

Income Questionnaire for the Child Support Recalculation Service

In this form, **you** means the person completing this income questionnaire.

We and **us** means the Child Support Recalculation Service (CSRS) of New Brunswick.

Recipient means the person who receives child support payments.

Paying party means the person who pays child support.



Why we're asking you to complete this form

Before the CSRS can recalculate your child support, the *Family Law Act* requires that you provide us with proof of your income. Therefore, you are required to fully complete and return this form along with your Notice of Assessment or Reassessment from the previous tax year.

If you do not provide us with your most recent income information, we have the authority to deem your income. Deeming income is the process of calculating income for parties who have failed to provide their actual income information. The service has the authority to increase income between 10% to 30% for the purpose of recalculating support.

How we use your financial information

Upon request, or if explicitly instructed in a court order, the service will provide copies of financial information (including this form) to the other party. However, any contact or other identifying information will be removed from the financial documents before being shared.

For more information on how we use and protect your personal information, visit our website at gnb.ca/CSRS.

Your court file number

F D

Your CSRS file number (if already enrolled)

R S

Your personal information

Are you the person who receives child support payments (*Recipient*), or the person who pays child support (*Paying party*)?

Recipient Paying party

First name	Middle name	Last name
Social Insurance Number	Date of birth (yyyy/mm/dd)	Your mother's maiden name

Mailing address (street number or PO Box)			
City	Province	Country	Postal Code

Home phone	<input type="radio"/> Okay to leave voicemail.	Cell phone	<input type="radio"/> Okay to leave voicemail.
Work phone	<input type="radio"/> Okay to leave voicemail.	Fax number	
Email address			

How would you prefer that we contact you? We would contact you Monday to Friday between 8:30 am to 4:30 pm.

Home Cell Work Fax Email

What's your preferred language for spoken communication?

English
 French

What's your preferred language for written documents?

English
 French

Do you have any impairment that affects communication?

Yes – check all that apply: Vision Hearing Other: _____
 No

Your employment and income information

Employment information

Are you currently employed?

Yes – with the following employer(s):

1. Name of employer	The date you began working with this employer (yyyy/mm)
2. Name of employer	The date you began working with this employer (yyyy/mm)

Yes – self-employed. (Provide further details below)

No – not employed. (Select other sources of income):

<input type="checkbox"/> Employment Insurance	<input type="checkbox"/> CPP Disability
<input type="checkbox"/> Worksafe Benefits	<input type="checkbox"/> Pension
<input type="checkbox"/> Income Assistance	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Medical Benefits	

Complete if you have self-employment income

If you or the other party’s income is primarily based on self-employment, you are not eligible for recalculation. However, if self-employment income is less than 20% and is in *addition* to full-time income, we may be able to proceed with recalculation.

Self-employment income in the court order or agreement

Was the income stated in the court order or agreement used to establish child support based primarily (more than 20%) on self-employment income?

Yes – What amount of the income stated in the court order or agreement used to establish child support was from self-employment?

Your income as stated in the Order or agreement	\$	The portion that is from self-employment income	\$
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No

Complete if you have self-employment income (continued)

Self-employment income from most recent tax return

Was there self-employment income in the Notice of Assessment or Reassessment you are providing to us?

Yes – What *amount* of the income stated in the Notice of Assessment or Reassessment is from self-employment?

Your income from Line 15000 \$	The portion that is from self-employment income \$
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No

If you're completing the PDF version of this form, typing in your name and electronically sending this form to us constitutes your electronic signature.


Signed at


City or town	Province
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Signature of party providing this information 	Date signed (yyyy/mm/dd)
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How to submit this form


Send this completed form, **along with your Notice of Assessment or Reassessment** by email, mail or fax to:


 **Email:** recal@gnb.ca

 Child Support Recalculation Service
PO Box 6000
Fredericton NB E3B 5H1

 **Fax:** 506-453-2234

Other ways to contact us

 **Toll-free:** 1-833-224-2225

 **Web:** gnb.ca/CSRS