint Originating Application for Variation was filed. You can also mail the Consent Order to that Supreme Court location.  **More Information**  Questions? Go to <https://www.court.nl.ca/supreme/family-division/> or contact a Court near you:   |  |  | | --- | --- | | Corner Brook: (709) 637-2227  Gander: (709) 256-1115  Grand Bank: (709) 832-1720 | Grand Falls-Windsor: (709) 292-4260  Happy Valley-Goose Bay: (709) 896-7892  St. John’s: (709) 729-2258 |   **--- It is highly recommended that you get advice from a lawyer ---**  If you need help finding or getting a lawyer, you can contact:   |  | | --- | | Public Legal Information Association of NL (PLIAN): [www.publiclegalinfo.com](http://www.publiclegalinfo.com) or 1 (888) 660-7788  Legal Aid: [www.legalaid.nl.ca](http://www.legalaid.nl.ca) or 1(800) 563-9911 | |

**--- REMOVE THIS PAGE BEFORE FILING THE ORDER ---**

**F34.02A: Consent Order – Support (Family Law)**

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| **In the Supreme Court of**  **Newfoundland and Labrador**  **(General/Family)** | **FOR COURT USE ONLY** | | | | | | |
| COURT FILE NO: | |  | | | | |
|  | | | |  |  | |
| CENTRAL DIVORCE REGISTRY NO: | | |  | | | |
|  | | | | | | |
| Filed at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , Newfoundland and Labrador, this \_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_\_. | | | | | | |
|  | Registry Clerk of the Supreme Court of Newfoundland and Labrador | | | | |  |

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| BETWEEN: |  | 🞎 APPLICANT  🞎 CO-APPLICANT |
|  | *(Print full name)* |
| AND: |  | 🞎 RESPONDENT  🞎 CO-APPLICANT |
|  | *(Print full name)* |
| AND: |  | 🞎 NOT APPLICABLE  🞎 SECOND APPLICANT  🞎 SECOND RESPONDENT  🞎 CO-APPLICANT |
|  | *(Print full name)* |

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| BEFORE the Honourable Justice |  | , on | . |
|  | *(Print Name)* |  | *(Date: month/day/year)* |

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| 🞏 | **Final Order on Consent** | 🞏 | **Interim Order on Consent** |
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IT IS ORDERED THAT under the:

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|  | *Family Law Act* (Newfoundland and Labrador): |
|  | *Divorce Act* (Canada): |
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| **Child Support** |  |

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| 🞎 | **Basic Table Amount**  The parties agree to an amount of child support according to the basic table amount as per the  *Child Support Guidelines* of *(province)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as follows:  Payment amount: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Payor’s annual income: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  To be paid: *(eg. 1st day of every month, weekly, etc.)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Paid by: *(name)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to: *(name)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ For the following child(ren): *(names and dates of birth)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Commencement date*: (month/day/year)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **OR** |  |
| 🞎 | **Amount Different from the Basic Table Amount (🞏 Shared Parenting or 🞏 Split Parenting)**  The parties agree to an amount of child support that is different from the *Child Support Guidelines* of *(province)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as follows:  Applicant or Co-Applicant 1’s annual income: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Payment amount: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Paid by: *(name)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to: *(name)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  For the following child(ren): *(names and dates of birth)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Commencement date*: (month/day/year)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **--- AND ---**  Respondent or Co-Applicant 2’s annual income: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Payment amount: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Paid by: *(name)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to: *(name)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  To be paid: *(eg. 1st day of every month, weekly, etc.)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  For the following child(ren): *(names and dates of birth)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Commencement date*: (month/day/year)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **--- SET OFF (if split parenting) or AMOUNT (if shared parenting) ---**  Payment amount: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Paid by: *(name)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to: *(name)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To be paid: *(eg. 1st day of every month, weekly, etc.)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Commencement date*: (month/day/year)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **OR** |  |
| 🞎 | **Amount Different from the Basic Table Amount**  The parties agree to an amount of child support that is different from the *Child Support Guidelines* of *(province)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as follows:  Payment amount: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  To be paid: *(eg. 1st day of every month, weekly, etc.)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Paid by: *(name)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to: *(name)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ For the following child(ren): *(names and dates of birth)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Commencement date*: (month/day/year)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Payor’s annual income: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Recipient’s annual income: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Reason or further details:   |  | | --- | |  | |

