



SUPPORT ENFORCEMENT PROGRAM (SEP)

SEP ACCOUNT NO.
FOR OFFICE USE ONLY

AFFIDAVIT OF ARREARS

Before Completing This Form – Complete the Attached Worksheet

In The Matter of the Support Orders Enforcement Act, 2006

Print Name
Address and
Postal Code
Creditor

AND

Print Name
Address and
Postal Code
Debtor

CANADA ) I, the Creditor, make Oath and say that:
PROVINCE OF NL )

Original
Order

1. There was a Support Order made on the ... day of ..., 20
In the ... at ...
(Name of Court) (Location)

2. The arrears owed by the Debtor which have accumulated under the said Order and any Variation Order are:

From April 1, 1997 to the making of this affidavit: Amount Owing

From ... Day ... Month ... Year to ... Day ... Month ... Year \$ ...

3. I make this affidavit for the purpose of proceeding against the Debtor for enforcement of payment of the monies owing in respect of the said Order.

4. I acknowledge that enforcement by the Director is exclusive pursuant to Section 4 of The Support Orders Enforcement Act, 2006.

SWORN BEFORE ME THIS ... day

of ..., A.D. 20

Signature of Creditor

at ..., NL

A Commissioner for Oaths in and for the Province of NL

Send this Original with the Completed Worksheet to the Support Enforcement Program.