

FOR OFFICE USE ONLY:

HRLE Case #:

HRLE District Office Name:

Family Justice Services Division
REQUEST FOR FAMILY JUSTICE SERVICES

I am requesting Services from the Family Justice Services Division (FJSD) in relation to the following issues:

Child Support

Spousal Support

Custody

Access

Applicant Contact Information:

Name (full legal name):	Date of Birth (yyyy/mm/dd):
Address:	
Telephone number:	Other possible telephone numbers:
E-Mail address:	

Information about Child 1:

Name of Child 1:
Date of Birth (yyyy/mm/dd):
School:
Child lives with: Mother Father Other (Please identify relationship)

Information about the other parent of Child 1:

Name (full legal name):	Date of Birth (yyyy/mm/dd):
Address:	
Telephone number:	Other possible telephone numbers:
E-Mail address:	
Employment / Income:	

Please complete the statement which most applies to your relationship with this Parent:

- The other parent and I married on _____ and separated on _____ .
OR
 The other person and I were not married, but lived together as a couple from
to _____ .
OR
 The other person and I were never married *nor* lived together as a couple.

Information about Child 2:

Name of Child 1:	
Date of Birth (yyyy/mm/dd):	
School:	
Child lives with: Mother Father Other (Please identify relationship)	

Information about the other parent of Child 2:

Name (full legal name):	Date of Birth (yyyy/mm/dd):
Address:	
Telephone number:	Other possible telephone numbers:
E-Mail address:	
Employment / Income:	

Please complete the statement which most applies to your relationship with this Parent:

- The other parent and I married on _____ and separated on _____ .
OR
 The other person and I were not married, but lived together as a couple from
to _____ .
OR
 The other person and I were never married *nor* lived together as a couple.

Information about Child 3:

Name of Child 1:	
Date of Birth (yyyy/mm/dd):	
School:	
Child lives with: Mother Father Other (Please identify relationship)	

Information about the other parent of Child 3:

Name (full legal name):	Date of Birth (yyyy/mm/dd):
Address:	
Telephone number:	Other possible telephone numbers:
E-Mail address:	
Employment / Income:	

Please complete the statement which most applies to your relationship with this Parent:

- The other parent and I married on _____ and separated on _____ .
OR
 The other person and I were not married, but lived together as a couple from _____ to _____ .
OR
 The other person and I were never married *nor* lived together as a couple.

Please check one of the following:

- I have a lawyer to provide me with assistance regarding these issues. My lawyer is _____.
- I do not have a lawyer at this time.

Please Complete:

Are there **any Court Orders** (such as, Peace Bonds, Undertakings or Probation Orders) that impact your own contact or your children's contact with the other person?

- Yes**
- No**

If the answer is **Yes**, you are required to return a copy of the Court Order(s) with this Request for Service.

I am aware that:

1. The Family Justice Services Division of the Court (FJSD) will be offering me information about the legal and emotional separation process along with information about the needs of children following a separation.

The Family Justice Services Division and Human Resources, Labour and Employment will be made aware of information which may exclude following through with the request for child support.

2. Recipients of Human Resources, Labour and Employment (HRLE) Income Support are required by law to seek child and/or spousal support.
Section 13(1) Income and Employment Support Act. SN2002

3. Section 18(3) of the Income and Employment Support Act provides that “The minister may designate an officer to assist a person to obtain child or spousal support in the manner prescribed by the regulations (Section 48 *Income and Employment Support Regulations*).
4. Section 17(4) of the Income and Employment Support Act and Section 5 of the Regulations provide HRLE with the authority to request and receive information (such as the name and address of the child’s father) from a recipient of income support. In the event that the requested information is not provided, HRLE has the authority to “vary, suspend or cancel income or employment support”.
5. FJSD will inform HRLE whether or not I participate in the FJSD process to obtain child support/spousal support and the outcome of the FJSD process as it relates to child support/spousal support.
6. Section 17(4) of the Income and Employment Support Act requires that I provide HRLE with the name and address of the other parent of each of the children who live with me and that in the event this information is not provided HRLE has the authority to vary, suspend or cancel income support.
7. If there are any previous court orders or written agreements related to child support/spousal support, I am required to bring these documents to FJSD when requested to do so.

I consent to the release of information that relates to child/spousal support from my HRLE file to FJSD, and I consent to the release of information that relates to child/spousal support from my FJSD file to HRLE. I understand that this consent will be valid as long as I am requesting/receiving income support.

Signature of Applicant

Date

Client Service Officer

Date

Phone #

Please mail all documents to:

**Department of Human Resources,
 Labour and Employment
 Document Processing Unit
 P. O. Box 8790
 St. John’s, NL A1B 5E4**