

# **Application to Enroll in the Child Support Recalculation Service**

In this form, **you** means the person applying to enroll in this service.

We and us means the Child Support Recalculation Service (CSRS) of New Brunswick.

Recipient means the person who receives child support payments.

Paying party means the person who pays child support.

# What this recalculation service provides

The CSRS helps keep child support in line with parent's income without having to return to court. We recalculate the support payment annually using the applicable Child Support Guidelines, your Canada Revenue Agency Notice of Assessment or Reassessment from the previous year along with a completed Income Questionnaire

As long as you are enrolled, your support amount will be automatically recalculated each year on the anniversary date of your court order or agreement.



#### Before making this application

Please read this form fully to make sure you're eligible.

If this is the first time you're applying for this service and your court order or agreement is **more** than one year old, you can apply at any time.

If this is the first time you're applying, and your order or agreement is **less** than one year old, the earliest you can apply is 120 days before your first anniversary date.



If you have an **order**, your anniversary date is the date the *judge* signed it.



If you have an **agreement**, the anniversary date is the date *the parties* signed it.

#### QUESTIONS?

If you have questions about this form or enrollment, contact us at 1-833-224-2225 or recalc@gnb.ca.

For privacy reasons, we can only answer general questions by email.

For more information go to **gnb.ca/CSRS**.



# Are you eligible for this service?

Before making this application, read the following carefully.

If you aren't eligible for recalculation now, you may be eligible in the future.

#### You are NOT ELIGIBLE if any of the following applies

- If you and/or the other party live outside New Brunswick
- If the paying party's gross annual income is over \$150,000
- If the recipient's income is required, their gross annual income is over \$150,000
- If you're only seeking to adjust unpaid child support (arrears)
- If you need to adjust your child support before the anniversary date of your order or agreement due to a change in income (we are not able to retroactively adjust child support)
- If you or the other party's income is primarily based on self-employment, we aren't able to do a recalculation. However, if self-employment income is minimal and is in addition to full-time income, we may be able to recalculate.

- If you or the other party's income is more than 20% of the annual income
- If your court order or agreement filed with the court states that:
  - The CSRS should not recalculate your child support
  - The paying party's income was "imputed" (this means that the judge relied on what they were told that the paying party's income was)
  - Child support was granted in an "interim order" with a scheduled court date

#### You MAY BE ELIGIBLE if all the following applies

Both parties are a New Brunswick resident, and you have an existing Canadian court order or agreement filed with the court for child support that:

- Specifically states income used to calculate child support,
- Sets child support amount based on the tables in the Child Support Guidelines, and/or directs sharing of special expenses,
- · Lists names and dates of birth of the children,
- Provides the following details where parenting time (custody) is shared:
  - the income of both parties
  - that the child support is based upon each party's income, and
  - either a) the percentage of time the child(ren) are with each party, or b) how much time is spent with each party so the percentage can be determined.



# Ready to apply?

If you would like to proceed with enrollment, please complete the information below.

To prevent delays, print clearly in BLACK INK.



### How we use your personal information

We'll use the personal information you give us only to recalculate child support. With limited exceptions, only you have the right to access personal information about yourself. Exceptions might include enforcing child support payments, or sharing the financial information your court order explicitly instructs us to share or that has been requested by the other party; with personal contact information removed. For more information on how we use and protect your personal information, visit our web site at **gnb.ca/CSRS**.

#### Your information

First name	Middle nan	ne	Last name	
Social Insurance Number		ate of birth (yyyy/mm/dd)	Your mother's maiden name	_
Has your support order or ag  Yes – what is the CSRS fi  No				
Do you have any impairment  Yes – check all that apply  No				
Do you have any concerns a towards recalculation.  Yes No	bout family violence	? If you check <i>yes</i> , we wil	I contact you before taking any steps	



