

BC FAMILY MAINTENANCE AGENCY
SUPPORT PAYMENTS DUE

Case ID: _____

RECIPIENT Last Name (currently used)	First Name	Middle Name
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PAYOR Last Name (currently used)	First Name	Middle Name
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AMOUNTS DUE

We need information about the support payments due under your order or agreement to establish if arrears are owing and how much to collect for ongoing support.

How much money is the payor supposed to pay you for support? \$: How often is it to be paid? (e.g. weekly, monthly, bi-weekly) Frequency: If the amount is different than what it says in your order or agreement, explain why:

If your order or agreement includes expenses for the child(ren) are you expecting BCFMA to collect those expenses? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, does the payor owe you money for any expenses? <input type="checkbox"/> YES <input type="checkbox"/> NO

Have you ever agreed to accept less support than it says in your order or agreement? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, provide details:

Are there any support payments you do not want BCFMA to collect? (e.g. payments you agreed to forgive) <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, provide details:
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Have you and the payor ever reconciled (gotten back together) since the order or agreement was made? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, provide the date(s) you got back together and the date(s) you separated:
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Are any of the children not currently living with you? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, provide the child's name and date child left your care:
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In the past, have any of the children been out of your care for longer than one month? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, please provide the child's name, dates away, and why away (e.g. living with the other parent, in care of Ministry for Children and Families, living with relative).
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Are there any current court applications or support negotiations with the other party? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, provide details:

ADDITIONAL INFORMATION

These additional questions are to help us understand your circumstances and will allow us to better manage your case.

If the payor has ever been violent or threatening to you or if the court has ever made an order limiting contact between you and the payor, we need to know so we can treat your case with special care to prevent harm.

Are you currently or have you ever been registered in a Maintenance Program/Agency in another province/ state/country? YES NO

If Yes, provide the name of the program/agency and file number (if known):

Do you have any concerns for your safety or your children’s safety? (e.g. threats, violence) YES NO

Has the court ever made a protection, restraining or conduct order involving you or the payor?
 YES NO DON'T KNOW

Do you require assistance when contacting BCFMA? (e.g. hearing impaired, needs language translator)
 YES NO

If Yes, specify what assistance is required:

SIGNATURE

By checking the box below you confirm that you are the recipient named above on this form and the information provided on the form is true.

I declare I am the recipient and the information provided is true.

Name: _____ Date: _____