

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

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CSS FORM M

CSS FILE NO _____

APPLICATION	APPLICATION FOR RECALCULATION OF CHILD SUPPORT			
(Application under s	ection 19 of the Child Suppor	t Service Regulation)		
Person making this application (the Applicant):				
Contact information for the decision):	e Applicant (the parent apply	ring for the child support		
(First Name)	(Middle Name(s))	(Last Name)		
(Street address, City/Town)	(Province)	(Postal Code)		
(Mailing Address if different fro	m Street Address)			
(Daytime Telephone No.)	(Work Telephone No.)	(Cellular Telephone No.)		
(Fax Number)	(Email Address)			

		e in a child support order/de recalculated. The details of	• • • •	•	
	2.1	Where and when was the ord	er, agreement, or arbitration	decision made:	
		Court Centre	(Province/Territory)		
		Court File No	Date:	(mm/dd/yyyy)	
	2.2	Provide copies of all the chil	d support orders/decisions,	child support agreements, or	
		arbitration awards wh	nere child support was change	ed with a description (ie, Final	
Order)		and in chronological c	order (oldest first to most rece	ent):	
		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 option	-	quest is based on the followi	ng reason (Please check 💌	one of the following	
		The child support order curre	ently in effect does not have	a recalculation authorization	
		order in it to automatically rec was made, I did not opt in to enforcement information For	the Child Support Service b	• •	
		The child support agreement recalculated by the Child Suparents.	·		
		The family arbitration decision recalculated by the Child Suparents.	·		

I am applying to the Child Support Service to have the amount of child support currently

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		·	rolled with the Child Support vice under the provisions of T	•	•
4.0		child support that is able amount (only);	to be recalculated is:		
			extraordinary expenses;		
	_		and section 7(1) special or ex	traordinary ex	penses.
5.0	Perso	on responding to thi	s application (the Respond	ent):	
(First I	Name)		(Middle Name(s))		(Last Name)
(Stree	t address	s, City/Town)		(Province)	(Postal Code)
	(Maili	ng Address if different f	rom Street Address)		
	(Hom	e Telephone No.)	(Work Telephone No.)		(Cellular Telephone No.)
	(Empl	oyer Name and Address)		(Employer Telephone No.)
	(Emai	l Address)			

5.0	Please check $oxedsymbol{oxtime}$ the following authorizations, if appropriate for your circumstances:	
	□ I authorize the Child Support Service 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.	
	☐ There is a history of domestic violence as between myself and the Respondent. I request that my personal contact information and that of the child(ren) subject to this application not be disclosed to the Respondent unless required by Provincial Legislation.	
	☐ I am attaching copies of the child support orders/decisions, child support agreements and family arbitration awards listed in section 2.2.	

7.0 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) have 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 tho	ect personal knowledge of are true, and those that I do not have direct personal knowledge of I	
	believe to be true.		
Date	e:(mm/dd/yyyy		
		Applicant's signature	
		🗆 check 🗹 where application is made	
		electronically for authorized signature	