

(Name of court)

at .....  
Court office address**Form 15C: Consent Motion to Change****Applicant(s)**

Full legal name:
Address:
Phone & fax:
Email:

**Applicant(s) Lawyer**

Name:
Address:
Phone & fax:
Email:

**Respondent(s)**

Full legal name:
Address:
Phone & fax:
Email:

**Respondent(s) Lawyer**

Name:
Address:
Phone & fax:
Email:

**Assignee of Support Order (if applicable)**

Full legal name:
Address:
Phone & fax:
Email:

**Assignee's Lawyer**

Name:
Address:
Phone & fax:
Email:

YOU MAY USE THIS FORM IF YOU ARE SEEKING TO CHANGE AN ORDER OR AGREEMENT THAT HAS BEEN RECALCULATED BY THE ONLINE CHILD SUPPORT SERVICE. YOU MUST SERVE A COPY OF THIS FORM ON THE FAMILY RESPONSIBILITY OFFICE IF THE ORDER WAS MADE UNDER THE DIVORCE ACT AND THE RECALCULATION WAS MADE WITHIN THE LAST 35 DAYS.

YOU MAY NOT USE THIS FORM TO CHANGE A NOTICE OF CALCULATION MADE BY THE ONLINE CHILD SUPPORT SERVICE.

EACH OF YOU SHOULD CONSIDER GETTING A LAWYER'S ADVICE BEFORE SIGNING THIS CONSENT.

IF YOU ARE SEEKING TO CHANGE A SUPPORT ORDER OR AGREEMENT THAT HAS BEEN ASSIGNED TO A PERSON OR AGENCY, YOU MUST SERVE ALL DOCUMENTS ON THE ASSIGNEE AND OBTAIN THE ASSIGNEE'S CONSENT TO ANY CHANGE THAT MAY AFFECT THE ASSIGNEE'S FINANCIAL INTEREST. FAILURE TO OBTAIN THE ASSIGNEE'S CONSENT MAY RESULT IN A COURT SETTING ASIDE AN ORDER AND ORDERING COSTS AGAINST YOU. IT IS YOUR RESPONSIBILITY TO DETERMINE IF THE ORDER HAS BEEN ASSIGNED. YOU CAN DO THIS BY SUBMITTING A CONFIRMATION OF ASSIGNMENT FORM, AVAILABLE ON THE MINISTRY OF THE ATTORNEY GENERAL WEBSITE OR AT THE COURT OFFICE.

1. We know that each of us has the right to get advice from his or her own lawyer about this case and understand that signing this consent may result in a final court order that will be enforced.
2. We have filed/are filing Financial Statements (Form 13 or 13.1) with the court.  
We have agreed not to file any Financial Statements with the court.
3. We have attached the existing final order or support agreement and ask the court to make an order that changes that order or agreement as set out below.

Since the order/agreement for child support was made, a Notice of Recalculation was issued by the online Child Support Service dated ..... (please attach).

**PARENTING OR CONTACT**

(Complete only if the parties are asking for a change in parenting or contact.)

4. We agree that (name(s) of person(s) or party(ies)) ..... shall have decision-making responsibility for the following child(ren) as described in the attached schedule:

Child's full legal name	Birthdate (d, m, y)	Age	Sex

We agree that (*name(s) of person(s) or party(ies)*) .....  
shall have parenting time with: (*name(s) and birthdate(s) of child(ren)*)

.....  
as described in the attached schedule.

We agree that (*name(s) of person(s) or party(ies)*) .....  
shall have contact with: (*name(s) and birthdate(s) of child(ren)*)

.....  
as described in the attached schedule.

**CHILD SUPPORT**  
*(Complete only if the parties are asking for a change in child support.)*

5. We agree to an order for child support that is:

equal to or more than what is in the Child Support Guidelines.

none (no child support).

less than what is in the Child Support Guidelines for the following reasons:

6. The party receiving support        is        is not        receiving social assistance.

7. We agree that child support shall be as follows:

Based on the payor's annual income of \$ ..... , (*name of party*) .....  
shall pay to (*name of party*) ..... \$ ..... per month  
for the following child(ren) (*name(s) and birthdate(s) of child(ren)*)

.....  
with payments to begin on (*date*) .....

