

Schedule A – Recalculation Form



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

BETWEEN: _____ APPLICANT
(Print full name) CO-APPLICANT

AND: _____ RESPONDENT
(Print full name) CO-APPLICANT

AND: _____ NOT APPLICABLE
(Print full name) SECOND APPLICANT
 SECOND RESPONDENT
 CO-APPLICANT

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

WHEREAS the parties are subject to an agreement/order for the payment of child support;

AND WHEREAS the Applicant/Co-Applicant is a resident of the province of _____ and the Respondent is a resident of the province of _____;

AND WHEREAS the parties have shared parenting or a hybrid parenting arrangement of the child/children, namely:

- _____, born _____,
 primary care of one party, or shared parenting
- _____, born _____,
 primary care of one party, or shared parenting
- _____, born _____,
 primary care of one party, or shared parenting
- _____, born _____,
 primary care of one party, or shared parenting

AND WHEREAS the parties are each obligated to pay child support to the other;

AND WHEREAS it has been determined that the appropriate approach to the payment of child support is to set off the parties’ respective child support obligations;

Child support shall be recalculated as follows:

there shall be an amount of child support that is calculated using the applicable child support tables under the *Child Support Guidelines* but setting off the parties’ respective child support obligations as follows:

Applicant or Co-Applicant 1’s annual income: \$ _____

Total monthly payment table amount for ___ child(ren): \$ _____

Paid by: (name) _____ to: (name) _____

- \$ _____ monthly on the _____ day of each and every month OR
 - Installments of \$ _____ to be paid _____.
- (e.g., weekly; dates of payments per month, etc.)

For the following child(ren): (names and dates of birth) _____

--- AND ---

Respondent or Co-Applicant 2’s annual income: \$ _____

Total monthly payment table amount: for ___ child(ren) \$ _____

Paid by: (name) _____ to: (name) _____

To be paid pursuant to the following payment schedule:

- \$ _____ monthly on the _____ day of each and every month OR
 - Installments of \$ _____ to be paid _____.
- (e.g., weekly; dates of payments per month, etc.)

For the following child(ren): (names and dates of birth) _____

--- SET OFF AMOUNT ---

Total monthly payment amount: \$ _____

Paid by: (name) _____ to: (name) _____

To be paid pursuant to the following payment schedule:

- \$ _____ monthly on the _____ day of each and every month OR
 - Installments of \$ _____ to be paid _____.
- (e.g., weekly; dates of payments per month, etc.)

Commencement date: (month/day/year) _____

Special and/or Extraordinary Expenses

(You can only check this box if the parties are subject to an agreement/order for the payment of child support that includes an amount of special and/or extraordinary expenses)

Commencing _____, 20 ____, section 7 expenses shall be shared as follows:

The Applicant's/Co-Applicant's portion shall be _____ %.

AND

The Respondent's/Co-Applicant's portion shall be _____ %.

Consent Signatures

Both parties must sign the Recalculation Form 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 Recalculation Form at the Court when you file it.

Applicant (or Co-Applicant)

DATE (month/day/year): _____
<i>Signature of Applicant (or Co-Applicant)</i>
<i>Address of Applicant (or Co-Applicant)</i>
<i>Signature of Person Authorized to Administer Oaths</i>

Respondent (or Co-Applicant)

DATE (month/day/year): _____
<i>Signature of Respondent (or Co-Applicant)</i>
<i>Address of Respondent (or Co-Applicant)</i>
<i>Signature of Person Authorized to Administer Oaths</i>