

# How to Make a Joint Originating Application for Variation

## Instructions for Co-Applicants

You may use a **Joint Originating Application for Variation (Form F5.06A)** if you and the other person(s) would like to change a family law order or a 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* together. You and the other person(s) are *Co-Applicants*.

If there are any issues that you do not agree on, you must use the general **Originating Application for Variation (Form F5.05A)**. However, you can still do Consent Order(s) on the issues you agree on.

### Completing Your Joint 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](http://www.court.nl.ca/supreme/family/forms.html) (If you fill out the form electronically, you must still print the form and file it with the Court).

You must fill out the entire Joint Originating Application for Variation and attach an agreement or a **Consent Order (Form F34.02A and/or F34.02B)**. If you need more space to fill out any section of this Joint Originating Application for Variation, attach an extra page and indicate which section is continued on the extra page.

### Filing Your Joint Originating Application for Variation

You must make **2 extra copies** of your completed and signed Joint Originating Application for Variation (including any additional documentation). File your original Joint Originating Application for Variation with the Court.

To file your Joint 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.

### Serving Your Joint Originating Application for Variation

Since all of the Co-Applicants have signed the Joint Originating Application for Variation, it does NOT need to be served on the other Co-Applicant(s). However, you should still make sure all of the Co-Applicants have a copy of the Joint Originating Application for Variation and all attachments.

### More Information

Questions? Go to [www.court.nl.ca/supreme/family](http://www.court.nl.ca/supreme/family) or contact a Court near you:

Corner Brook: (709) 637-2227

Gander: (709) 256-1115

Grand Bank: (709) 832-1720

Grand Falls-Windsor: (709) 292-4260

Happy Valley-Goose Bay: (709) 896-7892

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](http://www.publiclegalinfo.com) or 1 (888) 660-7788

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

# Form F5.06A: Joint 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 Newfoundland and Labrador

BETWEEN: \_\_\_\_\_ CO-APPLICANT  
(Print full name)

AND: \_\_\_\_\_ CO-APPLICANT  
(Print full name)

AND: \_\_\_\_\_  NOT APPLICABLE  
(Print full name)  CO-APPLICANT

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...
<input type="checkbox"/> Clarenville (Grand Bank Circuit)	Grand Bank Supreme Court
<input type="checkbox"/> Corner Brook	Corner Brook Supreme (Family Division)
<input type="checkbox"/> Gander	Gander Supreme Court
<input type="checkbox"/> Grand Bank	Grand Bank Supreme Court
<input type="checkbox"/> Grand Falls – Windsor	Grand Falls – Windsor Supreme Court
<input type="checkbox"/> Happy Valley – Goose Bay	Happy Valley – Goose Bay Supreme Court
<input type="checkbox"/> Port aux Basques (Corner Brook Circuit)	Corner Brook Supreme Court (Family Division)
<input type="checkbox"/> Rocky Harbour (Corner Brook Circuit)	Corner Brook Supreme Court (Family Division)
<input type="checkbox"/> St. Anthony (Corner Brook Circuit)	Corner Brook Supreme Court (Family Division)
<input type="checkbox"/> St. John's	St. John's Supreme Court (Family Division)
<input type="checkbox"/> Stephenville (Corner Brook Circuit)	Corner Brook Supreme Court (Family Division)
<input type="checkbox"/> 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	Fill Out Form(s) or Attach Document(s)
<input type="checkbox"/> Parenting (Decision-making and parenting time)	1	Consent Order or Agreement
<input type="checkbox"/> Contact Order / Third Party Time with Child*	2	-
<input type="checkbox"/> Child Support	3	Consent Order or Agreement
<input type="checkbox"/> Spousal ( <i>married</i> ) Support or Partner ( <i>unmarried</i> ) Support	4	Consent Order or Agreement
<input type="checkbox"/> Parental Support ( <i>for parents</i> ) or Dependant Support ( <i>for spouse or child of deceased person</i> )	4	Consent Order or Agreement
<input type="checkbox"/> Other: _____	5	Consent Order or Agreement

\* 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:**

<b>Date Order issued/Agreement signed</b>	Month:	Day:	Year:
<b>Court that granted Order/filed Agreement</b>			
<b>Place Order made/Agreement filed</b>	City:	Province:	Country:
<b>Name of Justice or Judge that granted Order</b>			

- 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.

