

FACTORS TO BE SUBMITTED

- 1. File or Client Name: _____
- 2. Please specify activity/activities in issue under Section 7 *Child Support Guidelines*:

- 3. Parent 1 Gross Income: _____
- 4. Parent 2 Gross Income: _____
- 5. Table Amount Child Support Payable (if any): _____
- 6. Number of Children: _____
- 7. Province: _____ (Subjective or Objective test? (if known): _____)
- 8. Was activity in effect prior to separation?: _____
- 9. Special Circumstances (other): _____

Fax (Toll Free): 1-877-573-5563

Attention: Mr. J. Syrtash

We acknowledge and agree to the fee for a standard database search of \$275.00 plus GST/HST and courier fees if requested.

PAYMENT: VISA, M.C.or AMEX (Circle one) CARD NO: _____

EXPIRY DATE: _____

NAME ON CARD (please print): _____

SIGNATURE: _____

Please use a cover sheet with name, address and phone number of your firm or fill in below.

NAME: _____

FIRM NAME: _____

ADDRESS: _____

CITY: _____ POSTAL CODE: _____

PHONE: _____ FAX: _____

- DELIVERY: (Circle one)
- Option 1: Regular Mail
 - Option 2: Regular Mail and Email
 - Option 3: Regular Mail and fax today
 - Option 4: Courier (extra charge)
 - Option 5: Other (specify below)

SPECIAL DELIVERY INSTRUCTIONS/EmailAddress: _____