

Maintenance Enforcement Office Enrollment Form

Family Justice Service Branch

For Maintenance Enforcement Office Use Only	
Case No. _____	
Recipient	
Client ID _____	
Associated Cases _____	
Payor	
Client ID _____	
Associated Cases _____	

- NOTE**
1. Enrollment with the Maintenance Enforcement Office is voluntary - **DO NOT ENROLL UNLESS YOU WANT THE OFFICE TO HANDLE THE COLLECTION OF YOUR SUPPORT**
 2. The Office's management of your case is greatly improved when you provide accurate and complete information.
 3. If you are completing this form on-line you must print it off and mail it to the office, it cannot be submitted on-line or by e-mail.
 4. Please read the last page of this form carefully before completing and signing it. Fill in as many blanks as possible.

Information on the Recipient (person entitled to received support)

Last Name First Name Middle Name

Other names known by (any former married names, nicknames, aliases or other names)

Last Name First Name Middle Name

Home Address City/Town Province/State Country Postal/Zip Code

Mailing address (if different than above) City/Town Province/State Country Postal/Zip Code

Residence Phone (+ area code) Business Phone Cell Phone E-mail Address Social Media Names (i.e. Facebook, Twitter, other)

Date of Birth Gender Language of Choice Marital Status Name of Current Spouse

By completing this section you consent to the Office using this information for enforcement purposes

Member of First Nations Is Recipient Status? YES NO Treaty # Name of Band and Band #

Driver's License Number Province/State Social Insurance Number Personal Health Number

Employed With Self Employed Occupation Associations or Unions Business Type

Employer's Street Address City/Town Province/State Country Postal/Zip Code

Phone Number Fax Number

Is Recipient on Social Assistance? YES NO Client Number Social Assistance Provider

Military Service YES NO

Details:

Name of Friend/Relative (person who would know recipient's whereabouts) Relationship Phone Number

Address City/Town Province/State Country Postal/Zip Code

Name of Friend/Relative (person who would know recipient's whereabouts) Relationship Phone Number

Address City/Town Province/State Country Postal/Zip Code

Information on the Payor (person required to pay maintenance)

Last Name First Name Middle Name

Other names known by (any former married names, nicknames, aliases or other names)

Last Name First Name Middle Name

Home Address City/Town Province/State Country Postal/Zip Code

Mailing address (if different than above) City/Town Province/State Country Postal/Zip Code

Residence Phone (+ area code) Business Phone Cell Phone E-mail Address Social Media Names (i.e. Facebook, Twitter, other)

Date of Birth Gender Language of Choice Marital Status Name of Current Spouse

Description

Height ft./in./cm. Weight lbs./kg. Hair Color Eye Color Ethnicity Glasses YES NO Is picture attached to top of next page? YES NO

Any other details that would help to identify the payor (e.g. tattoos, scars, limps, etc.) Driver's License Number Province/State and Country of Issue

By completing this section you consent to the Office using this information for enforcement purposes

Member of First Nations Is Recipient Status? YES NO Treaty # Name of Band and Band #

Social Insurance Number Personal Health Number Mother's Maiden Name Passport Number

Is the Payor currently receiving:

Employment Insurance Workers' Compensation Old Age Security Canada Pension Plan (C.P.P.)

Current Employment Information:

Employed With Occupation Associations or Unions Business Type Self Employed

Employer's Address City/Town Province/State Country Postal/Zip Code

Phone Number Fax Number Start Date End Date

Previous Employment Information:

Employed With Occupation Associations or Unions Business Type Self Employed

Employer's Address City/Town Province/State Country Postal/Zip Code

Phone Number Fax Number Start Date End Date

Is Payor on Social Assistance YES Client Number Military Service YES Details

ASSETS: Provide details of any assets the Payor has, including vehicle (type, make, model, year and plate number), house, cottage mobile home, land, banking information, pension plans, retirement savings plans, term deposits, insurance policies, stocks/shares, bonds, credit cards, equipment, business inventory, or other assets. Please complete the following providing as much detail as possible.

Motor Vehicle(s) Information

Make	Model	Year	Colour	License Plate Number	Prov/State	Payor is Sole Owner	Joint Ownership With
						<input type="checkbox"/>	
						<input type="checkbox"/>	
						<input type="checkbox"/>	
						<input type="checkbox"/>	

Real Estate Information

Attach Printed Photo of Payor Here

Street Address	City	Prov/State	Legal Description	Payor is Sole Owner	Joint Ownership With
				<input type="checkbox"/>	

Banking Information

Name of Financial Institution	Street Address	City	Province/State	Type of Account	Account Number	Payor is Sole Owner	Joint Ownership With
						<input type="checkbox"/>	

Pension Information

Company Name	Street Address	City	Province/State	Type	Account Number

RRSP Information

Company Name	Street Address	City	Province/State	Type	Account Number

Term Deposit Information

Company Name	Street Address	City	Province/State	Type	Account Number

Insurance Policy Information

Company Name	Street Address	City	Province/State	Type	Account Number

Bonds and Stock Information

Company Name	Street Address	City	Province/State	Type	Account Number

Credit Card Information

Company Name	Street Address	City	Province/State	Type	Account Number

Other Equipment Information (not previously listed)

Other Asset Information (not previously listed)

Name of Friend/Relative (person who would know payor's whereabouts)

Relationship

Phone Number

Address

City/Town

Province/State

Country

Postal/Zip Code

Name of Friend/Relative (person who would know payor's whereabouts)

Relationship

Phone Number

Address

City/Town

Province/State

Country

Postal/Zip Code

Police Record? YES NO (If yes, please indicate below the type of offence providing details (e.g. date, location, etc.))

Driving Offences Assault Restraining Order Other (indicate type of offence, including date, location, etc.)

History of Enforcement (details of any past attempts to enforce payment of this support)

Dependent(s) under the Order or Agreement (any person for whose benefit support is to be paid)

For Office Use Only

Last Name	First Name	Initial	Type C = Child S = Spousal	Gender M = Male F = Female	Date of Birth (31/Jan/2000)	Dependent Client ID Number

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. All payments must be made through the Maintenance Enforcement Office. Payments must not be exchanged directly between the Recipient and the Payor.
2. Once I am enrolled, I will not attempt to collect the support on my own. I gave 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
 - a. In the order or agreement;
 - b. In the custody or dependency status of the children;
 - c. Of address; and
 - d. In employment.
4. While the office will do its best to enforce the order or agreement, it cannot guarantee that payments will be made, will be made consistently or will be made without interruption.
5. 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 given in this Enrollment Form is true and correct.

Name of Applicant

Signature of Applicant

Date of Applicant

To become enrolled in the Maintenance Enforcement program please submit this completed form and one of the following:

- If your support is contained in a court order, and that order was granted by a Saskatchewan Court, a photocopy of that order; or
- If a court outside Saskatchewan granted your support order, one certified copy of that order (which you can obtain directly from the court house where the order was granted); or
- If your support is contained in an agreement, made in Saskatchewan, a photocopy of that agreement AFTER it has been filed with the Court of Queen's Bench in the region where you live. If the agreement was made in another jurisdiction, it must be filed with a proper authority in that jurisdiction, and one certified copy obtained.

Please mail or bring the documents to:

**Maintenance Enforcement Office,
Room 100, 3085 Albert Street,
Regina, SK, S4S 0B1**

For assistance in completing this form please call 306.787.8961 in the Regina area, or Toll Free at 1.866.229.9712 outside the Regina area. You can also e-mail your inquiry to meinquiry@gov.sk.ca

or

Visit our website at <http://www.saskatchewan.ca>