Fill in the information below for the first Co-Applicant:

<b>Current Last Name</b>		Last Name at Birth:
<b>First Name</b>		
<b>Middle Name(s) (if any)</b>		
<b>Gender</b>		
<b>Residential Address</b>		
	<i>Street Address</i>	<i>City Province Postal Code</i>
<b>Mailing Address</b> (if different from Residential Address)		
	<i>Street Address or PO Box</i>	<i>City Province Postal Code</i>
<b>Telephone Number (if any)</b>	Home:	Cell:
<b>Fax Number (if any)</b>		
<b>Email Address (if any)</b>	Please note that if you provide your email address, the Court may contact you by email.	
<b>Date of Birth</b>	Month:	Day: Year:
<b>Occupation(s) or Job(s)</b>		
<b>Citizen / Immigration Status</b>	<input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Foreign National	
<b>Are you a registered Indian under the <i>Indian Act</i>?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what is the name of your band?
		Do you live on a reserve?
<b>Will you need an interpreter in court?*</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, state the language and dialect:
<b>Lawyer's Name, Telephone Number, and Address (if any)</b>		

\* 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.

Fill in the information below for the second Co-Applicant:

<b>Current Last Name</b>				<b>Last Name at Birth:</b>
<b>First Name</b>				
<b>Middle Name(s) (if any)</b>				
<b>Gender</b>				
<b>Residential Address</b>				
	<i>Street Address</i>	<i>City</i>	<i>Province</i>	<i>Postal Code</i>
<b>Mailing Address</b> (if different from Residential Address)				
	<i>Street Address or PO Box</i>	<i>City</i>	<i>Province</i>	<i>Postal Code</i>
<b>Telephone Number (if any)</b>	Home:		Cell:	
<b>Fax Number (if any)</b>				
<b>Email Address (if any)</b>	Please note that if you provide your email address, the Court may contact you by email.			
<b>Date of Birth</b>	Month:	Day:	Year:	
<b>Occupation(s) or Job(s)</b>				
<b>Citizen / Immigration Status</b>	<input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Foreign National			
<b>Are you a registered Indian under the <i>Indian Act</i>?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what is the name of your band?	
			Do you live on a reserve?	
<b>Will you need an interpreter in court?*</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, state the language and dialect:	
<b>Lawyer's Name, Telephone Number, and Address (if any)</b>				

\* 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.

Fill in the information about your relationship below:

<b>Relationship of the parties</b>				
<b>Date the parties started living together</b>	Month:	Day:	Year:	OR <input type="checkbox"/> Not applicable
<b>Date of marriage</b>	Month:	Day:	Year:	OR <input type="checkbox"/> Not applicable
<b>Place of marriage</b>				OR <input type="checkbox"/> Not applicable
<b>Prior to the marriage, the first Co-Applicant was</b>	<input type="checkbox"/> Unmarried <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed      OR <input type="checkbox"/> Not applicable			
<b>Prior to the marriage, the second Co-Applicant was</b>	<input type="checkbox"/> Unmarried <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed      OR <input type="checkbox"/> Not applicable			
<b>Date of separation</b>	Month:	Day:	Year:	OR <input type="checkbox"/> Not applicable
<b>Date of divorce</b>	Month:	Day:	Year:	OR <input type="checkbox"/> Not applicable

- Check this box if there are more than 2 Co-Applicants. Attach an extra page to provide the information of the other Co-Applicant(s) and details of your relationship with the other Co-Applicant(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
<b>Child's Full Name</b>		
<b>Full Name of Each Parent of the Child (place each name on a separate line)</b>		
<b>Date of Birth (month/day/year)</b>		
<b>Gender</b>		
<b>Child is Currently Living With (Name)</b>		
<b>Disabilities and/or Special Needs</b>		

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

- Check this box if there are no children.
- Check this box if there are more than 4 children. Attach an extra page to provide the details of those children.

*Have child protection services, in this province or elsewhere, ever been involved with any of the co-applicants and/or 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 any of the co-applicants 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.

*If there are more than 2 Co-Applicants, attach an extra page with the signatures required below.*

## Statement of Truth

*All Co-Applicants must swear or affirm that the facts and information in this Application and the attached Consent Order 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. Court Registry staff are commissioners of oaths and you may sign this application at the Court when you file it.*

### First Co-Applicant

<p>I declare the facts and information in this Joint Originating Application for Variation are true to the best of my knowledge and belief.</p> <p>SWORN TO or AFFIRMED at _____,</p> <p>this _____ day of _____, 20____ .</p>
<p><i>Signature of First Co-Applicant</i></p>
<p><i>Signature of Person Authorized to Administer Oaths</i></p>

### Second Co-Applicant

<p>I declare the facts and information in this Joint Originating Application for Variation are true to the best of my knowledge and belief.</p> <p>SWORN TO or AFFIRMED at _____,</p> <p>this _____ day of _____, 20____ .</p>
<p><i>Signature of Second Co-Applicant</i></p>
<p><i>Signature of Person Authorized to Administer Oaths</i></p>



## 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 changed?  
(Describe what has changed since the time the parenting order was made)**

**What are the current 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 proposed 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 of 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 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 that may be relevant to your request to change the contact order or domestic contract (i.e. previous convictions, involvement with child protection authorities)?

