



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](mailto:csrs@gov.mb.ca)

**CSS FORM L**

CSS FILE NO \_\_\_\_\_

APPLICATION FOR EARLY RECALCULATION OF CHILD SUPPORT  
(Application under section 22 of the Child Support Service Regulation)

1.0 Person making this application:

\_\_\_\_\_  
(First Name) (Middle Name(s)) (Last Name)

\_\_\_\_\_  
(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)

2.0 The child support order or the child support calculation or recalculation decision that I request to have recalculated is:

Court Centre \_\_\_\_\_ (Province/Territory) \_\_\_\_\_

Court File No \_\_\_\_\_ Date: \_\_\_\_\_ (mm/dd/yyyy)

A copy of the child support order or decision is attached to this application.

3.0 I am requesting an early recalculation of child support be granted by the Support Determination Officer before the next scheduled recalculation process on the following basis:

- More than six months has elapsed since the initial child support decision or the last child support recalculation occurred.

4.0 I believe that child support needs to be recalculated now for the following reasons (Please check  all those sections that apply to your situation):

A change in my annual income that I did not initiate

- Loss of employment (permanent or lay off other than seasonal).
- Change in terms of my employment (permanent reduction in hours of work or wages of existing employment, elimination of bonus or incentive program, change to commission based earnings or the requirement to incur employment expenses as a condition of employment).
- Employment related illness or injury resulting in reduction of income and now receiving workers compensation benefits, short term disability or long term disability benefits, income assistance, support from family member or relying on savings.
- Family related unforeseen care issues of an immediate family member and have applied for or receiving including employment insurance benefits or other benefits.
- Change in a source of income that was part of line 150 total income on my last filed income tax return such as capital gains, interest, dividends or rental income that is no longer being received by me.
- Other reason(s) (provide explanation):

A change in my income that I initiated

- Changed my previous employment to new employment or added an additional employer (second job), or I am now self employed or in a business partnership.
- I am on a family/parental related leave from employment to care for a child or immediate family member.
- I have a non-employment related injury or illness that prevents me from working or requires a permanent reduction in the hours that I can work.
- I have retired from my previous employment and now rely on pensions, registered retirement investments or non-registered savings for my income.
- I have quit my employment or taken a leave of absence from employment to pursue a post-secondary education program or educational upgrading.
- Other reason(s) (provide explanation):

The other parent's income has changed

- The last known employment of the other parent has changed or may have changed based on information that they have disclosed to me or that I have obtained from a third party.
- The other parent was not employed at the time the last child support decision was made but the other parent has disclosed to me or I have information from a third party that they are now employed.
- The other parent has or may have a new second source of income or a source of income that was not previously disclosed to the court or to the CSS when the last child support decision was made.
- Other reason(s) (provide explanation):

**Change in the amount of a section 7(1) special or extraordinary expense**

There has been a significant change to an expense or a new expense has arisen for a child as follows:

- One or more of these s.7(1) expenses that is to be paid for a child has changed since the last child support decision.
- A new expense(s) is now being incurred for a child that is not a required payment in the last child support decision.

**Change in the requirement of child support for an adult child**

Since the last child support decision was made there has been a change in the circumstances of an adult child and I believe that child support should no longer be paid for that child for the following reasons:

- The adult child has completed a secondary (high school) or post-secondary education program (degree, diploma or certification program) and is capable of being employed.
- The adult child is now employed and not attending an education program. They earn sufficient income to be financially independent of both parents.
- The adult child is not enrolled and attending an education program with the child having no immediate plans for further education.
- The adult child is prevented by illness or disability from completing an education program and/or being employed but receives employment and income assistance for themselves along with other benefits as an independent adult.
- Other reason(s) (provide explanation):



6.0 Please check  if appropriate for your circumstances, the following authorizations:

- 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 Acknowledgments:

7.1 This application is subject to section 22 of the *Child Support Service Regulation* and the finding of a Support Determination Officer that there is a significant change in the financial circumstances of one or both of the parents, or the change in the eligibility of an adult child for child support. Should the application be granted by the Support Determination Officer, the recalculation process will commence immediately. I acknowledge that the Support Determination Officer may request additional information or documents from me to support my application.

7.2 I am consenting to the collection, use and disclosure of relevant personal information including financial documents, if required, for the purpose of my application for a Child Support Calculation Decision. The data collected during the calculation 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 calculation 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.

8.0 Declaration of Applicant:

I \_\_\_\_\_ (Name of Applicant), declare that I have direct personal knowledge that the statements contained in this application and that they are true, and those that I do not have direct personal knowledge of, I believe to be true.

Date: \_\_\_\_\_ (mm/dd/yyyy)

\_\_\_\_\_  
Applicant's signature

check  where application is made electronically for authorized signature