Starting on (*date*) ..... , (*name of party*) .....  
shall pay (*name of party*) ..... \$ ..... for the  
following special or extraordinary expenses:

Child's name	Type of expense	Total Amount of Expense	Payor's Share	Terms of Payment (frequency of payment, date due, etc.)
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

(Complete only if the parties are agreeing to special or extraordinary expenses.) The recipient's total annual income is  
\$ ..... .

The order or agreement for child support, with respect to the child(ren) (*name(s) and birthdate(s) of child(ren)*)

.....  
dated ..... , shall be terminated as of (*date*) .....

**Complete if applicable:**

8. We also agree that the outstanding child support owed be paid off as follows:

The child support owed to (name of recipient) ..... shall be  
 fixed at \$ ..... as of (date) ..... and (name of payor)  
 ..... shall pay (name of recipient) .....

\$ ..... per month, with payments to begin on (date) ..... until the  
 full amount owing has been paid.

The child support owed to (name of agency or other person) ..... shall be  
 fixed at \$ ..... as of (date) ..... and (name of payor)  
 ..... shall pay (name of agency or other person) .....

\$ ..... per month, with payments to begin on (date) ..... until the  
 full amount owing has been paid.

**SPOUSAL SUPPORT**

(Complete only if the parties are seeking a change in spousal support.)

9. We agree that the spousal support payments should be as follows:

(Name of party) ..... shall pay to  
 (name of party) ..... the amount of  
 \$ ..... per month, with payments to begin on (date) .....

The order or agreement for spousal support, dated ..... , shall be terminated as of  
 (date) .....

10. We agree that the outstanding spousal support owed be paid off as follows:

The spousal support owed to (name of recipient) ..... shall be  
 fixed at \$ ..... as of (date) ..... and (name of payor)  
 ..... shall pay (name of recipient) .....

\$ ..... per month, with payments to begin on (date) ..... until the  
 full amount owing has been paid.

The spousal support owed to (name of agency or other person) .....  
 shall be fixed at \$ ..... as of (date) ..... and (name of payor)  
 ..... shall pay (name of recipient) .....

\$ ..... per month, with payments to begin on (date) ..... until the  
 full amount owing has been paid.

**NOTE: If money is owed to an agency or other person (an assignee), a representative of that agency or the other person must consent to the change in the order.**

**OTHER**  
(Complete if applicable.)

11. We agree that paragraph(s) (specify which paragraphs of the order are to be changed) ..... of the order  
 of Justice (name of judge) ..... , dated ..... ,  
 shall be changed as follows: (give details of the order you want the court to make)

**PARTIES' CERTIFICATE**

(Your lawyer(s), if you are represented, must complete the Lawyer's Certificate below.)

We certify that we are aware of our duties under sections 7.1 to 7.5 of the *Divorce Act* and section 33.1 of the *Children's Law Reform Act* regarding the best interests of any children, protection of any children from conflict, family dispute resolution processes, complete, accurate, and up-to-date information, and compliance with orders.

**NOTE: The parties do not need to sign this consent at the same time. Each party must sign in the presence of his or her witness who shall sign immediately after that party. The witness cannot be one of the parties. If the witness does not know the party, the witness should see identification that proves that the party to the consent is the same person signing the consent.**

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Applicant's signature

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Respondent's signature

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Date of applicant's signature

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Date of respondent's signature

---

Signature of witness

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Signature of witness

---

Type or print name of witness to applicant's signature

---

Type or print name of witness to respondent's signature

---

Address of witness

---

Address of witness

---

Telephone number of witness

---

Telephone number of witness**ASSIGNEE'S CONSENT**

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Signature of person authorized to sign on behalf of assignee

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Date of signature

---

Print name and title of person signing the consent

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Witness's signature

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Name of witness (type or print legibly)**LAWYER'S CERTIFICATE**

My name is: \_\_\_\_\_

and I am the applicant's lawyer in this case. I certify that I have complied with the requirements of section 7.7 of the *Divorce Act* and section 33.2 of the *Children's Law Reform Act* regarding reconciliation and the duty to discuss and inform.

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Date

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Lawyer's signature

My name is: \_\_\_\_\_

and I am the respondent's lawyer in this case. I certify that I have complied with the requirements of section 7.7 of the *Divorce Act* and section 33.2 of the *Children's Law Reform Act* regarding reconciliation and the duty to discuss and inform.

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Date

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Lawyer's signature

**SCHEDULE OF PROPOSED CHANGES**