Recipient 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

Office Use only : Case No _____
Recipient No:_____ Associated Case(s)_____Entered By:_____
Payor No:_____ Associated Case(s)_____Entered By:_____

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, alias, 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 Information

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/mmm/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: _____/ _____ / _____
Last First Middle

Payor Information Continued

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.

_____

Recipient Banking Information:

Direct Deposit: 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

Initial Here:

☐ I understand that by enrolling my support order/agreement with the Maintenance Enforcement Office (MEO), the decisions regarding the enforcement of the order/agreement, including appropriate enforcement actions, will be determined by the MEO, not by me. I will not interfere with the enforcement effort.

☐ I understand I can withdraw my support order/agreement from the MEO at any time, at which time all enforcement action on it will cease.

☐ I will not attempt to collect the support on my own and I will not accept direct payments from the payor.

☐ I understand the MEO cannot guarantee the timely receipt of payments, specific payment dates, or that payments will be made at all. For information about payments made or received, I can refer to my Saskatchewan.ca account.

☐ I will promptly inform the MEO of any new or changed information related to my case such as:

- changes to my contact information;
- changes to the support order/agreement;
- changes in the parenting arrangements or the child(ren)'s living arrangements; and,
- changes in the dependency status of my child(ren), especially regarding if my child(ren) is/are still attending school.

☐ I understand I can request updates on my file from the MEO on a quarterly basis (every three months). I understand I will receive a response to my request within 3 to 5 business days, and I agree not to follow up repeatedly within this timeframe.

☐ I understand all information received and retained in the MEO will be kept confidential and will only be released in accordance with *The Enforcement of Maintenance Orders Act* and its Regulations.

☐ I authorize direct deposit to the account designated above.

By signing below, I confirm the information I have provided in this Enrollment Form is true and accurate to the best of my knowledge and belief. I confirm I have read and understood all the information provided above and have initialed each section to acknowledge it. By providing my email address, I consent to the Maintenance Enforcement Office using my email address to send notices and updates related to my file. I agree to the terms and conditions outlined, and I understand my signature below signifies my acceptance.

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 3E8

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**.