

Enrollment Form

Maintenance Enforcement Office (MEO)

Note: Enrollment with the MEO is voluntary.

- **Do not enroll unless you want the MEO to handle the collection of your support payments.**
 - **The MEO's management of your case is greatly improved when you provide accurate and complete information.**
 - **If you are completing this form online, you must print it off and mail or email it to the MEO.**
 - **Please read the last page of this form carefully before completing and signing it.**
- Fill in as many blanks as possible.

Maintenance Enforcement Office
100 - 3085 Albert Street
Regina, SK S4S 0B1
Phone: 306-787-8961 | Fax: 306-787-1420
Email: meoinquiry@gov.sk.ca

For Maintenance Enforcement Office Use Only:

Case Number: _____

Recipient Client ID: _____ Associated Cases: _____ Check: _____ Check: _____ Entered by: _____

Payor Client ID: _____ Associated Cases: _____ Check: _____ Check: _____ Entered by: _____

Information on the Recipient (person entitled to receive support)

Name: _____ / _____ / _____ / _____
Last First Middle Gender

Other names known by (any former married names, nicknames, aliases, etc.)

Name: _____ / _____ / _____
Last First Middle

Home Address: _____ / _____ / _____ / _____
Street City Prov. Country Postal Code

Mailing Address (if different from above)

Mailing Address: _____ / _____ / _____ / _____
Street City Prov. Country Postal Code

_____ / _____ / _____ Birthdate: _____ / _____ / _____
Home Phone (+ area code) Work Phone Cell Phone DD MM Year

_____ / _____ / _____
Email Address Health Number Drivers Licence Number Social Insurance Number

_____ / _____
Marital Status Name of Current Spouse

Member of a First Nations: ☐ Yes _____ Is Recipient Status?: ☐ Yes _____
Band Name Treaty Number

Is Recipient on Social Assistance: ☐ Yes _____
Client Number Social Assistance Provider

Military Service?: ☐ Yes _____
Details

Names of Friend(s)/Relative(s) (individuals who would know the Recipient's whereabouts)

_____ / _____ / _____
Full Name Phone Number Type of Relationship

Address: _____ / _____ / _____ / _____
Street City Prov. Country Postal Code

_____ / _____ / _____
Full Name Phone Number Type of Relationship

Address: _____ / _____ / _____ / _____
Street City Prov. Country Postal Code

Information on the Payor *(person required to pay maintenance)*

Name: _____ / _____ / _____ / _____
 Last First Middle Gender

Other names known by (any former married names, nicknames, aliases, etc.)

Name: _____ / _____ / _____
 Last First Middle

Home Address: _____ / _____ / _____ / _____
 Street City Prov. Country Postal Code

Mailing Address (if different from above)

Mailing Address: _____ / _____ / _____ / _____
 Street City Prov. Country Postal Code

Home Phone (+ area code) _____ / Work Phone _____ / Cell Phone _____ Birthdate: ____ / ____ / ____
 DD MM Year

_____ / _____ / _____
 Email Address Marital Status Name of Current Spouse

Member of a First Nations: ☐ Yes _____ Band Name Is Payor Status?: ☐ Yes _____ Treaty Number

Is Payor on Social Assistance: ☐ Yes _____ Client Number Social Assistance Provider Military Service?: ☐ Yes _____ Details

Is the Payor currently receiving: ☐ Employment Insurance ☐ Workers Comp ☐ Old Age Security ☐ Canada Pension Plan (CPP)

Identifiers *(of the Payor)*

_____ / _____ / _____ / _____ / _____
 Health Number Drivers Licence Number Province Issued Social Insurance Number Passport Number

_____ / _____
 Mothers Maiden Name Social Media Names (ie. Facebook, Twitter, Other)

Description *(of the Payor)*

_____ / _____ / _____ / _____ / _____
 Height ft/in./cm Weight lbs/kg Hair Colour Ethnicity Eye Colour Glasses ☐ Yes ☐ No Is a picture attached? ☐ Yes ☐ No

Are there any other details that would help identify the Payor (e.g., tattoos, scars, etc.)?

Current Employment Information *(of the Payor)*

_____ / _____ / _____ / _____ Self-Employed ☐ Yes ☐ No
 Employed With Occupation Associations/Unions Business Type

Employer Address: _____ / _____ / _____ / _____
 Street City Prov. Country Postal Code

Start Date: ____ / ____ / ____ Phone Number _____ Fax Number _____ Email _____ Website _____
 DD MM Year

Previous Employment Information *(of the Payor)*

_____ / _____ / _____ / _____ Self-Employed ☐ Yes ☐ No
 Employed With Occupation Associations/Unions Business Type

Employer Address: _____ / _____ / _____ / _____
 Street City Prov. Country Postal Code Phone Number _____

Start Date: ____ / ____ / ____ End Date: ____ / ____ / ____ Fax Number _____ Email _____ Website _____
 DD MM Year DD MM Year

Names of Friend(s)/Relative(s) *(person who would know Payor's whereabouts)*

_____ / _____ / _____
 Full Name Phone Number Type of Relationship

Address: _____ / _____ / _____ / _____
 Street City Prov. Country Postal Code

_____ / _____ / _____
 Full Name Phone Number Type of Relationship

Address: _____ / _____ / _____ / _____
 Street City Prov. Country Postal Code

Payor's Assets

Provide details of any assets the Payor has, including vehicle(s) (type, make, model, year and plate number), house, cottage, land, banking information, pension plans, retirement savings plans, term deposits, insurance policies, stocks/shares, credit cards, equipment, business inventory, or other assets. Please complete the following and provide as much detail as possible.

