

**TO: Designated Officer  
Maintenance Enforcement Program  
100 - 352 Donald St  
WINNIPEG MB R3B 2H8  
Fax: (204)945-5449**

**FROM:** \_\_\_\_\_  
(print your organization's name here)

**RESPONSE TO SUPPORT DEDUCTION NOTICE**

**Manitoba MEP File:** \_\_\_\_\_, **DEBTOR:** \_\_\_\_\_  
(print the MEP File number here) (print debtor's name here)

Persons Required To Pay must complete the three (3) parts of this Response to Support Deduction Notice and, within 7 days of service of the Support Deduction Notice, return it to the Maintenance Enforcement Program (MEP) at the address provided above. More information is available on the Manitoba Justice website at [www.manitoba.ca/justice/courts/mep/index.html](http://www.manitoba.ca/justice/courts/mep/index.html) or phone 204-945-7133 (or toll-free in Canada at 1-866-479-2717) for direct assistance.

**Part 1 - Employers**

**Active Employee**

- I **am** the **employer** of the debtor named in the Support Deduction Notice (SDN). The debtor is paid wages or other income as follows: \$ \_\_\_\_\_ gross pay or other income (before deductions)  
\$ \_\_\_\_\_ net pay or other income (after deductions)

The debtor's pay period cycle is (please check one):

Cycle  Monthly  Semi-Monthly  Bi-Weekly  Weekly

Next Pay Period/Date \_\_\_\_\_

Please provide details if payment dates vary \_\_\_\_\_

- The debtor is paid by direct deposit to the following financial institution:

\_\_\_\_\_

If debtor is paid other income (ex. overtime, bonuses), indicate the type(s) and frequency:

\_\_\_\_\_

**Former Employee/Named Debtor never employed**

**Former Employee**

- I **am not** the **employer** of the debtor named in the Support Deduction Notice, nor do I or will I owe any money to the debtor. I employed the debtor in the past between the following dates:

\_\_\_\_\_

- The debtor was paid by direct deposit to the following financial institution:

\_\_\_\_\_

**Debtor never employed**

- I **am not** the **employer** of the debtor named in the Support Deduction Notice, nor do I or will I owe any money to the debtor.

**Part 1 - Financial Institutions**

**Section 1 - Active Account Holders/Clients**

- I am a financial institution that holds monies on deposit and **do owe or will owe** the debtor named in the Support Deduction Notice the sum of \$ \_\_\_\_\_ representing \_\_\_\_\_, with the frequency of deposits being \_\_\_\_\_.  
(nature of monies owing or held on deposit)
- Funds are held jointly by the debtor and one or more other person: (circle one) **Yes** **No**

**Section 2 - Inactive Account Holder/No Accounts**

- I am a financial institution that holds monies on deposit and **do not owe any money** to the debtor named in the Support Deduction Notice, which includes all money that is held by the debtor and one or more other persons. Past deposit information: \_\_\_\_\_

**Part 1 - Any Entity Other Than Employers or Financial Institution**

- I am a Person Required To Pay under a Support Deduction Notice and I (check which applies):
- do owe or will owe** money to the debtor named in the Support Deduction Notice in the amount(s) and dates as follows: \_\_\_\_\_
  - do not owe money** to the debtor named in the Support Deduction Notice, which includes all money that is held for or owed to the debtor and one or more other persons by me. Past monies owed to the debtor and one or more other persons by me are: \_\_\_\_\_

Please use the reverse side or additional paper if more information can be provided.

**Part 2**

Information in my possession regarding the Debtor named in Support Deduction Notice:

Date of Birth \_\_\_\_\_  
Social Insurance Number \_\_\_\_\_  
Address and phone number(s) \_\_\_\_\_  
\_\_\_\_\_  
Current/Past Employers \_\_\_\_\_  
Pension Plans (Name and Address of Pension Administrator) \_\_\_\_\_  
\_\_\_\_\_

**Part 3**

I, \_\_\_\_\_ (print name in full) certify that the information entered on this Response to Support Deduction Notice is accurate and complete to the best of my knowledge.

The required payment(s) will be remitted to the Maintenance Enforcement Program by:  
 electronic exchange (direct deposits/funds transfer)  telephone/Internet banking  cheques

**Date** \_\_\_\_\_ **Signature** \_\_\_\_\_

Please provide contact number and position of the signee \_\_\_\_\_

Please verify the fax number used for service of SDN documents: \_\_\_\_\_