How to Make an Originating Application for Variation

Instructions for the Applicant

You may use an **Originating Application for Variation (Form F5.05A)** if you want to change a final family law order or domestic contract, such as a marriage contract, separation agreement, cohabitation agreement or paternity agreement, that has been filed with the Court under s. 42 of the *Family Law Act*. If you start an Originating Application for Variation, you are the *Applicant*. The other person is the *Respondent*. If you are making an application together with the other person (i.e. a joint application), you cannot use this form. You must make a **Joint Originating Application for Variation (Form F5.06A)**.

Completing Your Originating Application for Variation

You can fill out this form by hand or you can download and fill out this form electronically at www.court.nl.ca/supreme/family/forms.html (If you fill out the form electronically, you must still print the form, file it with the Court, and serve a copy on the Respondent).

You must fill out pages 1-5 of the Originating Application for Variation and attach any schedules and additional forms that apply to you. If you need more space to fill out any section of this Originating Application for Variation, attach an extra page and indicate which section is continued on the extra page.

Filing Your Originating Application for Variation

You must make **3 extra copies** of your completed and signed Originating Application for Variation (including any attachments). File the original Originating Application for Variation with the Court. To file your Originating Application for Variation, you can either bring it to a Supreme Court location near you or you can mail it to a Supreme Court location near you (with the filing fee attached). You can look up the fees online: www.court.nl.ca/supreme/fees.html

Serving Your Originating Application for Variation

Once you have filed your completed Originating Application for Variation with the Court, you must give a copy of the Application and the 'Instructions for the Respondent' page to the Respondent. This is called *service*. You have **180 days** to serve the Respondent after you have filed the Application. If you do not serve the Application in 180 days, it will expire and you may have to file a new Application.

If your Application involves parenting, an adult (who is not you) must hand-deliver the Application to the Respondent. This is called *personal service*. If your Application does *not* involve parenting, you can serve the Respondent by leaving a copy with the Respondent's lawyer, leaving a copy at the Respondent's address, registered mail/courier, or regular mail. You may also serve the Respondent using fax, email, or electronic document exchange, if the Respondent has provided that information.

You may have to file an **Affidavit of Service (Form F8.03A)** or **Acknowledgement of Service (Form F8.04A)** with the Court. These forms are available online: www.court.nl.ca/supreme/family/forms.html

More Information

Questions? Go to www.court.nl.ca/supreme/family or contact a Court near you:

Corner Brook: (709) 637-2227 Grand Falls-Windsor: (709) 292-4260 Gander: (709) 256-1115 Happy Valley-Goose Bay: (709) 896-7892

Grand Bank: (709) 832-1720 St. John's: (709) 729-2258

--- It is highly recommended that you get advice from a lawyer ---

If you need help finding a lawyer, you can contact:

Public Legal Information Association of NL (PLIAN): $\underline{\text{www.publiclegalinfo.com}} \text{ or 1 (888) 660-7788}$

Legal Aid: www.legalaid.nl.ca or 1(800) 563-9911

--- REMOVE THIS PAGE BEFORE SERVING THE APPLICATION ---

How to Respond to an Originating Application for Variation

Instructions for the Respondent

A family law proceeding has been started against you to vary a family law order or domestic contract. You are the *Respondent* in this proceeding.

The person who has started this family law proceeding is the *Applicant*.

Read the attached **Originating Application for Variation (Form F5.05A)** carefully. The Applicant has explained the family law issues that they would like to have resolved. If you want to oppose any of the Applicant's claims or if you want to make your own claims, you must file and serve a **Response (Form F6.02A)**.

You can find the Response form at any Supreme Court location or online:

www.court.nl.ca/supreme/family/forms.html

You have only **30 days** after this Originating Application for Variation has been served on you to file and serve your Response (You have 60 days if you have been served outside of Canada or the United States).

For more information on how to fill out, file, and serve a Response, read the "Instructions for the Respondent" page attached to the Response form.

If you do not respond, the Court may proceed and make an order without hearing from you.

