## Canada

## Province of Quebec

## District *District where you, your ex-spouse or your child lives*

## No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Superior Court

Family Division

*Your first name* *Your last name*, residing at *Number*, *Street*, *City*, Province of Quebec, *Postal Code*, judicial district of *Judicial district where you live*

Choose one

**v.**

*Your ex-spouse’s first name*  *Your ex-spouse’s last name*, residing at *Number*, *Street*, *City*, Province of Quebec, *Postal Code*, judicial district of *Judicial district where your spouse lives*

Choose one

**and**

*Your adult child’s first name* *Your adult child’s last name*, residing at *Number*, *Street*, *City*, Province of Quebec, *Postal Code*, judicial district of *Judicial district where your child lives*

Adult Child

Application to Modify Ancillary Measures

# It is declared that:

1. The parties were divorced on [date].

## RESIDENCE OF THE PARTIES

1. Since [day, month, year], the applicant’s usual residence has been at [address].
2. Since, [day, month, year], the defendant’s usual residence has been at [address].

## CHILDREN OF THE MARRIAGE

1. The children are:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Family Name | Given Name | Age | Sex | Address |
| 1 |  |  |  | M/F |  |
| 2 |  |  |  | M/F |  |
| 3 |  |  |  | M/F |  |
| 4 |  |  |  | M/F |  |
| 5 |  |  |  | M/F |  |

1. There is no court decision, case before a court or agreement with a director of youth protection involving the children.

[If this kind of decision, pending case or agreement exists, provide details and attach all relevant documents.]

1. The applicant is not subject to conditions under an order, undertaking or recognizance listed in the *Criminal Code* regarding the applicant’s spouse or children.

[If you are subject to conditions, provide details and attach all relevant documents.]

1. The divorce judgment made these decisions regarding parenting time with the children: [List the judgment’s conclusions about parenting time with the children.]
2. The amount of child support payments is: [Indicate the current amount of child support for each child. Also indicate the total amount of any child support that has not been paid (called “arrears”).]

## MATRIMONIAL STATUS

1. The applicant is currently [matrimonial status]. The defendant is currently [matrimonial status].

## REASONS IN SUPPORT OF THE APPLICATION

1. [Explain any important changes that have happened since the divorce judgment. For example, the income of one of the ex-spouses has increased, or a child is now over the age of 18 and pays all of his or her own expenses. Use short, numbered paragraphs].
2. …
3. …
4. The applicant requests a modification of parenting time with the children [names].
5. The applicant requests a change/cancellation of child support in accordance with the Child Support Determination Form for these children: [names].

## APPLICATION FOR A SAFEGUARD ORDER

1. Given the urgency of the situation, the applicant requests a safeguard order to [mention the various issues you want settled and explain why the court must act quickly].
2. …

**FOR THESE REASONS:**

[List a conclusion for each decision you want the court to make.]

[For example: GRANT to the applicant parenting time with the minor children [insert their names and indicate the days or periods of parenting time requested].

SET the amount of child support in accordance with the child support determination rules.

ORDER the defendant to pay the applicant child support in accordance with the *Act to facilitate the payment of support* for these children: [insert their names].

CANCEL support payable under the *Act to facilitate the payment of support* for these children [insert their names].

etc.]

**SAFEGUARD ORDER**

GRANT the following safeguard order:

[For example: GRANT to the applicant parenting time with the minor children [insert their names and indicate the days or periods of parenting time requested].

SET the amount of child support in accordance with the child support determination rules.

ORDER the defendant to pay the applicant child support in accordance with the *Act to facilitate the payment of support*.

etc.]

Signed at [city], on [date]

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

**Notice of Presentation**

**TAKE NOTICE** that this application will be presented before a judge of the Superior Court in the District of [name of district], on [MONTH/DAY/YEAR]] at [time], at the [name of courthouse] courthouse located at [address], room \_\_\_\_\_\_. If you wish to challenge the application, you must appear in court on this date.

**CHALLENGING THE APPLICATION**

***If you are applying for child support and your ex-spouse lives in Quebec or outside Canada, include this paragraph:***

You must notify these documents to the applicant and enter them in the court record at least five (5) days before the date mentioned above:

* Child Support Determination Form (Schedule 1)
* your federal or provincial tax returns for [year] and the notices of assessment
* three (3) recent pay stubs
* any other document indicating your income for [year] (business income, self-employment income, etc.)

You must also file your Statement Required Under Article 444 of the *Code of Civil Procedure* at the court office.

***If you are applying for spousal support, include this paragraph:***

You must notify these documents to the applicant and enter them in the court record at least five (5) days before the date mentioned above:

* Statement of Income and Expenses and Balance Sheet (Form III)

You must also file your Statement Required Under Article 444 of the *Code of Civil Procedure* at the court office.

**FAILURE TO APPEAR**

If you do not appear in court on the scheduled date, a judgment might be made against you.

**PLEASE ACT ACCORDINGLY.**

[City], [date]

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s signature

|  |
| --- |
| No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| SUPERIOR COURTDISTRICT OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Applicantv.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Defendant |
| Title: |
| Original(or Copy for \_\_\_\_\_\_\_\_\_\_\_\_) |
| Your contact information (first and last names, address, phone number, email address)  |