

Administrative Suspension of Enforcement - Declaration

Maintenance Enforcement Program Telephone: 204-945-7133
100-352 Donald St Winnipeg, MB R3B 2H8 Facsimile : 204-945-5449
ManitobaMEPinquiries@gov.mb.ca Toll free in Canada: 1-866-479-2717

MEP File: _____

BETWEEN: _____ (Support Recipient)

- and -

_____ (Support Payor)

Statutory Declaration – No Income

I, _____, of _____, in the
Full name of person declaring *Name of city or town*

Province of Manitoba, MAKE OATH AND SAY THAT:

1. I have no income and do not receive any benefits (Employment Insurance, WCB, CPP etc.) from any source.
2. I have not received any income or benefits since _____.
Date (MM/DD/YYYY)
3. I am unable to make the required support payments.
4. I am meeting my basic needs (food, shelter, clothing etc.) as follows:

I, _____, do solemnly declare that the contents of this Statutory
Full name of person declaring
Declaration are true and I make this solemn declaration conscientiously believing it to be true.

Pursuant to Section 87(1) of *The Family Support Enforcement Act*, any person who swears a false statutory declaration is guilty of an offence and liable on summary conviction to a fine of not more than \$2000.00 or imprisonment for a term of not more than 90 days, or both.

_____ before me in _____,)

Sworn or Affirmed

in the Province of Manitoba, on the _____)

day of _____, 20____)

_____ *Sign here*

_____ *(witness)*

*Deputy Registrar, Notary Public, or
Commissioner for Oaths (commission expires _____)

*Alternate witnesses include a mayor, reeve or clerk of a municipality, resident administrator of a local government, secretary-treasurer of a school division, postmaster, sheriff, RCMP member or a surveyor.