

Assignment of Support/Support Arrears and Enforcement

MEP Fax # 204-945-5449

CREDITOR INFORMATION (PLEASE PRINT) ("Creditor" is the person who receives support)					
Last Name:	Fi	rst Name:	Middle Name	ə:	
Address:			Postal Code	:	
Date of Current Enrolment with Employment and Income Assistance (MM/DD/YYYY):					
EIA Case #: MEP File #:					
DEBTOR INFORMATION (PLEASE PRINT) ("Debtor" is the person required to pay support)					
Debtor Last Name: First Name:					
Middle Name:			D.O.B. (MM/DD/YYYY):		
Address:		City/Pro	City/Province:		
Postal Code: Phone #:		S.I.N.:			
SUPPORT ORDER/PRIVATE SUPPORT AGREEMENT INFORMATION					
The Support Order/Support Agreement is for: (check and complete for any amounts being assigned.)					
·			mount: \$(Debted a parties and a		
			Amount: \$ (Debtor's portion only) (Indicate payment frequency)		
Description of Special/Extraordinary Expenses: (Indicate payment frequency)					
Spousal Support Monthly Amount: \$					
Note 1: Assigning only those family members (dependants) named in Support Order/Support Agreement.					
Note 2: For Private Support Agreements or out-of-province Support Orders, please attach hard copy.					
Date of Support Order/Support Agreement:					
(MM/DD/YYYY)					
STATUS OF SUPPORT/SUPPORT ARREARS					
☐ Up to and including the date this document was signed, the Debtor <u>has</u> provided support amounts required.					
☐ Up to and including the date this document was signed, the Debtor <u>has not</u> provided amounts required, resulting in following arrears:					
Date Due Maintenance Due Expenses Due Amounts Received Amounts Owing					
(MM/YYYY)	Maintenance Due	(only Assigned amounts)	Amounts Neceived	Amounts Owing	
Note: Each outstanding payment assigned must be listed. If more space required, use Assignment of Support Arrears Appendix.					
☐ Check where Assignment of Support Arrears Appendix Attached					
AUTHORIZATION TO ASSIGN SUPPORT & SUPPORT ARREARS					
I do hereby assign to the Director of Employment and Income Assistance, the following amounts as indicated in this Support Order/Agreement and any subsequent Orders/Agreements that may be granted, as well as all arrears of support pursuant to the Order/Agreement for any period(s) that I have received income assistance.					
☐ My Child Support ☐ My Spousal Support					
I authorize this Assignment and Enforcement as effective this date and verify that the information presented within is accurate. (MM/DD/YYYY):					
Creditor (Assignor):					
EIA Director/Designate (Assignee):			(MM/DD/YYYY):		
TERMINATION OF ASSIGNMENT/ENFORCEMENT					
Date of Termination of Assignment/Enforcement (MM/DD/YYYY): Staff Signature:					
(i.e. last day of month in which actual monthly EIA benefits paid.)					
☐ Include Maintenance Calculation Sheet if maintenance exceeds EIA benefits paid.					
Include current Creditor address on MEP fax cover sheet Date Sent: (MM/DD/YYYY)					