



Child Support Service

CSS FORM CC

2nd Floor - 379 Broadway, Winnipeg, MB R3C 0T9
T 204-945-2293 or 1-800-282-8069 toll free Fax
204-948-2423 or Email: csrs@gov.mb.ca

Joint Request for a Child Support Calculation Decision
(This application made pursuant to section 43 of the Child Support Service Regulation)

1.0 The Co-Applicant (name of first co-applicant) applying for the child support decision):

(First Name) (Middle Name(s)) (Last Name)

2.0 The Co-Applicant (name of the second co-applicant) applying for the child support decision):

(First Name) (Middle Name(s)) (Last Name)

3.0 We are requesting that a Support Determination Officer of the Child Support Service make a child support calculation decision that includes:

- The applicable table amount of child support based on the income of the parent paying child support. The details of our request is set out in Form B (child under 18 years) and/or in Form C (child over 18 years) that is attached to this application.
- In addition to the request for a table amount of child support, we are requesting, a calculation of the applicable special or extraordinary expense payment for the child(ren) named in this application with the details of the claim set out in Form D that is attached to this application.
- We are requesting only the applicable monthly special or extraordinary expense payment for the child(ren) named in this application with the details of our claim set out in Form D that is attached to this application.

4.0 Child(ren) (list only those children who are the subject of this application):

1.	_____	_____
	Names (First/Middle/Last)	Date of Birth (mm/dd/yyyy)
2.	_____	_____
	Names (First/Middle/Last)	Date of Birth (mm/dd/yyyy)
3.	_____	_____
	Names (First/Middle/Last)	Date of Birth (mm/dd/yyyy)
4.	_____	_____
	Names (First/Middle/Last)	Date of Birth (mm/dd/yyyy)

5.0 Information about the first Co-Applicant:

_____	_____	_____	_____
(First Name)	(Middle Name(s))	(Last Name)	(Date of Birth) (mm/dd/yyyy)
_____		_____	_____
(Street address, City/Town)		(Province)	(Postal Code)

(Mailing Address if different from Street Address)			
_____			_____
(Daytime Telephone No.)	(Work Telephone No.)	(Cellular Telephone No.)	
_____		_____	
(Fax Number)	(Email Address)		

The Child Support Service (CSS) requests that you complete the email opt in request to expedite our communication with you. All information you provide is kept strictly confidential for CSS use.

Please check to authorize email communication:

I authorize the Child Support Service (CSS) to email Notices, correspondence, requests for financial information, child support decisions and other documents to me whenever possible to my designated email address. I may revoke this authorization in writing at any time.

6.0 Information about the second Co-Applicant:

(First Name)	(Middle Name(s))	(Last Name)	(Date of Birth) (mm/dd/yyyy)
(Street address, City/Town)		(Province)	(Postal Code)
(Mailing Address if different from Street Address)			
(Daytime Telephone No.)	(Work Telephone No.)	(Cellular Telephone No.)	
(Fax Number)	(Email Address)		

The Child Support Service (CSS) requests that you complete the email opt in request to expedite our communication with you. All information you provide is kept strictly confidential for CSS use.

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7.0 The following documents are attached to and form part of the evidence in this application. The mandatory forms that must be completed and attached to the Application (Form CC):

- Entitlement to Child Support (Child under 18 years old) Form B
- Adult child eligibility (Child over 18 years of age) Form C

8.0 These forms are required if you want child support any one of the following:

- For special or extraordinary expenses, complete and attach Form D
Form D (list of expenses claimed)
- For special or extraordinary expenses, complete and attach Form E 1.0
Form E 1.0 (Financial Statement)

- For a shared parenting or split parenting arrangement attach Form E 1.0
Form E 1.0 (Financial Statement)

9.0 Declarations of the Applicants:

8.1 We are each consenting to the collection, use and disclosure of relevant personal information including financial documents, if required, for the purpose of this application for a Child Support Calculation Decision. The data collected during the calculation process will be retained by the CSS in accordance with *The Freedom of Information and Privacy Protection Act (FIPPA)*, but is subject to the requirement to disclose relevant information and documents obtained during the calculation process to the court, the Maintenance Enforcement Program, an order assignee, the other parent or other party, as provided by provincial legislation under the provisions of *The Family Maintenance Act* and *The Child Support Service Act*. The Support Determination Officer may edit or remove personal identifying information from a document where it is required to be disclosed to the other parent or a third party.

9.2 We have each read and understand this Application. The statements contained in this application and in the attached forms that I have direct personal knowledge of are true, and those that I do not have direct personal knowledge of I believe to be true.

Date: _____ (mm/dd/yyyy)

First Co – Applicant Signature

check where application
is made electronically

Date: _____ (mm/dd/yyyy)

Second Co – Applicant Signature

check where application
is made electronically