**Request for Service**

**Family Justice Services**

**I am requesting services from Family Justice Services (FJS) in relation to the following issues:**

*(You will be asked to provide more detail on this Request form)*

|  |  |
| --- | --- |
| 🞏 | Custody for Decision-Making Purposes |
| 🞏 | Parenting Time |
| 🞏 | Child Support |
| 🞏 | Parent Information Session |

**Your Information**

*Fill in your information below:*

* Check this box if you do not want your contact information to be shared with the other party.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Current Last Name** |  | | Last Name at Birth: | | | |  | | |
| **First Name** |  | | | | | | | | |
| **Middle Name(s) (if any)** |  | | | | | | | | |
| **Mailing Address** |  | | | | |  | |  |  |
| *P.O. Box/Street Address* | | | | | *City* | | *Province* | *Postal Code* |
| **Telephone Number (if any)** | Home: | | | Cell: | | | | | |
| **Email Address (if any)** | Please note that if you provide your email address, FJS may contact you by email. | | | | | | | | |
| **Date of Birth** | Month: | Day: | | | | | Year: | | |
| **Occupation(s) or Job(s)** |  | | | | | | | | |
| **Do you need an interpreter?** | 🞎 Yes 🞎 No  Please note that FJS is not responsible for any interpreter fees or arrangements. | | | | If yes, state the language and dialect: | | | | |
| **Lawyer’s Name, Telephone Number, and Address (if any)** | 🞏 Check this box if you do not have a lawyer at this time. | | | | | | | | |

**Other Person’s Information**

*Fill in the other person’s information below (to the best of your knowledge):*

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Current Last Name** |  | | Last Name at Birth: | | | |  | | |
| **First Name** |  | | | | | | | | |
| **Middle Name(s) (if any)** |  | | | | | | | | |
| **Mailing Address** |  | | | | |  | |  |  |
| *P.O. Box/Street Address* | | | | | *City* | | *Province* | *Postal Code* |
| **Telephone Number (if any)** | Home: | | | Cell: | | | | | |
| **Email Address (if any)** | Please note that if you provide your email address, FJS may contact you by email. | | | | | | | | |
| **Date of Birth** | Month: | Day: | | | | | Year: | | |
| **Occupation(s) or Job(s)** |  | | | | | | | | |
| **Does the other person need an interpreter?** | 🞎 Yes 🞎 No  Please note that FJS is not responsible for any interpreter fees or arrangements. | | | | If yes, state the language and dialect: | | | | |
| **Lawyer’s Name, Telephone Number, and Address (if any)** | 🞏 Check this box if the other person does not have a lawyer at this time. | | | | | | | | |

**Information About Your Relationship**

*Check one of the following:*

|  |  |
| --- | --- |
| 🞏 | The other person and I married on *(date: month/day/year)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and separated on *(date: month/day/year)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *.* |
| 🞏 | The other person and I were never married but lived together as a couple from *(date: month/day/year)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to *(date: month/day/year)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ . |
| 🞏 | The other person and I were never married and never lived together as a couple. |
| 🞏 | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Your Child(ren)’s Information**

*Fill in the information for the child(ren) that this Request is made in relation to:*

|  |  |
| --- | --- |
| 🞎 | Check this box if there are more than 4 children. Attach an extra page to provide the details of those children. |

|  |  |  |
| --- | --- | --- |
|  | Child 1 | Child 2 |
| **Child’s Full Name** |  |  |
| **Mother’s Full Name** |  |  |
| **Father’s Full Name** |  |  |
| **Date of Birth**  ***(month/day/year)*** |  |  |
| **Child is Currently Living With *(Name)*** |  |  |
| **Disabilities and/or Special Needs** |  |  |
|  | Child 3 | Child 4 |
| **Child’s Full Name** |  |  |
| **Mother’s Full Name** |  |  |
| **Father’s Full Name** |  |  |
| **Date of Birth**  ***(month/day/year)*** |  |  |
| **Child is Currently Living With *(Name)*** |  |  |
| **Disabilities and/or Special Needs** |  |  |

