

BC FAMILY MAINTENANCE AGENCY
Child Status Request Form for ISO Cases

Case ID: _____

Recipient's Name: _____

Payor's Name: _____

Child's Name: _____ Child's Age: _____

BCFMA needs information about your child's current circumstances to determine if we will continue to collect ongoing child support. Please read the form carefully and ensure you answer all the questions.

Depending on where in Canada your order or agreement was made, you may be required to provide supporting documentation for questions 2 & 4.

A copy of this form may be provided to the payor and/or reciprocating jurisdiction.

1. Recipient's Agreement to Continue Collecting Support

Are you still expecting ongoing child support for this child? Yes No

If Yes, go to question 2.

If No, as of what date should child support be stopped?

DD-MON-YEAR

Please explain why: _____

Sign the form on page 3 and return it to BCFMA confirming that you do not think BCFMA should collect ongoing child support for your child.

2. Disability/Medical Condition

Does the child have a medical condition and/or disability that prevents him/her from working and/or attending school and/or leaving your care? Yes No

If Yes, is it: Permanent Temporary

Supporting document is required

If you indicated yes, please attach a signed letter from a licensed medical practitioner stating because of illness and/or disability, the child is unable to work and/or be a full-time or part-time student at school and/or leave your care.

If you cannot provide a letter, please provide an explanation or contact us to discuss.

3. Marital/Common Law Status

Is the child married or living common law? Yes No

If Yes, as of what date?

DD-MON-YEAR

4. Schooling

a) Is the child currently attending or enrolled in school? Yes No

Supporting documents are required

If your child is or has been in school, please attach confirmation of schooling for every year after the child passed the age of majority. Supporting documents must be in the form of an official document from the child's school or school board confirming the child is/was enrolled full-time or part-time.

If Yes,

i) Is child enrolled: Full-time Part-time

ii) Provide start date: _____
DD-MON-YEAR

iii) When is the child's anticipated date of graduation? _____
DD-MON-YEAR

If No,

i) Date the child was last in school: _____
DD-MON-YEAR

ii) Was the child enrolled: Full-time Part-time

iii) Is the child intending on returning to school? Yes No Unknown

If Yes, Full-time Part-time Start date: _____
DD-MON-YEAR

If No, provide reason: _____

b) Has the child obtained his/her first post-secondary, diploma or certificate? Yes No

If Yes, as of what date? _____
DD-MON-YEAR

5. Child's Residence / Recipient Financial Support

Is the child currently living with you? Yes No

If Yes, go to question 6.

If No, provide:

i) Date child left your home: _____
DD-MON-YEAR

ii) Reason child left home: _____

iii) Child's relationship to the person he/she is currently living with (if applicable)

iv) If the child is not living with you, are you making financial contributions to the child's needs? Yes No

If Yes, check all that apply:

- Room and board Tuition/Books
 Rent Medical/Dental
 Food Only Other: _____

v) Is the child returning to your home? Yes No

If Yes, indicate date the child will return to live with you: _____
DD-MON-YEAR

If No, indicate reason the child will not return: _____

6. Child's Income

a) Is the child working (including apprenticeship program)? Yes No

If Yes, is it Full-time Part-time

If Full-time provide employment start date: _____
DD-MON-YEAR

b) Is the child receiving EI (Employment Insurance)? Yes No

If Yes, provide start date : _____
DD-MON-YEAR

c) Does the child have other sources of income? Yes No

If Yes, provide details: _____

**A copy of this completed form may be shared with the payor
and/or reciprocating jurisdiction**

SIGNATURE

By checking the box below you confirm that you are the recipient named on this form, the information provided on the form is true and you may be required to provide further documentation.

- I declare I am the recipient and the information provided is true.
I understand I may be required to provide documentation to BCFMA to support the answers on this form.

Name: _____

Date: _____