

APPENDIX OF FORMS  
FORM 81J

CONSENT MOTION TO CHANGE CHILD SUPPORT

Court File No \_\_\_\_\_

IN THE COURT OF KING'S BENCH OF NEW BRUNSWICK  
FAMILY DIVISION  
JUDICIAL DISTRICT OF .....

BETWEEN:

Applicant(s)

and

Respondent(s)

CONSENT MOTION TO CHANGE CHILD SUPPORT  
(FORM 81J)

**Applicant**

Address for service: \_\_\_\_\_  
(street and number)

\_\_\_\_\_  
(city, town, village) (province) (postal code)

E-mail address (if any): \_\_\_\_\_

Telephone number: \_\_\_\_\_ (work)  
\_\_\_\_\_ (home)

Fax number (if any): \_\_\_\_\_

**Solicitor for applicant**

Name of solicitor for applicant: \_\_\_\_\_

Name of solicitor's firm (if applicable): \_\_\_\_\_

Address for service: \_\_\_\_\_  
(street and number)

\_\_\_\_\_  
(city, town, village) (province) (postal code)

E-mail address (if any): \_\_\_\_\_

Telephone number: \_\_\_\_\_

Fax number (if any): \_\_\_\_\_

Form 81J

**Respondent**

Address for service: \_\_\_\_\_  
(street and number)

\_\_\_\_\_  
(city, town, village)

\_\_\_\_\_  
(province, state, country)

\_\_\_\_\_  
(postal code)

E-mail address (if any): \_\_\_\_\_

Telephone number: \_\_\_\_\_ (work)

\_\_\_\_\_ (home)

Fax number (if any): \_\_\_\_\_

**Solicitor for respondent**

Name of solicitor for respondent: \_\_\_\_\_

Name of solicitor's firm (if applicable): \_\_\_\_\_

Address for service: \_\_\_\_\_  
(street and number)

\_\_\_\_\_  
(city, town, village)

\_\_\_\_\_  
(province)

\_\_\_\_\_  
(postal code)

E-mail address (if any): \_\_\_\_\_

Telephone number: \_\_\_\_\_

Fax number (if any): \_\_\_\_\_

**\* NOTE: THIS FORM IS USED TO REQUEST A CHANGE TO CHILD SUPPORT UNDER THE *DIVORCE ACT* OR THE *FAMILY LAW ACT*.**

**Instructions to the Parties:**

**IF YOU ARE REQUESTING A CHANGE TO A CHILD SUPPORT TERM IN AN AGREEMENT THAT HAS NOT ALREADY BEEN FILED WITH THE COURT UNDER SECTION 79 OF THE *FAMILY LAW ACT*, YOU MUST FILE THE AGREEMENT BEFORE BRINGING THIS CONSENT MOTION TO CHANGE CHILD SUPPORT.**

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

**TO THE COURT:**

**This Motion to Change Child Support is filed by the parties with the consent of the applicant and the respondent.**

**We ask the court to make the order requested in this motion by relying on this form only.**

**1. We know that each of us has the right to get advice from his or her own solicitor about this proceeding and understand that signing this consent may result in a final court order that will be enforced.**

**2. DECLARATION OF THE APPLICANT AND THE RESPONDENT**

*For proceedings under the Family Law Act*

We certify that we are aware of our duties under section 5 of the *Family Law Act*.

*For proceedings under the Divorce Act*

We certify that we are aware of our duties under sections 7.1 to 7.5 of the *Divorce Act*.

DATED at \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Respondent

**SOLICITORS' CERTIFICATES**

**3.** My name is: \_\_\_\_\_ and I am the solicitor for the applicant. I certify that I have complied with the requirements of

section 6 of the *Family Law Act*.

section 7.7 of the *Divorce Act*.

DATED at \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of Solicitor for the Applicant

**4.** My name is: \_\_\_\_\_ and I am the solicitor for the respondent. I certify that I have complied with the requirements of

section 6 of the *Family Law Act*.

section 7.7 of the *Divorce Act*.

DATED at \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of Solicitor for the Respondent

**5.** We have attached the existing agreement or order for child support and request the court to make an order that changes that order or agreement as set out below.

*Check the following box(es) that apply:*

**6.** The total annual income of the person paying support is \$\_\_\_\_\_.

The payer  is  is not self-employed.

**7.** Proof of the payer's income was provided to the recipient by: *(Check at least one.)*

Most recent income tax return

Most recent notice of income tax assessment

Current pay stub

- Business records
- Other (Provide details.)

8.  (Name of party) \_\_\_\_\_ shall pay to (name of party) \_\_\_\_\_ the amount of \$ \_\_\_\_\_ per month for the following child(ren) (name(s) and birth date(s) of child(ren)) \_\_\_\_\_ with payments to begin on (date) \_\_\_\_\_.

9.  This amount is the table amount listed in the Child Support Guidelines.
- This amount is more than the table amount listed in the Child Support Guidelines.
- This amount is less than the table amount listed in the Child Support Guidelines for the following reasons: (Give details.)

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

| Child's Name | Type of Expense | Total Amount of Expense | Payer's Share | Terms of Payment (frequency of payment, date due, etc.) |
|--------------|-----------------|-------------------------|---------------|---|
|              |                 | \$                      | \$            |   |
|              |                 | \$                      | \$            |   |
|              |                 | \$                      | \$            |   |
|              |                 | \$                      | \$            |   |
|              |                 | \$                      | \$            |   |

(Complete sections 11 and 12 only if the parties are agreeing to special or extraordinary expenses.)

11.  The recipient's total annual income is \$ \_\_\_\_\_.
12. Proof of income for the recipient was provided to the payer by: (Check at least one.)
- Most recent income tax return
  - Most recent notice of income tax assessment
  - Current pay stub
  - Business records
  - Other (Provide details.)

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

dated \_\_\_\_\_, should be terminated as of (*date*) \_\_\_\_\_.

**Complete applicable sections if there is outstanding child support owing.**

14.  The child support owed to (*name of recipient*) \_\_\_\_\_ shall be fixed at \$ \_\_\_\_\_ as of (*date*) \_\_\_\_\_.

15.  (*Name of payer*) \_\_\_\_\_ shall pay (*name of recipient*) \_\_\_\_\_ the amount of \$ \_\_\_\_\_ per month, with payments to begin on (*date*) \_\_\_\_\_ until the full amount owing is paid.

***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.***

***NOTE: 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 person signing the consent is the same person who is a party to the consent.***

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Respondent

\_\_\_\_\_  
Date of Applicant's Signature

\_\_\_\_\_  
Date of Respondent's Signature

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
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