# Child Status Request Form for Enforcement Purposes

***Disclaimer**: Your responses to the questions below will be used by the Maintenance Enforcement program (MEP) to determine if enforcement of support for your child who is at or over the age of majority should continue.*

**Q1: Child's Full Name, Date of Birth and Case Number (please fill out one form per child)**

| Name (First, Middle, Last) | Date of Birth | Case Number |
|---|---|---|
| _____ | _____ (YYYY/MM/DD) | _____ |

**Q2: Support Recipient's Agreement to Continue Enforcement**

Are you requesting that the MEP continue to enforce ongoing child support for this child?

| | |
|---|---|
| ☐ No | Please explain why_____<br>_____<br><br>As of what date should ongoing child support be stopped?<br>_____<br>(YYYY/MM/DD) |

If you answered No above, DO NOT complete any further questions. Please go directly to page 6 to sign and return this form to your MEP to confirm that you do not think your MEP should continue to collect child support for your child, as of the date mentioned above.

| | |
|---|---|
| ☐ Yes | Please answer all questions below. |

**Q3: Disability/Medical (Proof Required)**

Does the child have a medical condition and/or disability that prevent the child from working and/or attending school and/or leaving your care?

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|---|---|
| ☐ Yes | Please attach a signed letter from a licensed medical practitioner stating that, because of illness and/or disability, the child is unable to work and/or be a full-time or part-time student at school and/or leave your care.<br><br>If you cannot provide a letter from your doctor, please provide an explanation or contact your case worker to discuss. |
| ☐ No | |

**Q4: Schooling (Proof Required)**

i. Is the child currently attending or enrolled in school? Please note that if your court order is from Ontario, P/T X or P/T Y, the child must be registered or attending a full-time school program.

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|---|---|
| ☐ Yes | If enrolled, please provide start date:<br>_____<br>(YYYY/MM/DD)<br><br>Please attach proof of schooling for every year after the child passes age of majority. This proof must be in the form of an official document from the child's school or school board confirming that the child is enrolled in:<br>☐ Full time<br>☐ Part time<br><br>What is the anticipated date of graduation?<br>_____<br>(YYYY/MM/DD) |
| ☐ No | If not attending or enrolled in school, what is the date the child was last in school?<br>_____<br>(YYYY/MM/DD)<br><br>Was the child attending:<br>☐ Full time<br>☐ Part time |
| ii. <u>If the child is not currently enrolled or attending school, are they intending on returning to school?</u> | |
| ☐ Yes | If yes, what date is the child returning to school?<br>_____<br>(YYYY/MM/DD)<br><br>Please provide proof of schooling for every year after the child reaches the age of majority. This proof must be in the form of an official document from the child's school or school board confirming that the child is enrolled in a:<br>☐ Full time Program<br>☐ Part time Program |
| ☐ No | Please provide reasons:<br>_____ |
| ***Disclaimer:*** *<u>Please note that we may need to contact you for more info.</u>* | |
| iii. <u>Has the child obtained their first post-secondary degree, diploma or certificate?</u> | |
| ☐ Yes | If yes, as of what date?<br>_____<br>(YYYY/MM/DD) |
| ☐ No | |
| **Q5: Marital/Common Law Status**<br><u>Is the child married or living common law?</u> | |

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|---|---|
| ☐ Yes | If yes, as of what date?<br>_____<br>(YYYY/MM/DD) |
| ☐ No | |

**Q6: Child's Residence/SR Financial Support**

Is the child living with you?

| | |
|---|---|
| ☐ Yes | Please move to the next question. |
| ☐ No | Please indicate:<br>i. Date the child left your home<br>_____<br>(YYYY/MM/DD)<br>ii. Reason the child left home<br>_____<br>iii. Child's relationship to the person they are currently living with<br>_____<br>iv. Is the child returning to your home?<br>☐ Yes, please indicate date child will return to live with you<br>_____<br>(YYYY/MM/DD)<br>☐ No, please indicate reason child will no longer live with you<br>_____<br>_____<br>v. If the child is no longer living with you, what financial contribution are you making to the child's needs? Please check all that apply.<br>☐ Room and board<br>☐ Food only<br>☐ Medical/Dental<br>☐ School Tuition<br>☐ Rent<br>☐ Other? Please specify:<br>_____<br>_____ |

**Q7: Child Income/Expenses:**

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| | |
|---|---|
| i. Is the child working (includes apprenticeship programs)? | |
| ☐ No | |
| ☐ Yes Part-time | |
| ☐ Yes Full-time | Please provide date of when employment started<br>_____<br>(YYYY/MM/DD) |
| ii. Does the child have other sources of income? | |
| ☐ Yes | Please specify:<br>_____<br>_____ |
| ☐ No | |

***Disclaimer***

- *Please note that this is a standardized form and that continued enforcement will be determined based on the requirements of the designated maintenance enforcement program.*
- *If the program decides to end enforcement of ongoing child support, this does not necessarily mean that entitlement to support for this child has ended. Entitlement to continued child support is a legal matter for the court to decide.*
- *Information on this form will be shared with the other maintenance enforcement program involved with your case and the payor (excluding any attachments – e.g. proof of disability, school enrollment, etc.)*

**Signature of the Support Recipient**

I confirm the information provided on this form is true.

_____ _____

*Signature of Support Recipient (Claimant)* *Date*

**NOTARY PUBLIC/COMMISIONAIR OF OATHS**

I make this solemn declaration consciously believing it to be true and knowing it is of the same force and effect as if made under oath.

DECLARED before me on_____, in the _____
(date) (town/city/community)

of_____, Northwest Territories.
(place name)

A Commissioner for Oath/Notary Public for _____

**Consent to Share Information**

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**[Note: It is up to each P/T to determine if they wish to include this section]**

Do you allow the MEP to provide a copy of this report to the other party on your MEP file?

| | |
|---|---|
| ☐ Yes | Please sign below to say that "you hereby allow the Maintenance Enforcement Program to share this report with the other party on your MEP file."<br><br>_____<br>Name (printed)<br><br>_____<br>(YYYY/MM/DD)<br><br>_____<br>Signature |
| ☐ No | |