More Information

Questions? You can go to www.court.nl.ca/supreme/family or contact a Court near you:

Corner Brook: (709) 637-2227 Grand Falls-Windsor: (709) 292-4260
Gander: (709) 256-1115 Happy Valley-Goose Bay: (709) 896-7892

Grand Bank: (709) 832-1720 St. John's: (709) 729-2258

--- It is highly recommended that you get advice from a lawyer ---

If you need help finding a lawyer, you can contact:

Public Legal Information Association of NL (PLIAN): www.publiclegalinfo.com or 1 (888) 660-7788 Legal Aid: www.legalaid.nl.ca or 1(800) 563-9911

Form F5.05A: Originating Application for Variation (Family Law)



In the Supreme Court of Newfoundland and Labrador (General/Family)

	FOR COURT USE ONLY
COURT FILE NO:	
CENTRAL DIVORCE REGISTRY NO:	
Filed at	, Newfoundland and
Labrador, this day of	, 20
Registry Clerk of the Supreme Court of Ne	ewfoundland and Labrador

	APPLICANT
(Print full name)	
	RESPONDENT
(Print full name)	
	□ NOT APPLICABLE
(Print full name)	☐ SECOND APPLICANT☐ SECOND RESPONDENT
	(Print full name)

You must start your application at the Court location that is closest to you or closest to the other party. However, if your family law matter involves parenting or child support, you must start your application at the Court location that is closest to where your children live. Check off where your application is required to be heard and note the location where you must file your documents:

If your application is required to be heard in		then you must file your documents in
	Clarenville (Grand Bank Circuit)	Grand Bank Supreme Court
	Corner Brook	Corner Brook Supreme (Family Division)
	Gander	Gander Supreme Court
	Grand Bank	Grand Bank Supreme Court
	Grand Falls – Windsor	Grand Falls – Windsor Supreme Court
	Happy Valley – Goose Bay	Happy Valley – Goose Bay Supreme Court
	Port aux Basques (Corner Brook Circuit)	Corner Brook Supreme Court (Family Division)
	Rocky Harbour (Corner Brook Circuit)	Corner Brook Supreme Court (Family Division)
	St. Anthony (Corner Brook Circuit)	Corner Brook Supreme Court (Family Division)
	St. John's	St. John's Supreme Court (Family Division)
	Stephenville (Corner Brook Circuit)	Corner Brook Supreme Court (Family Division)
	Wabush (Happy Valley - Goose Bay Circuit)	Happy Valley – Goose Bay Supreme Court

If you would like to change the terms of an order or domestic contract dealing with one or more of the issues listed in the table below, check the corresponding box(es), fill out the schedule(s) indicated, and attach the additional forms or documents specified in the right-hand column.

Type of Order	Fill Out Schedule	Attach
Parenting (Decision-making and parenting time)	1	-
Contact Order / Third Party Time with Child*	2	-
Child Support	3	Financial Statement (Form F10.02A) and/or income information, if applicable
Spousal (married) Support or Partner (unmarried) Support	4	Financial Statement (Form F10.02A)
Parental Support (for parents) or Dependant Support (for spouse or child of deceased person)	4	Financial Statement (Form F10.02A)
Consent Order or Agreement	5	Signed consent order or agreement
Other:	5	-

^{*} Under the Divorce Act, a judge's permission is required to make an application for a Contact Order. Once received, your application will first be considered by a judge to determine if it may proceed.

Fill in the details of the order or domestic contract that you are seeking to change and, **if the order or domestic contract is not already filed with the Supreme Court, include a copy of it with this application**:

Date Order issued/Agreement signed	Month:	Day:	Year:
Court that granted Order/filed Agreement			
Place Order made/Agreement filed	City:	Province:	Country:
Name of Justice or Judge that granted Order (if applicable)			

Check this box if you have more than 1 order or domestic contract that you are seeking to change. Attach an
extra-copy of this page in your document and fill in the details for each other order or domestic contract you
are applying to change.

Applicant Information

Fill in your information below:

If you have safety concerns and do not want to provide your contact information, you may provide alternate contact information below. You must still provide the Court with your actual contact information in a sealed envelope. This envelope will not be available to the other party.

