SUPPORT ENFORCEMENT PROGRAM

SPECIAL OR EXTRAORDINARY EXPENSES FORM

SEP CASE #: _____

Recipient's Name: _____

Payor's Name: _____

Please see reverse side for information on completing this form

Date of Expense	Brief Description of Expense	Name of Child	Total Amount of Expense	% to be Paid (Payor's Share)	Amount owing
			$	%	$

Total amount of expenses owed by the Payor $

_____ _____

Your signature Date

Please attach a copy of your receipts.

A copy of this completed form and receipts will be provided by SEP to the Payor. Should you have any concerns about this, please notify us immediately.

SPECIAL OR EXTRAORDINARY EXPENSES FORM

Information for Recipients

Completing the Expense Form:

- You must have a court order or agreement stating the payor is required to pay all or a share of certain expenses.
- The SEP must have confirmed that the expense(s) is enforceable by the program. Please do not send in receipts or use this form unless you have already received that confirmation from the SEP. To find out if a particular expense(s) is enforceable, please call your case worker to have your order reviewed.
- The receipts provided and the amounts entered on the form must be specifically related to the expense stated in your court order or agreement.
    - For example – the payor is responsible for paying hockey expenses; acceptable receipts would be for hockey registration or equipment. Not acceptable are gas receipts for driving the child to and from the hockey arena or tournaments or receipts for meals or accommodation unless specified in the order. The receipt must reference the expense.
- On the expense form enter the details of each expense, including the date, description, name of the child, total amount of the expense and the portion owing by the payor. You will need to calculate the total amount owing by the payor. ***(Please note that SEP will not recalculate proportionate shares on an annual basis even if it is stated in the order.)***
- You must provide legible photocopies of the receipts for all expenses listed on this form. Please ensure that you attach them in the same order as they are listed on the form to assist in efficient processing of your claim.
- Where an expense is subject to reimbursement from an insurance plan, ensure that:
    - You and or the payor had the opportunity to submit the expense(s) to the appropriate insurance plans for reimbursement.
    - The amount entered on the form is the remaining amount owing to you after the reimbursement process.
- Send the expenses form with a copy of receipts to the following address:

  The Support Enforcement Program
  PO Box 2006
  Corner Brook, NL
  A2H 6J8

Timeframe for sending receipts

- Receipts should be submitted no later than the month after the month in which it is incurred.
- Receipts submitted on a timely basis have greater success of collection than those accumulated over several months.