Manitoba

Child Support Service

CHILD SUPPORT ELIGIBILITY FOR AN ADULT CHILD (18 YEARS OF AGE OR OLDER)
(USE FORM B FOR A CHILD UNDER 18 YEARS OF AGE)

A separate Form C must be completed for each adult child

Name of Applicant_____

This form is mandatory and must be attached to the Application (Form A). Please complete the information for the adult child as indicated and check ☑ the boxes that apply.

Name _____ Date of Birth _____

(First/Middle/Last)   (mm/dd/yyyy)

1. ☐ I am attaching a copy of the registration of birth for the child (where you have a birth certificate for the child)

2. ☐ I am entitled to claim support for this child as I am the child's parent.

3. Is there an existing court order or written agreement as to the financial support of this adult child: ☐ Yes ☐ No

4. If the answer is yes, please attach copies of all court orders and/or agreements as to the financial support arrangements for the child:

☐ Attached ☐ Not attached (Please provide explanation): _____

5. I request the Child Support Service find that the other parent (the Respondent) has an obligation to support this child as they are a parent of the child.

Information about the adult child

The Child Support Service requires information about your adult child's current circumstances to determine if they are eligible for child support. Please read the form carefully and ensure you answer all the questions.

1. Do you require child support for the child?   □ Yes   □ No

   (If the answer is no - then there is no need to proceed further with this form)

2. If yes, where does the child currently reside the majority of the time (60% or more)?

   □ In my home

   □ Lives on their own while in school but with me at other times

   □ Lives on their own throughout the year

   □ Lives in the other parent's home

   □ Lives on their own while in school but lives with the other parent when not at school

   □ Other: _____

3. Is the child currently enrolled in school (high school or post-secondary university or college)?

   □ Yes   □ No

4. If yes, please attach proof of full time attendance and current registration along with the

   following information:

   Description of the degree, diploma or certification program being sought:

   _____

5. How long to complete the current program if taken full time in consecutive years:

   _____ (No. of years).

   When did the child start the program: _____ (mm/yyyy).

   What is the anticipated completion date: _____ (mm/yyyy).

6. Once the program is completed will the child continue with further education?

   □ Yes   □ No   □ Unknown

7. If the child is not in school at this time please provide:

   The date of last attendance at an education program: _____ (mm/yyyy)

   Does the child intend to return to school within the next year?

   □ Yes   □ No   □ Unknown

8. If yes to Q7, provide start date of the program_____ (mm/yyyy), how long to complete the program if taken full time in consecutive years: _____ (no. of years) and brief description of the program: (describe the program of studies)

9. Is the child currently working?   □ Yes   □ No

   If the child does work (describe):   □ Full time   □ Part Time   □ Seasonal

   Details:_____

10. Gross monthly and annual income of the child (before income tax and deductions):

    $_____(monthly) $_____ (annually)

11. Does the child have a diagnosed medical condition or disability that in the opinion of the child's physician prevents the child from attendance at an education program or from being self-supporting?   □ Yes   □ No

12. If yes to 11, is it a condition that is □ permanent or □ temporary in nature. What is the anticipated recovery date, if one is expected _____ (mm/yyyy).

13. Does the child have their own financial resources available to them?

   □ Yes □   No

   If yes, what are the resources: □ Registered Education Savings Plan

      □ Scholarships/bursaries   □ Savings   □ Student Loans   □ Other

14. Is the child married or residing in a common-law relationship with another person at this time?   □ Yes   □ No

   If the child intends to marry or reside common law within the next six months, please provide the anticipated date:_____ (mm/yyyy).

15. Additional information.

Please provide any additional information that you would like the CSS to consider:

This document forms part of the Application (Form A) for child support