



Child Support Service
100-352 Donald Street, Winnipeg, MB R3B 2H7
T 204-945-2293 or 1-800-282-8069 toll free
Fax 204-948-2423 or Email: csrs@gov.mb.ca

CSS FORM DD

Joint Request for a Child Support Recalculation Decision
(This application made pursuant to section 43 of the Child Support Service Regulation)

1.1 The Co-Applicant (name of first co-applicant) applying for a child support recalculation decision:

(First Name)

(Middle Name(s))

(Last Name)

1.2 The Co-Applicant (name of second co-applicant) applying for child support recalculation decision):

(First Name)

(Middle Name(s))

(Last Name)

2.0 We are jointly applying to the Child Support Service to have the amount of child support currently payable in a child support order/decision, child support agreement, or family arbitration award recalculated. The details of the child support that is paid and received is:

2.1 Where and when was the order, agreement, or arbitration decision made:

Court Centre _____ (Province/Territory) _____

Court File No _____ Date: _____ (mm/dd/yyyy)

2.2 Provide copies of all the child support orders/decisions, child support agreements, or arbitration awards where child support was changed with a description (ie, Final Order) and in chronological order (oldest first to most recent):

2.2.1 _____ (mm/dd/yyyy)

2.2.2 _____ (mm/dd/yyyy)

2.2.3 _____ (mm/dd/yyyy)

2.2.4 _____ (mm/dd/yyyy)

3.0 Our joint request is based on the following reason (Please check one of the following options):

- The child support order currently in effect does not have a recalculation authorization order in it to automatically recalculate child support or at the time the child support order was made, we did not opt in to the Child Support Service by signing a recalculation and enforcement information Form 70W.
- The child support agreement contains a provision in it permitting child support to be recalculated by the Child Support Service upon the request of one or both of the parents.
- The family arbitration decision contains a provision in it permitting child support to be recalculated by the Child Support Service upon the request of one or both of the parents.
- We were previously enrolled with the Child Support Service but opted out. We request to re-enroll in the service under the provisions of *The Child Support Service Act*.

4.0 The child support that is to be recalculated is:

- Table amount (only);
- Section 7(1) special or extraordinary expenses;
- Both the table amount and section 7(1) special or extraordinary expenses.

5.0 Child(ren) (list only those children both under or over 18 years of age who are the subject of this application and check if child support is required for each child):

1. _____ Support required
Names (First/Middle/Last)
2. _____ Support required
Names (First/Middle/Last)
3. _____ Support required
Names (First/Middle/Last)
4. _____ Support required
Names (First/Middle/Last)

6.0 Information about the first Co-Applicant:

(First Name) (Middle Name(s)) (Last Name) (Date of Birth)
(mm/dd/yyyy)

(Street address, City/Town) (Province) (Postal Code)

(Mailing Address if different from Street Address)

(Daytime Telephone No.)

(Work Telephone No.)

(Cellular Telephone No.)

(Fax Number)

(Email Address)

The Child Support Service (CSS) requests that you complete the email opt in request to expedite our communication with you. All information you provide is kept strictly confidential for CSS use.

Please check to authorize email communication:

I authorize the Child Support Service (CSS) to email Notices, correspondence, requests for financial information, child support decisions and other documents to me whenever possible to my designated email address. I may revoke this authorization in writing at any time.

7.0 Information about the second Co-Applicant:

(First Name) (Middle Name(s)) (Last Name) (Date of Birth)
(mm/dd/yyyy)

(Street address, City/Town) (Province) (Postal Code)

(Mailing Address if different from Street Address)

(Daytime Telephone No.)

(Work Telephone No.)

(Cellular Telephone No.)

(Fax Number)

(Email Address)

The Child Support Service (CSS) requests that you complete the email opt in request to expedite our communication with you. All information you provide is kept strictly confidential for CSS use.

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8.0 Declarations of the Applicants:

8.1 We are each consenting to the collection, use and disclosure of relevant personal information including financial documents, if required, for the purpose of this application for a Child Support Recalculation Decision. The data collected during the recalculation process will be retained by the CSS in accordance with *The Freedom of Information and Privacy Protection Act (FIPPA)*, but is subject to the requirement to disclose relevant information and documents obtained during the recalculation process to the court, the Maintenance Enforcement Program, an order assignee, the other parent or other party, as provided by provincial legislation under the provisions of *The Family Maintenance Act* and *The Child Support Service Act*. The Support Determination Officer may edit or remove personal identifying information from a document where it is required to be disclosed to the other parent or a third party.

8.2 We have each read and understand this Application. The statements contained in this application and in the attached forms that I have direct personal knowledge of are true, and those that I do not have direct personal knowledge of I believe to be true.

Date: _____ (mm/dd/yyyy)

First Co – Applicant Signature

check where application
is made electronically for authorized signature

Date: _____ (mm/dd/yyyy)

Second Co – Applicant Signature

check where application
is made electronically for authorized signature