## BC FAMILY MAINTENANCE AGENCY LIST OF SUPPORT PAYMENTS RECEIVED

				Case ID:
	<b>ECIPIE</b> ast Nar	ENT ne (currently used)	First Name	Middle Name
	AYOR ast Nar	ne (currently used)	First Name	Middle Name
		m is to record the suppo mine if you are owed ar	ort payments you received from the payor u rears.	nder your order or agreement. It is used
		do not include expenses ent has expenses that E	s on this form. You will be sent a separate f BCFMA can collect.	orm to complete if your order or
1)	As	of this date: (select on	e)	
		I have received all my	support payments in full. If selected, go to	#4.
		I have not received an	y support payments. If selected, go to #3.	
			pport payments in full up to and including _ pped. If selected, go to #3.	(DD-MON-YEAR),
		-	pport payments in full up to and including _ nts after that. If selected, go to #2 and list a nid in full.	
			of my support payments owing under the o	

## 2) Enter the date and amount of each support payment received from the payor.

See page 3 for further instructions & tips on filling out the payment information.

DATE RECEIVED (DD-MON-YEAR)	AMOUNT RECEIVED	DATE RECEIVED (DD-MON-YEAR)	AMOUNT RECEIVED	DATE RECEIVED (DD-MON-YEAR)	AMOUNT RECEIVED	DATE RECEIVED (DD-MON-YEAR)	AMOUNT RECEIVED

Page	-
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Case ID:	

Have you ever agreed to accept something else instead of support since your order or agreement came into effect? (e.g. groceries, car repairs, gifts, or holidays for the children)  ☐ YES ☐ NO					
If Y	es, provide details, including date and monetary value accepted:				
Re	Read and sign the declaration:				
a) I am the Recipient entitled to receive support payments under an order or agreement.					
b)	I confirm that to the best of my knowledge this Form reflects all the support payments I received from the Payor.				
c)	I understand a copy of this Form may be provided to the Payor if there is a dispute about amounts paid.				
SIGNA	ATURE				
By checking the box below you confirm that you are the recipient named on this form and the information provided on the form is true.					
☐ I declare I am the recipient and the information provided is true.					
<u>lam</u>	e: Date:				
	Rea a) b) c)				

FOR OFFICE USE ONLY  Additional payments or amendments by BCFMA					

## COMPLETING THE LIST OF SUPPORT PAYMENTS RECEIVED FORM

List the money you have received for support payments since your order or agreement came into effect. We need this information to calculate the arrears owing to you at the time your order or agreement is enrolled with the Agency.

Payments received need to be recorded on this form, we cannot accept payment information in a separate document. If you need an additional form, go to our website and download one, or call us and it can be mailed to you.

Include only money for support payments, not gifts or other goods, unless the items were accepted by you instead of support. If so, put a dollar value on what you accepted and include details in question #3 on the form.

If you received your support payments regularly, write the amount received for a whole year, if all payments were made in that year.

If you do not know the exact date a payment was received, put in the month and year.

If you do not have payment records, contact us to discuss your options.

If you are re-enrolling, contact us for a statement of payments received when you were previously enrolled in BCFMA.

If the amounts you record on the form are not in Canadian funds, please indicate the currency beside each payment (e.g. \$475 US).

A copy of this form may be provided to the payor, so please refrain from writing any comments on this form.

If either you or the payor provide further information at a later date, we may amend or add payments to the bottom section on page 2 of the form.