Current Last Name				Last Name	e at Birth:		
First Name							
Middle Name(s) (if any)							
Gender							
Residential Address	Ohra ah Adalas a				0.4	Donator	Destat Os de
	Street Address	<u> </u>			City	Province	Postal Code
Mailing Address (if different from Residential Address)							
(ii dillerent ii om Nesidentiai Address)	Street Address	or PO Box	(City	Province	Postal Code
Telephone Number (if any)	Home:			Cel	l:		
Fax Number (if any)							
Email Address (if any)	Please note that	at if you pro	ovide your ema	ail address, the	e Court may o	contact you by em	nail.
Date of Birth	Month:		Da	ay:		Year:	
Occupation(s) or Job(s)							
Citizen / Immigration Status	☐ Canadia	n Citizen		Permanent	Resident	☐ Fore	ign National
Are you a registered Indian	□ Yes	□ No	If yes, wha	t is the name	of your ban	ıd?	
under the <i>Indian Act</i> ?	⊔ res	□ NO	Do you live	on a reserve	∍?		
Will you need an interpreter in court?*	□ Yes	□ No			If yes, sta	te the language	and dialect:
Lawyer's Name, Telephone Number, and Address (if any)							

^{*} Please note that you must arrange to have a qualified interpreter appear in court and you will be responsible for any fees associated with this, unless a judge orders otherwise.

Respondent Information

Fill in the Respondent's information below (to the best of your knowledge):

Current Last Name				Las	t Name at Birth:			
First Name								
Middle Name(s) (if any)								
Gender								
Residential Address	Street Add	lress			City	Pro	vince	Postal Code
Mailing Address (if different from Residential Address)	Street Add	lress or PO	Вох		City	Pro	vince	Postal Code
Telephone Number (if any)	Home:				Cell:			
Fax Number (if any)								
Email Address (if any)								
Date of Birth	Month:			Day	:	Yea	ar:	
Occupation(s) or Job(s)								
Citizen / Immigration Status	□ Cana	adian Citiz	zen	□ Perma	anent Resident		Forei	gn National
Is the Respondent a registered Indian under the	☐ Yes ☐ No		If yes,	, what is the name of the Respondent's band?				
Indian Act?	L 163		Does the Respondent live on a reserve?					
Lawyer's Name, Telephone Number, and Address (if any)								
Fill in the information about your rel	ationship v	vith the R	espond	lent:				
Your relationship with the Resp	ondent							
Date the parties started living to	gether	Month:		Day:	Year:	OR	□ 1	Not applicable
Date of marriage		Month:		Day:	Year:	OR	□ 1	Not applicable
Place of marriage						OR	□ 1	Not applicable
Prior to the marriage, I was		□ Unm	arried	☐ Divorced	d □ Widowed	OR	□ 1	Not applicable
Prior to the marriage, the Respo was	ondent	□Unm	arried	☐ Divorced	d □ Widowed	OR	□ 1	Not applicable
Date of separation		Month:		Day:	Year:	OR	<u> </u>	Not applicable
Date of divorce		Month: Day: Year: OR ☐ Not applica			Not applicable			
☐ Check this box if you are sta	arting a pro	oceeding	against	more than o	ne Respondent. A	Attach a	n extra	a page to

Check this box if you are starting a proceeding against more than one Respondent. Attach an extra page to this Application to provide the information of the other Respondent(s) and the details of your relationship with the other Respondent(s).

Fill in the information for every child of your relationship (Include children under and over 19 and non-dependent children):

	Child 1	Child 2
Child's Full Name		
Full Name of Each		
Parent of the Child (place each name		
on a separate line)		
Date of Birth (month/day/year)		
Gender		
Child is Currently Living With (Name)		
Disabilities and/or Special Needs		
	Child 3	Child 4
Child's Full Name	Child 3	Child 4
Full Name of Each	Child 3	Child 4
Full Name of Each Parent of the Child	Child 3	Child 4
Full Name of Each	Child 3	Child 4
Full Name of Each Parent of the Child (place each name	Child 3	Child 4
Full Name of Each Parent of the Child (place each name	Child 3	Child 4
Full Name of Each Parent of the Child (place each name on a separate line) Date of Birth	Child 3	Child 4
Full Name of Each Parent of the Child (place each name on a separate line) Date of Birth (month/day/year)	Child 3	Child 4
Full Name of Each Parent of the Child (place each name on a separate line) Date of Birth (month/day/year) Gender Child is Currently	Child 3	Child 4

Have child protection services, in this province or elsewhere, ever been involved with you, the Respondent(s), and/or any of the children listed above?
□ No
□ Yes.
If yes, please provide details in the box below.
Provide the details of any current or ongoing court proceedings, court orders, and/or written agreements involving you, the Respondent(s), and/or the children. This includes all Provincial Court matters, criminal matters, proceedings in other provinces or countries, peace bonds, emergency protection orders, restraining orders, no-contact orders, safety plans, family centered action plans, and kinship care agreements or any other agreements stemming from CSSD involvement.
☐ Check this box if not applicable.

