Payor Enrollment Application – Maintenance Enforcement Office (MEO)

Note: Enrollment with the MEO is voluntary.

Maintenance Enforcement Office
PO Box 2077
Regina, SK S4P 4E8
Phone: 1-866-229-9712 | 306-787-8961
Fax : 306-787-1420
Email: meoinquiry@gov.sk.ca

Enrollment checklist: all below needs to be completed, signed and submitted to MEO

☐ Enrollment form ☐ Copy of Court order or agreement included. *(Section 11 affidavit needed with agreements.)*

☐ Direct Deposit form (banks now provide printable sheet online)

Recipient Information (person entitled to receive support)

Name: _____ /_____ /_____/_____
Last First Middle Gender

Other Names known by _____
(any former married names, nicknames, aliases, etc.)

Home Address: _____ / _____ / _____ /_____ /_____
Street City Prov. Country Postal Code

Mailing Address:_____ / _____ / _____ /_____ /_____
Street City Prov. Country Postal Code

_____ _____ birthdate: _____ /_____ /_____
Home phone Work phone DD MM YYYY

Email address: _____

_____ _____ _____
Health # Drivers Licence # Social Insurance #

Member of a First Nations?: ☐ Yes Band Name: _____ Treaty Number: _____

Are you on Social Assistance?: ☐ Yes Military Service: ☐ Yes Details: _____

Dependant(s) Listed Under the Order or Agreement (any person whose benefit support is required as listed in the order)

Child Full Name: _____

Date of birth: dd/mm/yyyy: _____ Does child live with you? ☐ Yes ☐ No

Child Full Name: _____

Date of birth: dd/mm/yyyy: _____ Does child live with you? ☐ Yes ☐ No

Child Full name: _____

Date of birth: dd/mm/yyyy: _____ Does child live with you? ☐ Yes ☐ No

Payor Information (person required to pay maintenance) please fill out as completely as you can

Name: _____
Last First Middle Gender

Other names known by (any former married names, nicknames, aliases, etc.)

Name: _____

Payor Address

Home Address: _____ /_____ /_____ / _____ /_____
Street City Prov. Country Postal Code

Date home address was current: _____

Mailing Address: _____ / _____ /_____ / _____ /_____
Street City Prov. Country Postal Code

Date mailing address was current: _____

_____ _____ _____ Birth Date: _____ /_____ /_____
Home phone Work Phone Cell phone DD MM YYYY

Email Address: _____

Marital Status: _____Name of Current Spouse: _____

Member of a First Nations?: ☐ Yes Is Payor Status?: ☐ Yes

_____ _____
Band Name Treaty Number

Is Payor on Social Assistance?: ☐ Yes _____ / _____
Client Number Social Assistance Provider

Military Service?: ☐ Yes Details: _____

Is the Payor currently receiving:

☐ Employment Insurance ☐ Workers Comp ☐ Old Age Security ☐ Canada Pension Plan (CPP)

Payor Identifiers

_____ /_____ /_____ /_____ /_____
Health Number Drivers Licence Number Province Issued Social Insurance Number Passport Number

_____ / _____
Mothers Maiden Name Social Media Names (ie. Facebook, Twitter, Other)

Payor Physical Description

Height (ft/in/cm): _____ Weight (lbs/kg): _____ Hair Colour: _____ Ethnicity: _____Eye Colour: _____

Glasses: ☐ Yes ☐ No Are there any other details that would help identify the Payor (e.g., tattoos, scars, etc.)?

_____

Payor Current Employment Information

Employer Name: _____ Occupation: _____

Employer Address: _____ /_____/ _____/_____/_____
Street City Prov. Country Postal Code

Start Date: ____/____/____ _____ _____
DD MM YYYY Phone Number Fax Number

_____ _____
Email Website

Payor Assets

Banking Information: _____
Financial institution name Address

_____/ _____/ _____ /_____ Joint Account ☐ Y Joint owner _____
City Province Country Postal Code

Other Banking/investments (Bank accounts, Retirement savings, term deposits, stocks, bonds, pensions, etc.

_____

_____

Payor Direct Withdrawl Banking Information:

Chequing account (attach a current blank cheque marked void to this form or for other account types have this section completed by an authorized official at your bank.)

_____/ _____/ _____

_____
Signature of Bank official

Bank Stamp

Date of month payment is to be withdrawn:_____

I apply to have the enclosed support order/agreement filed with and enforced by the Maintenance Enforcement Office. By signing this form, I declare that I understand:

1. I will not accept any payments from they payor unless authorized by the Maintenance Enforcement Office.
2. I will not attempt to collect the support on my own. I give my right to enforce the order or agreement to the Executive Director of Maintenance Enforcement.
3. I will keep the office informed of any new or changed information concerning my case such as changes: in the order or agreement; in the parenting arrangement (formerly custody) or dependency status of the children; of address; and in employment.
4. I understand the Maintenance Enforcement Office cannot guarantee that payments will be made; will be made consistently; will be made without interruption; or be made on the given date of the order.
5. I understand all information received and retained in the Maintenance Enforcement Office will be kept confidential and will only be released in accordance with The Enforcement of Maintenance Orders Act and The Enforcement of Maintenance Orders Regulations.
6. The information I have given in this Enrollment Form is true and correct to the best of my knowledge and belief.
7. By providing your email address, you consent to the Maintenance Enforcement Office using the email address to send you notices and updates related to your file.

Name of Applicant	Signature	Date of Application

please email signed and completed form to meoinquiry@gov.sk.ca
or by mail to PO Box 2077 Regina, SK S4P 4E8

For assistance in completing this form, please call toll-free at 1-866-229-9712 or email your inquiry to **meoinquiry@gov.sk.ca** or visit our website at: **https://www.saskatchewan.ca/residents/family-and-social-support/child-support/paying-and-receiving-child-support**.