Motor Vehicle Information:

Make	Model	Year	Colour	Licence Plate	Province/State	Payor is Sole Owner	Joint Ownership With

Real Estate Information:

_____/_____/_____/_____/_____ Payor Sole Owner or Joint Owner with:
Street Address City Prov./State Postal Code Legal Description ☐ _____

Banking Information:

Name of Financial Institution / Street Address / City / Prov./State / Account Type / Account No. Joint Account / Joint Owner with ☐ _____

Pension Information:

_____/_____/_____/_____/_____/_____/_____
Company Name / Street Address / City / Prov./State / Postal Code / Type / Account No.

RRSP Information:

_____/_____/_____/_____/_____/_____/_____
Company Name / Street Address / City / Prov./State / Postal Code / Type / Account No.

Term Deposit Information:

_____/_____/_____/_____/_____/_____/_____
Company Name / Street Address / City / Prov./State / Postal Code / Type / Account No.

Insurance Policy Information:

_____/_____/_____/_____/_____/_____/_____
Company Name / Street Address / City / Prov./State / Postal Code / Type / Account No.

Bonds and Stock Information:

_____/_____/_____/_____/_____/_____/_____
Company Name / Street Address / City / Prov./State / Postal Code / Type / Account No.

Credit Card Information:

_____/_____/_____/_____/_____/_____/_____/_____
Company Name / Street Address / City / Prov./State / Postal Code / Type / Account No.

Other equipment not previously mentioned:

Other asset information not previously listed:

Police Record (of the Payor)

Police Record? ☐ Yes ☐ No (If yes, indicate the type of offence, providing details – such as date, location, etc. – below):

☐ Driving Offences ☐ Assault ☐ Restraining Order ☐ Other (indicate type, date, location, etc.): _____

History of Enforcement (details of any past attempts to enforce payment of this support):

Dependant(s) Listed Under the Order or Agreement *(any person whose benefit support is required as listed in the order)*

Last Name	First Name	Initial	Type C=Child / S=Spousal	Gender	Date of Birth (Day/Mon/Year)	For Office Use Only Client ID Number

I apply to have the enclosed support order/agreement filed with and enforced by the Maintenance Enforcement Office. By signing this form, I declare that I understand:

1. All payments must be made through the Maintenance Enforcement Office. Payments must not be exchanged directly between the Recipient and the Payor.
2. Once I am enrolled, I will not attempt to collect the support on my own. I give my right to enforce the order or agreement to the Executive Director of Maintenance Enforcement.
3. I will keep the office informed of any new or changed information concerning my case such as changes:
 - a. in the order or agreement;
 - b. in the parenting arrangement (formerly custody) or dependency status of the children;
 - c. of address; and
 - d. in employment.
4. While the office will do its best to enforce the order or agreement, it cannot guarantee that payments will be made, will be made consistently, or will be made without interruption.
5. All information received and retained in the Maintenance Enforcement Office will be kept confidential and will only be released in accordance with *The Enforcement of Maintenance Orders Act* and *The Enforcement of Maintenance Orders Regulations*.
6. The information given in this Enrollment Form is true and correct.
7. By providing your email address, you consent to the Maintenance Enforcement Office using the email address to send you notices and updates related to your file.

Name of Applicant

Signature

/ _____
Date of Application

To become enrolled in the Maintenance Enforcement Program, please submit this completed form and one of the following:

- if your support is contained in a court order, and that order was granted by a Saskatchewan Court, a photocopy of that order; or
- if a court outside Saskatchewan granted your support order, one certified copy of that order (which you can obtain directly from the courthouse where the order was granted); or
- if your support is contained in an agreement, made in Saskatchewan, a photocopy of that agreement AFTER it has been filed with the Court of King's Bench in the region where you live. If the agreement was made in another jurisdiction, it must be filed with a proper authority in that jurisdiction, and one certified copy obtained.
- if you are the Recipient, you are now required to receive your payments by direct deposit to your bank account. We have enclosed a blank direct deposit form for your convenience.

Please mail or bring the documents to:

**Maintenance Enforcement Office,
Room 100, 3085 Albert Street,
Regina, SK, S4S 0B1**

For assistance in completing this form, please call 306-787-8961 in the Regina area or toll-free at 1-866-229-9712 outside the Regina area. You can also email your inquiry to meoinquiry@gov.sk.ca or visit our website at: <https://www.saskatchewan.ca/residents/family-and-social-support/child-support/paying-and-receiving-child-support>.