

# Maintenance Enforcement Program (MEP) Payor Enrolment Form



Use this form if you already have a maintenance order or agreement registered with the court. If you need a maintenance order, ask your local family court about how to get one.

## 1. Give your personal information

MEP Case # \_\_\_\_\_

Last Name: \_\_\_\_\_ Other last names used: \_\_\_\_\_

First name: \_\_\_\_\_ Middle name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Postal Code: \_\_\_\_\_

Home phone #: \_\_\_\_\_ Work phone #: \_\_\_\_\_

Cell phone #: \_\_\_\_\_

Gender:  Male  Female Date of birth (dd/mm/yyyy): \_\_\_\_\_

Occupation: \_\_\_\_\_

Trade, union, or professional association memberships: \_\_\_\_\_

Are you currently receiving EI benefits or CPP?  Yes  No

## 2. Attach a copy of your maintenance order from the court. Check the box that applies to you.

I have attached a copy of all maintenance orders and agreements made by or registered in a Nova Scotia court.

I have attached three certified copies of all maintenance orders or agreements from a court outside of Nova Scotia.

## 3. Give information about the children named in the maintenance order

Child's full name: \_\_\_\_\_

Date of birth (dd/mm/yyyy): \_\_\_\_\_ Does the child live with you?  Yes  No

Child's full name: \_\_\_\_\_

Date of birth (dd/mm/yyyy): \_\_\_\_\_ Does the child live with you?  Yes  No

Child's full name: \_\_\_\_\_

Date of birth (dd/mm/yyyy): \_\_\_\_\_ Does the child live with you?  Yes  No

Child's full name: \_\_\_\_\_

Date of birth (dd/mm/yyyy): \_\_\_\_\_ Does the child live with you?  Yes  No

If you need more space, please attach a separate page.

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## 4. Give information about the person ordered to receive maintenance

(We call this person the Recipient)

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

Middle name: \_\_\_\_\_ Other names used (aliases): \_\_\_\_\_

Last known address: \_\_\_\_\_

Postal code: \_\_\_\_\_

Phone numbers: \_\_\_\_\_

Other province, state, or country the person may live in: \_\_\_\_\_

Date of birth (dd/mm/yyyy): \_\_\_\_\_

Gender:  Male  Female

## 5. Sign the form

I will inform the program within ten (10) days that my address has changed as required by the *Maintenance Enforcement Act*. I will inform the program in writing if I am involved in any legal action that may affect the Order or Agreement.

I certify the information given on this form and attached in supporting documents is accurate. I understand the information given on this form could end up in court.

I consent to the storage and use of my personal information within the rules set out in provincial privacy legislation.

Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## 6. Return the form and attachments to

Attention: Central Enrolment Unit (CEU)  
Nova Scotia Maintenance Enforcement Program  
PO Box 183, Stn Main, New Waterford, NS B1H4N9  
Fax: 902-862-4222

### For Staff Use Only

Authorized  
Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Questions? Call** Client Service Line 1-855-322-0934 within Canada (Toll-free) or 902-862-4275 Direct, Monday to Friday, 8:30 to 4:30 (Atlantic Time).

If you want specific information about your case, have your case identification number and personal identification number ready.

**Email:** NSMEP@novascotia.ca

**MEP Online:** mep.novascotia.ca/meonline