

# Statutory Declaration



Justice

**Maintenance Enforcement Program** Telephone: 204-945-7133  
100-352 Donald St Winnipeg, MB R3B 2H8 Facsimile: 204-945-5449  
ManitobaMEPinquiries@gov.mb.ca Toll free in Canada: 1-866-479-2717

**BETWEEN:** \_\_\_\_\_ **Support Recipient**  
(Person who receives support)

- and -

\_\_\_\_\_ **Support Payor**  
(Person who pays support)

## Statutory Declaration

I, \_\_\_\_\_, of \_\_\_\_\_, in the Province  
Full name of person declaring Name of city or town  
of Manitoba, MAKE OATH AND SAY:

1. THAT on \_\_\_\_\_ the above-named support payor was  
Order (or Agreement) date  
ordered to pay support for \_\_\_\_\_  
Name(s) for whom support is required  
in the sum of \$ \_\_\_\_\_  
Amount of support payment (include expenses, if any) Payment cycle
2. THAT I have not lost my right to apply for the enforcement of the said Order.
3. THAT the support payments are in arrears and the total sum owing to me is  
\$ \_\_\_\_\_, up to and including \_\_\_\_\_  
Total support owing (as on attached Schedule) current date  
as described on the attached Schedule of Payments. The next support payment is due  
on \_\_\_\_\_. Pursuant to the order indicated above, there are no other  
date next payment due after signing  
arrears that I will be requesting MEP to collect on my behalf.

I, \_\_\_\_\_, do solemnly declare that the contents of this  
Full name of person declaring  
Statutory Declaration are true and I make this solemn declaration conscientiously believing it to be true.

**Pursuant to Section 87(1) of *The Family Support Enforcement Act*, any person who swears a false statutory declaration is guilty of an offence and liable on summary conviction to a fine of not more than \$2,000.00 or imprisonment for a term of not more than 90 days, or both.**

\_\_\_\_\_ before me in \_\_\_\_\_,)  
Sworn or Affirmed  
in the Province of Manitoba, on the \_\_\_\_\_) \_\_\_\_\_  
day of \_\_\_\_\_, 20\_\_\_\_) Support Recipient Sign here  
\_\_\_\_\_) (Witness)  
Deputy Registrar, Notary Public,  
Commissioner for Oaths (commission expires \_\_\_\_\_)

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## SCHEDULE OF PAYMENTS

File # \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_

DUE DATE	AMOUNT DUE	AMOUNT RECEIVED	AMOUNT OWING

Use a second page, if necessary

Total Support Owing  
Insert total at #3

The Program takes the position that any claim for support or expenses not included in this declaration will not be registered for enforcement.

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## Instructions for completing the Declaration

This is a two-page document. You will need to have a copy of your court order or agreement handy to complete the first portion of the declaration.

Print your name wherever "Support recipient" or "Full Name of Person Declaring" is noted.

Print the support payor's name where "Support payor" is noted.

Print the date the support order was granted, the dependant children's' names, support amount and support cycle (ex. Monthly, biweekly, semi-monthly) where indicated in number 1.

Enter the total amount of support owing from the Schedule of Payments in Number 3:

To arrive at the total support owing, you must complete the Schedule of Payments. On the Schedule of Payments, for the entire period of time you are claiming support is owing to you, you must list each payment due and whether or not it was paid.

- Under **Due Date**, the full date each payment is due (the due date according to the order or agreement)
- Under **Amount Due**, the amount of each payment (the amount due according to the order or agreement)
- Under **Amount Received**, the amount that was paid to you (enter "zero" if not paid)
- Subtract the Amount Received from the Amount Due to arrive at the **Amount Owing**.
- Total the Amount(s) Owing to arrive at the **Total Support Owing** at the bottom of the Schedule. Insert this amount at number three on the Declaration.

If your support order includes more than one type of support (ex. Child support and spousal support) or specific expense amounts (ex. daycare fees) the amounts can be listed separately or as the total amount due for each due date.

Example of how to complete the Schedule of Payments:

DUE DATE	AMOUNT DUE	AMOUNT RECEIVED	AMOUNT OWING
April 1, 2012	\$275.00	\$0.00	\$275.00
April 15, 2012	\$275.00	\$100.00	\$175.00
May 1, 2012	\$275.00	\$75.00	\$200.00
Total Support Owing Insert total at #3			\$650.00

Use a second page, if necessary

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Enter the date you are completing this Declaration and the date the next support payment will be due where indicated in Number 3.

### **Signing and witnessing the declaration:**

Once you have completed the declaration, it must be signed in front of a Commissioner for Oaths, Deputy Registrar or Notary Public.

You will need to attend at a lawyer's office to sign in front of a Notary Public. Commissioners or Registrars are available in all municipal offices, government offices, provincial courts, financial institutions, many insurance agencies and educational institutions.

Maintenance Enforcement Program