Other information that may be relevant to the court in determining whether to grant a change to the contact order or domestic contract:

## 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.

Fill in the information below:

<p><b>What is your current child support arrangement?</b></p>	
<p><b>Are there arrears or unpaid support?</b></p>	<p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p><i>If yes, attach the most current Support Enforcement (SED) statement and specify:</i>                  Amount: \$ _____                  As of (date) (month/day/year): _____</p>
<p><b>Is child support assigned to be paid to someone else?</b>  <i>(eg. Department of Advanced Education, Skills, and Labour)</i></p>	<p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p><i>If yes, provide the details of the assignment arrangement:</i></p>

Check all of the boxes that apply and fill in the information required:

<p><input type="checkbox"/> We agree to <b>calculate child support using the <i>Child Support Guidelines</i> basic table amount but agree to change the amount:</b></p>			
<p>For the following child(ren):</p>			
<p>Effective Date:</p>	<p>Month:</p>	<p>Day:</p>	<p>Year:</p>
<p>Describe the reason(s) for changing the amount of child support:</p>			
<div style="border: 1px solid black; height: 150px;"></div>			

- We agree to **change child support to an amount that is different from the *Child Support Guidelines* basic table amount.**

For the following child(ren):			
Effective Date:	Month:	Day:	Year:

What are your incomes?

Co-Applicant 1's Annual Income:	\$
Co-Applicant 2's Annual Income:	\$

Check off the reason(s) for changing the amount of child support to an amount different from the *Child Support Guidelines*:

*Both Co-Applicants must each file an Affidavit regarding your incomes and your ability to support your children.*

- We agree to child support in the amount of \$ \_\_\_\_\_ per month.
- Each of us has parenting time with the child(ren) for 40% or more of the year.
- The child(ren) is(are) 19 years of age or older.
- One or more of the persons who is obligated to pay support has an income that is more than \$150,000 annually.
- One or more of us is claiming undue hardship for the following reason(s):

- Other:

- We agree to **change the amount of special and/or extraordinary expenses.**

For the following child(ren):			
Effective Date:	Month:	Day:	Year:

Describe the reason(s) for changing the amount of special and/or extraordinary expenses:

We agree to an **amount of retroactive child support.**

For the following child(ren):			
Effective Date:	Month:	Day:	Year:

What amount of retroactive child support do you agree to? \$ \_\_\_\_\_

Describe the reason(s) for retroactive child support:

We agree to **terminate child support.**

For the following child(ren):			
Effective Date:	Month:	Day:	Year:

Describe the reason(s) for terminating child support:

We agree to other changes to child support:

For the following child(ren):			
Effective Date:	Month:	Day:	Year:

What amount of child support do you agree to? \$ \_\_\_\_\_

Describe the reason(s) for changing support:

## Schedule 4 Spousal, Partner, Parental, or Dependent Support

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.

<p><b>What is your current spousal, partner, parental, and/or dependent support arrangement?</b></p>	
<p><b>Are there arrears or unpaid support?</b></p>	<p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p><i>If yes, attach the most current Support Enforcement (SED) statement and specify:</i></p> <p>Amount: \$ _____</p> <p>As of (date) (month/day/year): _____</p>
<p><b>Is support assigned to be paid to someone else?</b> <i>(eg. Department of Advanced Education, Skills and Labour)</i></p>	<p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p><i>If yes, provide the details of the assignment arrangement (to the best of your knowledge):</i></p>

Check all of the boxes that apply and fill in the information required:

We agree to **change spousal, partner, parental, or dependent support.**

For the following person(s):	
Effective Date:	Month:                      Day:                      Year:

Describe the facts and your reason(s) for seeking a change in support:



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We agree to change **retroactive spousal, partner, parental, or dependent support**.

For the following person(s):	
Effective Date:	Month:                      Day:                      Year:

Describe the facts and your reason(s) for seeking retroactive support:

We agree to **terminate spousal, partner, parental, or dependent support**.

For the following person(s):	
Effective Date:	Month:                      Day:                      Year:

Describe the facts and your reason(s) for terminating support:

We agree to other change(s) to spousal, partner, parental, or dependent support:

For the following person(s):	
Effective Date:	Month:                      Day:                      Year:

Describe your claim, the facts, and your reason(s) for seeking a change in support:

**Schedule 5**    **Other**

*If you want to change a term of a court order or domestic contract dealing with an issue not listed in the schedules, state why you are applying for the change, describe the current arrangement specified in the order or contract, and describe the change you are seeking to the arrangement:*