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| 🞎 | **Special and/or Extraordinary Expenses**  The parties agree to an amount of special and/or extraordinary expenses as follows:   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Child’s Name**  **and date of birth** | **Description of Expense** | **Total Amount of Expense**  (per month) | **Payor’s Share or Contribution ($ or %)**  (per month) | **Frequency of Payment** | **Commence-ment Date**  (month/day/year) | |  |  | $ |  |  |  | |  |  | $ |  |  |  | |  |  | $ |  |  |  | |  |  | $ |  |  |  | |  |  | $ |  |  |  |   *Other special expenses and/or details:*   |  | | --- | |  |   Paid by: *(name)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to: *(name)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Payor’s annual income: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Recipient’s annual income: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  🞎 Parties will send receipts to Support Enforcement. |

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| 🞎 | **Retroactive Child Support**  The parties agree to an amount of retroactive child support as follows:  Payment amount: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ per month OR $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ lump sum  Paid by: *(name)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to: *(name)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , representing the payor’s child support obligations from (date: *month/day/year*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to (date: *month/day/year*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  For the following child(ren): *(names and dates of birth)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_  Commencement/Payment date*: (month/day/year)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| 🞎 | **Arrears**  The parties agree that the outstanding child support amount owed, fixed at *(arrears)* $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as of *(date) (month/day/year)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , shall be paid as follows:  Payment amount: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ per month OR $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ lump sum  Paid by: *(name)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  to: *(name or agency, if assigned)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  For the following child(ren): *(names and dates of birth)\_*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Commencement/Payment date*: (month/day/year)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| 🞎 | **Disclosure (Payor)**  Pursuant to section 25 of the *Federal Child Support Guidelines* (Canada) (or section 23 of the provincial *Child Support Guidelines Regulations)*, *(name)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ shall provide a copy of the his/her income tax return and notice of assessment to *(name)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on or before (date: month/day/year) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ each year, commencing in the year \_\_\_\_\_\_\_\_\_\_\_\_\_. |

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| 🞎 | **Disclosure (Recipient) *(if applicable)***  Pursuant to section 25 of the *Federal Child Support Guidelines* (Canada) (or section 23 of the provincial *Child Support Guidelines Regulations)*, *(name)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ shall provide a copy of the his/her income tax return and notice of assessment to *(name)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on or before (date: month/day/year) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ each year, commencing in the year \_\_\_\_\_\_\_\_\_\_\_\_\_. |

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| ☑ | **Support Enforcement**  All amounts owing under this Order shall be paid directly to the Director of Support Enforcement at:  Support Enforcement Division  P.O. Box 2006  Corner Brook, Newfoundland and Labrador A2H 6J8  This order shall be enforced by the Director of Support Enforcement pursuant to the *Support Orders Enforcement Act,* 2006, SNL 2006, Chapter S-31.1, unless the Order is withdrawn from the Director, pursuant to s.7 of the *Act*. |

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| 🞎 | **Support Recalculation**  *(You can only check this box if all parties have agreed to basic table amount of child support and either primary residence parenting or split parenting.)*  The amount of child support shall be reviewed each year and, where necessary, will be recalculated by the Recalculation Office in accordance with the *Administrative Recalculation of Child Support Regulations*.  **Commencement Date OF CHILD SUPPORT:**   1. The commencement date of child support pursuant to this order is the \_\_\_\_\_ day of *(month)* \_\_\_\_\_\_\_\_\_\_\_\_\_ of *(year)* \_\_\_\_\_\_\_.   **Review Date:**   1. The child support amount will be reviewed one year after the date set out in clause (a) above.   **Income Information Requirements and Due Date:**   1. The person required to pay child support must provide the following income information to the Recalculation Office:    1. Personal income tax return for the most recent taxation year; and    2. Notice of assessment and any reassessments for the most recent taxation year; or    3. other document(s) acceptable to the Recalculation Office. 2. The income information must be provided to the Recalculation Office **not later than 45 days before the review date** at:   Recalculation Office  9th floor, Sir Richard Squires Building  P.O. Box 2006, Corner Brook, NL A2H 6J8  Tel: (709) 634-4172 | Fax: (709) 634-4155  E-mail: recalculation@gov.nl.ca  **Recalculation – Where income information is provided**   1. If satisfactory income information is received by the Recalculation Office at least 45 days before the review date, the Recalculation Office will issue a Recalculation Notice setting out the proposed recalculated child support amount. 2. If, as a result of the recalculation, the amount of child support would increase or decrease less than $5.00 per month, the Recalculation Office will not recalculate the amount of child support. The Recalculation Office will notify the parties that there will be no change for that year.   **Recalculation – Where income information is not provided**   1. If satisfactory income information is not received by the Recalculation Office at least 45 days before the review date, the Recalculation Office will issue a Recalculation Notice setting out the proposed recalculated child support amount. This amount will be: |