Statement of Truth

You must swear or affirm that the facts and information you have written in this Application and the attached Schedule(s) is the truth. You must swear or affirm and sign this Statement of Truth in front of a commissioner of oaths, notary public, justice of the peace, or lawyer. You may also do this at the court registry.

I declare that the facts and information in this Origina and belief.	iting Application fo	r Variation are true to th	ne best of my knowledge
SWORN TO or AFFIRMED at	, this	day of	, 20
Signature of Applicant	Signat	ture of Person Authorize	ed to Administer Oaths
Lawyer's Signature for Fee Wa	aiver		
I am employed by the Newfoundland and Labra- government department under the Executive Council	•		
Signature of Lawyer (if any)		Print Name of Law	vyer (if any)

Schedule 1 Parenting Order

Complete this schedule if you are applying to change the terms of an order or domestic contract dealing with parenting issues (decision-making and/or parenting time).

Why are you asking to have the parenting order or domestic contract changed? Describe what has changed since the time the order or contract was made.
What are the <u>current</u> parenting arrangements for:
Decision-making about the child(ren):
Regular parenting schedule (daily, weekly, monthly, or other):
Parenting schedule for holidays and special occasions:
Schedule for other communication (eg. phone, internet, etc.):
Other important issues in relation to parenting the child(ren):

What are your <u>proposed</u> parenting arrangements for:
Decision-making about the child(ren):
Regular parenting schedule (daily, weekly, monthly, or other):
Parenting schedule for holidays and special occasions:
Schedule for other communication (eg. phone, internet, etc.):
Other important issues in relation to parenting the child(ren):

Schedule 2 Contact Order/ Third Party Time with Child

Complete this schedule if you are applying to change the terms an order or domestic contract providing for a non-parent's contact or time with a child.

What is your relationship to the child (i.e. grandparent, foster parent, step-parent, other relative):
Why are you calcing to have the order or demostic contract changed?
Why are you asking to have the order or domestic contract changed? (Describe what has changed since the time the original order or domestic contract was made.)
What is the current contact arrangement set out in the order or domestic contract?
What changes to the contact arrangement with the child are you seeking?

Are there any orders or other past or present proceedings or circumstance change the contact order or domestic contract (i.e. previous convictions, i authorities)?	e that may be relevant to your request to nvolvement with child protection
Other information that may be relevant to the court in determining whethe domestic contract:	er to grant a change to the contact order or

What is your current child

Schedule 3 Child Support

Complete this schedule if you are applying to change the terms of an order or domestic contract providing for child support.

supp	ort arrangement?				
Are th	nere arrears or unpaid	☐ Yes ☐ N	0		
	-	If yes, attach the m	nost current Support Enforc	cement (SED) statement and specif	v :
				, ,	_
		As of (date) (month	n/day/year):		_
Is chi	ld support assigned to	□Yes□N	0		
		If yes, provide the	details of the assignment a	arrangement:	
support? If yes, attach the most current Support E Amount: \$ As of (date) (month/day/year):					
Check	all of the boxes that apply a	and fill in the informa	tion required:		
	I am seeking a change in	the Child Support (Guidelines basic table am	nount of child support:	
	For the following child(rer	n):			
	Effective Date:	Month:	Day:	Year:	
	Describe the facts and you	r reason(s) for seeki	ng a change in the amoun	t of child support:	_
				tor orma capporti	
□ I am seeking a change in the Child Support Guide For the following child(ren): Effective Date: Month:					
	Vou mus	tattach all of the fi-	nancial decuments recui	rod by page 4 of the	
	You mus		•		

r: rt Guidelines: e to file additional
per mont
is more than
orm F10.02A).
on below:
r:
or extraordinary

I am seeking retroactive child	d support.		
For the following child(ren):			
Effective Date:	Month:	Day:	Year:
What is the amount of retroact	ive child suppo	rt that you are seeking? \$	
Describe the facts and your re	ason(s) for see	king retroactive child support:	
I am seeking a termination of	child support	:.	
For the following child(ren):			
Effective Date:	Month:	Day:	Year:
List your reason(s) for termina	ting child suppo	ort:	
_			t(s) has given rise to child support
	chedule 1 – Pa	renting of this form. If you are	seeking an amount different from nd attach a Financial Statement
For the following child(ren):			
Effective Date:	Month:	Day:	Year:
What is the amount of child su	pport that you a	are seeking? \$	
Describe your claim, the facts,	and your reason	on(s) for seeking support:	

