

Request to Reinstate Enforcement of Child Support



Justice

Maintenance Enforcement Program Telephone: 204-945-7133
100-352 Donald St Winnipeg, MB R3B 2H8 Facsimile : 204-945-5449
ManitobaMEPinquiries@gov.mb.ca Toll free in Canada: 1-866-479-2717

REQUEST TO REINSTATE ENFORCEMENT OF CHILD SUPPORT

MEP File No.: _____

SUPPORT RECIPIENT NAME: _____

ADDRESS: _____

PHONE No.: _____

EMAIL: _____

*Providing your email address authorizes MEP to communicate with you and send documents etc. by email.

DEPENDENT NAME: _____

Manitoba MEP needs information about your child's current circumstances to determine if they are eligible for enforcement of child support. Please read the form carefully and ensure you answer all the questions.

A copy of this completed form and any information or documents you send us about the child **may** be provided to the support payor.

Please answer the following questions:

1. What date is child support required to be reinstated: _____

NOTE: The date cannot be more than 60 days prior to the date MEP receives the Request for Reinstatement of Child Support.

2. Does the adult child have a diagnosed illness or disability that in the opinion of the child's physician impacts the child's ability to work or attend school?

☐ Yes ☐ No

If yes, is it: ☐ Permanent ☐ Temporary Expected date of recovery: _____

3. Is the adult child in school ☐ Yes ☐ No

Type of Schooling: ☐ High School ☐ University/College ☐ Other _____

- A. Please attach proof of full-time enrollment* and provide the following information:

Term Start Date: _____ Term End Date: _____

Anticipated completion date of child's diploma, program or degree: _____

Child Support Enforcement Eligibility Form



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When completed will the child continue with further education? ☐ Yes ☐ No

If Yes, please provide the anticipated start date: _____

*If the child is under 21 years of age and attending high school no proof of registration or enrollment is required.

B. If no, please provide:

Date the adult child was last in school: _____

Does the adult child intend to return to school: ☐ Yes ☐ No ☐ Unknown

If yes, please provide:

Term Start Date: _____ Term End Date: _____

C. Is the child on a wait list for school? ☐ Yes ☐ No ☐ Unknown

If yes, please provide the anticipated start date: _____

4. Where does the adult child reside?

☐ In my home

☐ Not in my home

☐ Away from my home to attend school

☐ With the support payor

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

5. Is the adult child working: ☐ Yes ☐ No

If yes: ☐ Full Time ☐ Part Time

6. Is the adult child married or soon to be married? ☐ Yes ☐ No

If yes, please provide the date: _____

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Additional Information

Please provide any additional information that you would like MEP to consider:

I declare I am the creditor and the information provided is true. I understand I may be required to provide documentation to the Manitoba Maintenance Enforcement Program to support the answers on this form.

Signature: _____ Date: _____

You can return the required information by email to ManitobaMEPinquiries@gov.mb.ca provided you include information that confirms your identity (file number and PIN). If you prefer, fax or mail the completed form to the address or fax number indicated above. You will be notified of our decision once the MEP has reviewed your request.

If you would like future payments to be deposited directly to your bank account, please provide a completed Direct Deposit Form. This form is available on our website at <https://www.gov.mb.ca/justice/courts/mep/index.html> or by contacting our office to request one.