



**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	
AND	

Creditor

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____

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.