

**BC FAMILY MAINTENANCE AGENCY
Child's Circumstances Form**

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.

A copy of this completed form and any information you send us about the child will be provided to the payor.

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

If No, as of what date? _____
DD-MON-YEAR

Please sign the form and return it to BCFMA.

If Yes, please continue and complete the form.

2. Is the child married or soon to be married? Yes No

If Yes, please provide the date: _____
DD-MON-YEAR

3. Is the child in school? Yes No

a) If Yes, please provide:

i) Term start date: _____ Term end date: _____
DD-MON-YEAR DD-MON-YEAR

ii) Anticipated completion date of child's diploma, program or degree: _____
DD-MON-YEAR

iii) When completed will the child continue on with further education?

Yes No Unknown

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

b) If No, please provide:

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

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

If Yes, please provide:

Term start date: _____ Term end date: _____
DD-MON-YEAR DD-MON-YEAR

The information on this form is collected pursuant to the *Family Maintenance Enforcement Act* for the purpose of managing your support order or agreement. To obtain information about privacy protection, go the BCFMA website.

Child's Name: _____

iii) Is the child on a wait list for school? Yes No

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

4. Is the child in an apprenticeship program? Yes No

If Yes, please provide the start date of the program: _____
DD-MON-YEAR

5 Where is the child residing?

a) The child is (select one):

- Living in my home Not living in my home
- Living away from my home to attend school Living with the payor

b) If the child is not living with you are you financially supporting the child? Yes No

If Yes, are you contributing to (select all that apply):

- Rent Medical/Dental
- Food Tuition/Books
- Clothing Other: _____

6. Is the child working? Yes No Full-time Part-time

Is the child receiving EI (Employment Insurance) Yes No

7. Does the child have a medical condition or disability that prevents the child from working or attending school? Yes No

If Yes, is it: Permanent Temporary

A copy of this completed form will be shared with the payor.

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: _____