*Is child protection services (CYFS) currently involved with you, the other person, and/or the children?*

|  |  |
| --- | --- |
| 🞏 | Yes. |
| 🞏 | No. |

**Court Orders**

*Are there any court orders (such as peace bonds, emergency protection orders (EPOs), undertakings, recognizances, or probation orders) that impact your own contact or your children’s contact with the other person?*

|  |  |
| --- | --- |
| 🞏 | Yes. *(You must attach a copy of the court order(s) to this Request for Service)* |
| 🞏 | No. |

*Are there any existing court orders or written agreements for parenting and/or child support?*

|  |  |
| --- | --- |
| 🞏 | Yes. *(You must attach a copy of the court order(s) or written agreements(s) to this Request for Service)* |
| 🞏 | No. |

|  |  |
| --- | --- |
| **Parenting** |  |

*If you are making a Request or Service in relation to a parenting issue, fill in the information below:*

**What are the current parenting arrangements for:**

Decision-making (for major decisions) about the child(ren):

|  |
| --- |
|  |
|  |

Regular parenting schedule (daily, weekly, monthly, or other):

|  |
| --- |
|  |
|  |

Other important issues in relation to parenting the child(ren):

|  |
| --- |
|  |
|  |

**What are your proposed parenting arrangements for:**

Decision-making about the child(ren):

|  |
| --- |
|  |
|  |

Regular parenting schedule (daily, weekly, monthly, or other):

|  |
| --- |
|  |
|  |

Other important issues in relation to parenting the child(ren):

|  |
| --- |
|  |
|  |

|  |  |
| --- | --- |
| **Child Support** |  |

|  |  |
| --- | --- |
| 🞎 | I am requesting the **basic table amount** of child support as per the *Child Support Guidelines*. |
| 🞎 | I am requesting **special and/or extraordinary expenses**. Provide details:   |  | | --- | |  | |
| 🞎 | I am requesting **an amount of child support that is different from the *Child Support Guidelines* basic table amount**. Provide details:   |  | | --- | |  | |
| 🞎 | I am requesting **retroactive child support**.  What is the amount of retroactive child support that you are seeking? $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  What is the date from which you are seeking retroactive child support? *(month/day/year)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Describe the facts and your reason(s) for seeking retroactive child support:   |  | | --- | |  | |

*If you are making a Request or Service in relation to a child support issue, you must provide income information from all of your income sources. Attach a copy of the following applicable information with this Request for Service:*

|  |  |
| --- | --- |
| 🞎 | Current income information / statement of income (ie. statement from your employer confirming your year to date earnings, overtime, and rate of annual pay). |
| 🞎 | Copies of your personal Income Tax Returns and copies of my Notices of Assessment (and any Notices of Reassessment) for each of the 3 most recent taxation years.  *OR*  Proof of Income Statements (“Option C” or “Income and Deduction” printouts) from the Canadian Revenue Agency for the 3 most recent taxation years.  *If you do not have copies of your Returns/Notices of Assessment, you may print your “Option C” printouts online or contact the CRA at 1-800-267-6999 or 1-800-959-8281 to have your “Option C” printouts sent to you.* |
| 🞎 | Income information from other sources not listed above (eg. Employment Insurance (EI), Workers’ Compensation, Income Support, etc.). Provide details:   |  | | --- | |  | |
| 🞎 | Information/supporting documentation for special or extraordinary expenses *if you are seeking these expenses.* |

|  |  |
| --- | --- |
| **Signature and Date** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| The information I have provided in this Request for Service is the truth to the best of my knowledge and belief.  I have read and I understand the following requirements:   * I must attend a Parent Information Session. This session will provide information on Family Justice Services, the legal and emotional separation process, and the needs of children following a separation. * I can only use FJS mediation services if both me and the other person have submitted a completed **Request for Service** form with all relevant attachments to the Request form. I must attach any previous or existing court orders or written agreements for parenting or child support. * I must provide the other person with a blank copy of the Request for Service. I will contact FJS if I cannot provide a copy to the other person. * My financial information may be shared with the other person. | | | |
| Date: |  | | |
|  | |  |  |
| *Print Name* | |  | *Signature* |

Family Justice Services

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St. John’s, NL

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