



**Form 56A.06B**

(rule 56A.06)

In the Supreme Court of Newfoundland and Labrador  
Trial Division (General / Family)

Court No. \_\_\_\_\_  
Court File No. \_\_\_\_\_  
Central Divorce Registry No. \_\_\_\_\_ (if applicable)

BETWEEN: \_\_\_\_\_ APPLICANT

AND: \_\_\_\_\_ RESPONDENT

**Originating Application for Variation**

To this Honourable Court at: *(check the location where you wish this matter to be heard and note the filing requirements)*

| IF YOU WISH YOUR MATTER TO BE HEARD IN ...                       | THEN YOU MUST FILE YOUR DOCUMENTS <u>IN</u> ... |
|--|---|
| <input type="checkbox"/> Clarenville (Grand Bank circuit)        | Grand Bank                                      |
| <input type="checkbox"/> Corner Brook                            | Corner Brook at the Family Division             |
| <input type="checkbox"/> Gander                                  | Gander  |
| <input type="checkbox"/> Grand Bank                              | Grand Bank                                      |
| <input type="checkbox"/> Grand Falls-Windsor                     | Grand Falls-Windsor                             |
| <input type="checkbox"/> Happy Valley-Goose Bay                  | Happy Valley-Goose Bay                          |
| <input type="checkbox"/> Port aux Basques (Corner Brook circuit) | Corner Brook at the Family Division             |
| <input type="checkbox"/> Rocky Harbour (Corner Brook circuit)    | Corner Brook at the Family Division             |
| <input type="checkbox"/> St. Anthony (Corner Brook circuit)      | Corner Brook at the Family Division             |
| <input type="checkbox"/> St. John's                              | St. John's at the Family Division               |
| <input type="checkbox"/> Stephenville (Corner Brook circuit)     | Corner Brook at the Family Division             |
| <input type="checkbox"/> Wabush (Happy Valley-Goose Bay circuit) | Happy Valley-Goose Bay                          |

1. I/We hereby seek a change of an existing order for the following:

- |  |  |
|--|--|
| <input type="checkbox"/> Spousal Support             | <input type="checkbox"/> Child Support |
| <input type="checkbox"/> Partner Support             | <input type="checkbox"/> Custody       |
| <input type="checkbox"/> Parental Support            | <input type="checkbox"/> Access        |
| <input type="checkbox"/> To file a Consent Variation |  |

made by Justice *(name of Judge)* \_\_\_\_\_ at the *(name of court)* \_\_\_\_\_ at *(place of court)* \_\_\_\_\_, in the

Province of \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

2.  I also request costs of this Application.

3.

|                  | Applicant | Respondent |
|------------------|-----------|------------|
| Marital Status   |           |            |
| Address          |           |            |
| City/Town        |           |            |
| Province         |           |            |
| Postal Code      |           |            |
| Telephone Number |           |            |

4.

| Child's Full Name | Date of Birth | Child Resides With |
|-------------------|---------------|--------------------|
|                   |               |                    |
|                   |               |                    |
|                   |               |                    |
|                   |               |                    |
|                   |               |                    |

5. The *present* parenting (custody and access) arrangements are:

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6. I request the following *changes(s)* to the present parenting (custody and access) arrangements:

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7. The *present* arrangements for the support of the child(ren) is/are:

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8. I request the following *change(s)* to the present child support order:

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9. The *present* arrangements for spousal, parent or partner support are:

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10. I request the following *change(s)* to the spousal, parent or partner support order:

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11. The amount of arrears owing under the present Support Order is: \$\_\_\_\_\_.

12. The reasons(s) that such a variation should be made is/are:

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I, \_\_\_\_\_, the Applicant, declare the contents of the within Originating Application for Variation are true to the best of my information and belief.

SWORN TO OR AFFIRMED at \_\_\_\_\_ in the Province of Newfoundland and Labrador this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Commissioner of Oaths/Justice of the Peace

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Name/Address of Applicant's Solicitor  
(if applicable)

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

**ATTACH (in addition to the requirements under Rule 56A):**

- 1) if existing custody, access or support order granted by another court, a certified copy of the existing order;
- 2) a copy of an agreement between the parties dealing with custody, access or support;
- 3) a financial statement in Form 56A.27A if claiming child support (special expenses or undue hardship) or spousal support.

Filed at \_\_\_\_\_, Newfoundland and Labrador this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Registrar of the Supreme Court  
of Newfoundland and Labrador

**NOTE:**

*This document, which includes the Notice to Respondent, Originating Application for Variation and Financial Statement (if applicable), shall be served on the Respondent by an adult other than the Applicant in accordance with the Rules of the Supreme Court, 1986 .*

## Schedule A

### Claim for Special/Extraordinary Expenses:

Under the *Federal or Provincial Child Support Guidelines*, a claim is made for additional support to defray the following special expenses: (*check appropriate items*)

1.  Child care expenses incurred as a result of the custodial parent's employment or training for employment, illness, disability, education:

Monthly \$ \_\_\_\_\_ Yearly \$ \_\_\_\_\_

2.  A portion of medical and dental insurance premiums:

Monthly \$ \_\_\_\_\_ Yearly \$ \_\_\_\_\_

3.  Health related expenses that exceed insurance reimbursement by at least \$100 annually per illness or event, including orthodontic treatment, professional counselling provided by a psychologist, social worker, psychiatrist or any other person, physiotherapy, occupational therapy, speech therapy and prescription drugs, hearing aids, glasses and contact lenses:

Monthly \$ \_\_\_\_\_ Yearly \$ \_\_\_\_\_

4.  Extraordinary expenses for primary or secondary school education or for educational programs that meet the child's particular needs:

Monthly \$ \_\_\_\_\_ Yearly \$ \_\_\_\_\_

5.  Post-secondary education expenses:

Monthly \$ \_\_\_\_\_ Yearly \$ \_\_\_\_\_

6.  Extraordinary expenses for extracurricular activities:

Monthly \$ \_\_\_\_\_ Yearly \$ \_\_\_\_\_

The amount claimed is \$ \_\_\_\_\_, taking into account subsidies, benefits and income tax deductions or credits relating to the expense.