Other changes to child s	support:			
For the following child(ren):			
Effective Date:	Month:	Day:	Year:	
What is the amount of c	hild support that you are	seeking? \$		
Describe your claim, the	facts, and your reason(s) for seeking a change in	n support:	

What is your current spousal, partner, parental,

Schedule 4 Spousal, Partner, Parental, or Dependant Support

If you are seeking a change in spousal, partner, parental or dependant support, you must complete and attach a Financial Statement (Form F10.02A)

Complete this schedule if you are applying to change the terms of an order or domestic contract providing for spousal, partner, parental, and/or dependant support.

Are there arrears or unpaid support? Yes		ngement?				
If yes, attach the most current Support Enforcement (SED) statement and specify Amount: \$ As of (date) (month/day/year):						
As of (date) (month/day/year): Is support assigned to be paid to someone else? (eg. Department of Advanced Education, Skills and Labour) Check all of the boxes that apply and fill in the information required: I am seeking a change in spousal, partner, parental, or dependant support. For the following person(s): Effective Date: Month: Day: Year: Describe the facts and your reason(s) for seeking a change in support:		-	☐ Yes ☐ No			
Is support assigned to be paid to someone else? (eg. Department of Advanced Education, Skills and Labour) Check all of the boxes that apply and fill in the information required: I am seeking a change in spousal, partner, parental, or dependant support. For the following person(s): Effective Date: Month: Day: Year: Describe the facts and your reason(s) for seeking a change in support:	supp	oort?	_ =			_
paid to someone else? (eg. Department of Advanced Education, Skills and Labour) Check all of the boxes that apply and fill in the information required: I am seeking a change in spousal, partner, parental, or dependant support. For the following person(s): Effective Date: Month: Day: Year: Describe the facts and your reason(s) for seeking a change in support:			As of (date) (month)	'day/year):		-
Check all of the boxes that apply and fill in the information required: I am seeking a change in spousal, partner, parental, or dependant support. For the following person(s): Effective Date: Month: Day: Year: Describe the facts and your reason(s) for seeking a change in support:			☐ Yes ☐ No			
Check all of the boxes that apply and fill in the information required: I am seeking a change in spousal, partner, parental, or dependant support. For the following person(s): Effective Date: Month: Day: Year: Describe the facts and your reason(s) for seeking a change in support:	eg. Department of Advanced		If yes, provide the d	etails of the assignment a	arrangement:	
I am seeking a change in spousal, partner, parental, or dependant support. For the following person(s): Effective Date: Month: Day: Year: Describe the facts and your reason(s) for seeking a change in support:	Ludot	adon, Okins dna Eaboury				
I am seeking a change in spousal, partner, parental, or dependant support. For the following person(s): Effective Date: Month: Day: Year: Describe the facts and your reason(s) for seeking a change in support:						
For the following person(s): Effective Date: Month: Day: Year: Describe the facts and your reason(s) for seeking a change in support:	Check	all of the boxes that apply a	and fill in the informati	on required:		
Effective Date: Month: Day: Year: Describe the facts and your reason(s) for seeking a change in support:	☐ I am seeking a change in		spousal, partner, pa	rental, or dependant su	pport.	
Describe the facts and your reason(s) for seeking a change in support:		For the following person(s	s):			
		Effective Date:	Month:	Day:	Year:	
		Describe the facts and you	ır reason(s) for seekin	g a change in support:		
		nreme Court 1986		urch 2021)		P

I am seeking retroactive spou	usal, partner, parent	al, or dependant s	support.	
For the following person(s):				
Effective Date:	Month:	Day:	Year:	
Describe the facts and your re-	ason(s) for seeking re	etroactive support:		
I am seeking a termination of	spousal, partner, p	arental, or depend	lant support.	
For the following person(s):				
Effective Date:	Month:	Day:	Year:	
Describe the facts and your re-	ason(s) for terminatin	g support:		
Other change(s) to spousal, pa	artner, parental, or de	pendant support:		_
For the following person(s):				
Effective Date:	Month:	Day:	Year:	
Describe your claim, the facts,	and your reason(s) for	or seeking a chang	e in support:	

Schedule 5 Other