

**FAMILY MAINTENANCE ENFORCEMENT PROGRAM
Special or Extraordinary Expenses Form**

FMEP Case #: _____

Recipient Name: _____

Payor Name: _____

Please see reverse side for information about how to complete this form - Please print -

Date of Expense	Brief Description of Expense	Name of Child	Total Amount of Expense	% to be paid (Payor's Share)	Amount Owing (Payor's portion)
			\$	%	\$

Total Amount of Expenses Owed by Payor \$

SIGNATURE

By checking the box below you confirm that you are the recipient named above on this form and the information provided on the form is true.

I declare I am the recipient and the information provided is true.

Name: _____

Date: _____

Please attach a copy of your receipts.

A copy of this completed form will be sent to the payor. If the payor questions an expense, we will provide him or her with a copy of the receipt. If you have any concerns about this, please let us know.

The Information on this form is collected pursuant to the *Family Maintenance Enforcement Act* for the purpose of monitoring and enforcing your maintenance order or agreement. To obtain information about privacy protection, go to the website fme.gov.bc.ca

FAMILY MAINTENANCE ENFORCEMENT PROGRAM Special or Extraordinary Expenses Form

Information for Recipients

Completing the Expenses Form

- You must have a court order or agreement stating the payor is required to pay all or a share of certain expenses
- The FMEP must have confirmed that the expense(s) is enforceable by the Program. Please do not send in receipts or use this Expenses Form unless you have already received that confirmation from the FMEP.
- The copies of receipts provided and the amounts entered on the Expenses Form must be specifically related to the expense stated in your court order or agreement.

For example – the payor is to pay ‘hockey expenses’, acceptable receipts would be for hockey registration or hockey equipment. Not acceptable are gas receipts for driving child back and forth to practice, or tournaments or receipts for meals or accommodation. The receipt must reference the expense.
- On the Expenses Form enter the details of each expense, including date, description, name of child, total amount of the expense and the portion owing by the payor. You will need to calculate the total amount owing by the payor.
- You must provide legible copies of all receipts for the amounts indicated on the Expenses Form. Please do not send the original receipts, as you should retain those for your own records.
- Where an expense is subject to reimbursement from an insurance plan, ensure that:
 - you and/or the payor have submitted the expense(s) to appropriate insurance plans for reimbursement.
 - the amount entered on the Form is the remaining amount owing to you after the reimbursement process.
- Send the Expenses Form with a copy of receipts to the FMEP office handling your case:

Lower Mainland Client Office
Box 80449
Burnaby BC V5H 3X9
Fax (604) 678-5679

Northern & Interior Client Office
Box 830
Kamloops BC V2C 5N1
Fax (250) 434-6033

Victoria Client Office
Box 5100
Victoria BC V8R 6N3
Fax (250) 220-4050

Timeframe for sending copies of receipts

- Copies of receipts must be submitted no later than the end of the month following the month when the expense was incurred.

Example: if the expense is incurred February 12, the receipt must be sent to the FMEP no later than March 31.
- FMEP may decide not to enforce receipts older than 3-months.

Notifying payor of the expenses:

- The payor will be sent a copy of the completed Special or Extraordinary Expenses Form. If the payor questions an expense, we will provide him or her with a copy of the receipt. **If you have concerns about sharing any information on the receipts with the payor it's your responsibility to let us know.**