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|  | * 1. the income amount on which the most recent child support order, agreement, or Recalculation Notice was based; plus   2. 20% of the payor’s income as determined under (g)(i) above.   **Effective Date of Recalculated Amount**   1. Unless a Notice of Objection is filed, the recalculated amount of child support stated in the Recalculation Notice will come into effect on the date set out in the Recalculation Notice. The Recalculation Office will file a copy of the Recalculation Notice with the court that made the child support order (or where the agreement is filed) and the Support Enforcement Agency. 2. The recalculated amount of child support is payable to the Support Enforcement Agency:   Support Enforcement Division  2nd floor, Sir Richard Squires Building  P.O. Box 2006, Corner Brook, NL A2H 6J8  Tel: (709) 637-2608  **Objection to Recalculation**   1. If a party objects to the change in child support amount in the Recalculation Notice, the party must file a Notice of Objection with the court that made the child support order, or where the agreement was filed. The party must also provide a copy of the Notice of Objection to the Recalculation Office. 2. The Notice of Objection must be filed within 30 days after the Notice of Recalculation is deemed to be received. 3. If a Notice of Objection is filed, no change shall be made to the amount of child support payable unless:    1. a court order is made at the conclusion of the objection hearing; or    2. the Notice of Objection is withdrawn before the objection hearing, in which case the recalculated amount of child support is considered to have come into effect on the date set out in the Recalculation Notice.   **Change of Contact Information**  Parties must notify the Recalculation Office of any change to their mailing address, email address, telephone number, or fax number within 10 days of the change. |

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| 🞎 | **Other:**   |  | | --- | |  | |

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| **Spousal, Partner, Parental, or Dependant Support** |  |

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| 🞎 | **No Spousal, Partner, Parental, and/or Dependant Support**  The parties agree that there will be no spousal, partner, parental, and/or dependant support to either party. |

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| 🞎 | **Ongoing Support**  The parties agree to an amount of:   |  |  |  |  | | --- | --- | --- | --- | | **🞎 Spousal support** | **🞎 Parental support** | **🞎 Partner support** | **🞎 Dependant support** |   as follows:  Payment amount: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ per month  Paid by: *(name)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to: *(name)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ For the following person(s): *(names)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Commencement date: *(month/day/year)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Duration (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Review date (if applicable): (month/day/year) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Nature of Review (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| 🞎 | **Retroactive Support**  The parties agree to an amount of **retroactive**:   |  |  |  |  | | --- | --- | --- | --- | | **🞎 Spousal support** | **🞎 Parental support** | **🞎 Partner support** | **🞎 Dependant support** |   as follows:  Payment amount: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ per month  Paid by: *(name)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to: *(name)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , representing the payor’s support obligations from (date: *month/day/year*) \_\_\_\_\_\_\_\_ to (date: *month/day/year*) \_\_\_\_\_\_\_\_\_\_  For the following person(s): *(names)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Commencement date: *(month/day/year)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| 🞎 | **Arrears**  The parties agree that the outstanding support amount owed, fixed at *(arrears)* $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as of *(date: month/day/year)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , shall be paid off as follows:  Payment amount: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ per month OR $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ lump sum  Paid by: *(name)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  to: *(name or agency, if assigned)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Commencement/Payment date*: (month/day/year)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| 🞎 | The parties agree to the financial arrangement for support as follows:   |  | | --- | |  | |

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| **Consent Signatures *(if applicable)*** |  |

*If applicable, both parties must sign the Consent Order in front of a commissioner of oaths, notary public, justice of the peace, or lawyer. Court Registry staff are commissioners of oaths and you may sign this Consent Order at the Court when you file it.*

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| **Applicant (or Co-Applicant)** |  | **Respondent (or Co-Applicant)** |
| DATE (month/day/year): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | DATE (month/day/year): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |
| *Signature of Applicant (or Co-Applicant)* |  | *Signature of Respondent (or Co-Applicant)* |
|  |  |  |
| *Address of Applicant (or Co-Applicant)* |  | *Address of Respondent (or Co-Applicant)* |
|  |  |  |
| *Signature of Person Authorized to Administer Oaths* |  | *Signature of Person Authorized to Administer Oaths* |
| **Applicant’s (or Co-Applicant’s) Lawyer (if any)** |  | **Respondent’s (or Co-Applicant’s) Lawyer (if any)** |
| DATE (month/day/year):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | DATE (month/day/year):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |
| *Signature of Lawyer* |  | *Signature of Lawyer* |
|  |  |  |
| *Print name of Lawyer* |  | *Print name of Lawyer* |

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| **FOR COURT USE ONLY**  **Order Issued at:**  **Location:** Supreme Court in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Newfoundland and Labrador  **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Justice or Registry Clerk of the Supreme Court of Newfoundland and Labrador** |