

Child Support Service Family Justice Services Branch

Recalculation Application Form

(Complete ONLY if you have an existing child support document)

Please type or print in dark ink when completing this application form.

CSRS Use Only:

File #: _____

Applicant information:

(Last Name)	(First Name)	(Middle Names)
(Mailing Address and City/Town)		(Street Address and City/Town)
(Province and Postal Code)		(Daytime Telephone)
(E-mail Address)		(Alternate Telephone)
(Date of Birth dd/mm/yyyy)		(SIN number)

Applicant employment information: (Complete if you are required to pay support)

(Employer Business Name)	(Yearly Income)
(Employer Address)	(City) (Province) (Postal Code)
(Employer Phone)	(Employer Contact Name)

Children for whom child support is being paid:

	LAST NAME	FIRST	MIDDLE	Resides with which parent:	Gender M - Male F - Female	DATE OF BIRTH		
						Day	Month	Year
1.								
2.								
3.								
4.								

Dependant(s) over age 18:

Yes

No

Parenting Arrangement:

- Sole (one party has the majority of time with the child/ren)
- Shared (minimum time of 40% with each parent)
- Split (1 or more children reside with each parent)

Information for other party:

(Last Name)	(First Name)	(Middle Names)
(Mailing Address and City/Town)		(Street Address and City/Town)
(Province and Postal Code)		(Daytime Telephone)
(E-mail Address)		(Alternate telephone)
Date of Birth (dd/mm/yyyy)	(SIN Number)	(Mother's Maiden Name)

Employment information for other party: (Complete if the other parent pays support)

(Employer Business Name)	(Yearly Income)		
(Employer Address)	(City)	(Province)	(Postal Code)
(Employer Phone)	(Employer Contact Name)		

Case Information:

(Current Child Support Amount)	(Payment Schedule) <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Lump Sum Other (please specify):
(Amount of Child Support paid in the recent tax year)	(Tax year)

Additional information:

Attach copy of current child support order or agreement (**MUST** be attached)

Maintenance Enforcement Office Case Number _____ (if Applicable)

There is a history of domestic violence or a no contact order

By signing this form, I declare that I understand:

- 1) I will keep the office informed of any new or changed information such as:
 - a. Court order or agreement;
 - b. Parenting arrangement or dependency status of the children;
 - c. Address; and
 - d. Employment information.
- 2) All information received and retained in the Child Support Service will be kept confidential and will only be released in accordance with *The Family Maintenance Act, 1997*.
- 3) The information given in this Application Form is true and correct.
- 4) By providing your email address you consent to our office using the email address to send you notices and updates related to your file.

Date of Application

Signature of Applicant

Once you've completed the form, send to:

Child Support Service
323 - 3085 Albert Street
Regina, Saskatchewan S4S 0B1
childsupportservice@gov.sk.ca
Fax: 306-787-2599

For assistance, please call 306-787-5042 in the Regina area or toll-free 1-833-825-1445 outside the Regina area. Additional information about our service is available at [Child Support Service | Child Support | Government of Saskatchewan](#)