# **Application to Enroll in the Child Support Recalculation Service**

#### Ready to apply? >> Your information (continued)

Your mailing address (street number	or P.O. I	oox)				
City			Province			Postal code
Home phone	0	Okay to leave voicemail.	Cell phone			Okay to leave voicemail.
Work phone	$\circ$	Okay to leave voicemail.	Fax number			
Email address						
How would you prefer that we contact.  Home Cell Work F  The other party's informati  The more information you provide, the please give us the best information you may cause your application to be contact.	on e better vou have	Email we will be able to assist us. <b>If v</b>	to administer	your file. I	If you are not sure	e of the answer,
First name	Middle r	name		Last nam	ne	
Social Insurance Number	mber Date of birth (y		yyy/mm/dd) Their mother's maiden name		ne	
Their last known address (street num	nber or P	.O. box)			Date last known	(yyyy/mm if known)
City			Province			Postal code
Their last known employer name and	l address	s (street numbe	r or P.O. box)		Date last known	(yyyy/mm if known)
City			Province			Postal code
Home phone		Cell phone				
Work phone		Fax number				
Email address						



# Your child support order or agreement

Your court file number		Date of supp	Date of support order (yyyy/mm/dd)	
F.D				
Is this order registered with the Yes, my OSE file number is:				nswick?
No	OLL			
Has this order ever been recalculation Yes – Please list all recalculation	-			n program?
Year or years the recalculati	ons were made	Province or t	Province or territory	
Year or years the recalculati	ons were made	Province or t	erritory	
○ No				
The children				
Please list all the children that a	re named in the	order or agree	ement. <b>If you need</b>	more space, attach a separate sheet.
You've attached a separate s	sheet listing addit	ional children		
Child #1				
First name		L	ast name	
Date of birth (yyyy/mm/dd)  Are you requesti  Yes  No		_	ation for this child?	
Child #2				
First name		L	_ast name	
Date of birth (yyyy/mm/dd)  Are you reques  Yes No		sting recalculation for this child?		
Child #3	'			
First name		L	ast name	
Date of birth (yyyy/mm/dd)  Are you requesting recommendation of the comment of t		_	ation for this child?	





#### The children

Ch	۱iI	d	#	4

First name		Last name	
Date of birth (yyyy/mm/dd)	Are you requesting recalculated Yes No	ulation for this child?	

## Your consent and signature

To recalculate your child support amount, we rely on current, accurate information.

By signing below, you agree to the following:

#### I consent to the CSRS using my personal information to

- · assess my eligibility for recalculation
- · clarify information on my application, or
- · annually recalculate my child support order or agreement.

#### I agree to promptly notify the CSRS by phone or email if

- contact information changes for myself or for the other party (if known)
- · I am served notice of a court hearing to change my child support amount
- · any new court orders or court applications are made regarding my child support, or
- the circumstances of a child for whom support is being recalculated changes (for example, the child is no longer dependent).

If you're completing the PDF version of this form, typing in your name and electronically sending this form to us constitutes your electronic signature.

#### Signed at

City or town	Province
Signature of party making this request	Date signed (yyyy/mm/dd)



# How to submit this application

Send this completed application to us by email, mail or fax.

Before sending, check:
l've fully completed this form and it's signed and dated
I've attached a copy of my court order or agreement filed with the court
I've attached completed Income Questionnaire, if my income information is required
I've attached my Notice of Assessment or Reassessment from the previous year, if my income information is required
I've attached a list of additional children, if applicable
I've attached copies of previous recalculation decisions, if applicable
I've kept a copy for my records



#### Whose financial information do we need?

In all cases, we need the paying party's Notice of Assessment or Re-Assessment from the previous year along with a completed Income Questionnaire. If the court also required the recipient's income to calculate the child support and/or special expense amount, we need the recipient's Notice of Assessment or Re-Assessment from the previous year and a completed Income Questionnaire as well.

#### What happens next

We will confirm your eligibility and may request additional information if required. To check the status of your application, please contact us by **phone**, **email**, **mail** or **fax**.

How did	d you hear about this service?
Check all	that apply:
Court s	ervices
My law	yer
My cou	irt order or agreement
Family	Law Information Centre (FLIC)
Toll-free	e family law line
	h the New Brunswick Office of Support ement (OSE)
From a	friend
Interne	t search
Other:	

НС	HOW TO CONTACT US				
	Toll-free: 1-833-224-2225				
$\triangleright$	Email: recalc@gnb.ca				
<b>a</b> ,	Child Support Recalculation Service P.O. Box 6000 Fredericton, New Brunswick E3B 5H1				
•	<b>Fax:</b> 506-453-2234				
	Web: gnb.ca/CSRS				

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