Request to Reinstate Enforcement of Child Support



204-945-7133

204-945-5449 1-866-479-2717

Maintenance Enforcement Program
100-352 Donald St Winnipeg, MB R3B 2H8
ManitobaMEPinquiries@gov.mb.ca
Telephone:
Facsimile:
Toll free in Canada:

REQUEST TO REINSTATE ENFORCEMENT OF CHILD SUPPORT

MEP F	File No.:	
SUPP	ORT RECIPIENT NAME:	
ADDR	RESS:	
PHON	NE No.:	
*Provid	L:	•
eligib the q	itoba MEP needs information about your child's current circumstances to determine ble for enforcement of child support. Please read the form carefully and ensure you juestions. By of this completed form and any information or documents you send us about the	answer all
	ided to the support payor.	orma may bo
Please	e answer the following questions:	
1.	What date is child support required to be reinstated:	
	NOTE: The date cannot be more than 60 days prior to the date MEP receives the Reinstatement of Child Support.	Request for
2.	Does the adult child have a diagnosed illness or disability that in the opinion of the physician impacts the child's ability to work or attend school?	child's
	☐ Yes ☐ No	
	If yes, is it: ☐ Permanent ☐ Temporary Expected date of recovery:	
3.	Is the adult child in school $\ \square$ Yes $\ \square$ No	
	Type of Schooling: ☐ High School ☐ University/College ☐ Other	
	A. Please attach proof of full-time enrollment* and provide the following inform	ation:
	Term Start Date: Term End Date:	
	Anticipated completion date of child's diploma, program or degree:	

Child Support Enforcement Eligibility Form

4.

5.

6.



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When completed will the child continue with furth	ner education? Yes No
If Yes, please provide the anticipated sta	art date:
*No proof of high school registration or enrollme or younger.	nt is required if the child is 19 years old
B. If no, please provide:	
Date the adult child was last in school:	-
Does the adult child intend to return to school: \Box	☐ Yes ☐ No ☐ Unknown
If yes, please provide:	
Term Start Date: Term End	Date:
C. Is the child on a wait list for school? ☐ Yes ☐	□ No □ Unknown
If yes, please provide the anticipated start date:	:
Where does the adult child reside?	
☐ In my home ☐ Not in	my home
☐ Away from my home to attend school ☐ With th	ne support payor
If the child is not living with you are you financially supporti	ing the child? □ Yes □ No
Is the adult child working: \square Yes \square No	
If yes: ☐ Full Time ☐ Part Time	
Is the adult child married or soon to be married? \square Yes	□ No
If yes, please provide the date:	





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Additional Information	
Please provide any additional information that you	would like MEP to consider:
I declare I am the creditor and the information provi provide documentation to the Manitoba Maintenand this form.	•
Signature:	Date:

You can return the required information by email to ManitobaMEPinquiries@gov.mb.ca provided you include information that confirms your identity (file number and PIN). If you prefer, fax or mail the completed form to the address or fax number indicated above. You will be notified of our decision once the MEP has reviewed your request.

If you would like future payments to be deposited directly to your bank account, please provide a completed Direct Deposit Form. This form is available on our website at https://www.gov.mb.ca/justice/courts/mep/index.html or by contacting our office to request one.