



**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** \_\_\_\_\_ **to** \_\_\_\_\_  
Day Month Year 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

at \_\_\_\_\_, NL

\_\_\_\_\_  
**Signature of Creditor**

\_\_\_\_\_  
**A Commissioner for Oaths in and for the Province of NL**

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