

## Identification Form

**Maintenance Enforcement Program** Telephone: 204-945-7133  
100-352 Donald St Winnipeg, MB R3B 2H8 Facsimile : 204-945-5449  
ManitobaMEPinquiries@gov.mb.ca Toll free in Canada: 1-866-479-2717

Current Maintenance Enforcement File No. \_\_\_\_\_

Please complete Section A, B, and C to the best of your ability and sign Section D. If there are other family matters you would like assistance with and would like us to forward your details to the Family Resolution Service (FRS), please complete Section E. Please use additional pages if more space is required to provide the information requested in this form.

### A: SUPPORT RECIPIENT INFORMATION (Person who receives support):

Legal Name: \_\_\_\_\_

First

Middle(s)

Last

What would you like us to call you (ex. name you go by?): \_\_\_\_\_

Past legal names or also known as (ex. birth name): \_\_\_\_\_

**Pronouns:** ☐ She/Her/Hers ☐ He/Him/His ☐ They/Them/Theirs ☐ Other: \_\_\_\_\_

### Personal Information

Date of birth (Month / Day / Year ): \_\_\_\_\_ Social Insurance No: \_\_\_\_\_

**Would you like to self-declare as** (check all that apply):

☐ Francophone

☐ Newcomer to Canada

☐ Person with a disability

☐ First Nations

☐ Métis

☐ Inuit

Treaty Number (if applicable): \_\_\_\_\_

This information may assist with our office providing services to you.

☐ Veuillez cocher ici si vous souhaitez recevoir du service en français./ Please check here if you would like to receive service in French.

**Do you have or have you had any other file(s) registered with the Manitoba MEP?** If yes, please provide the name registered under and the file number (if known): \_\_\_\_\_

**Do you have any file(s) registered with another Maintenance Enforcement Program in a different province or territory?** If yes, please provide the name of the program, the name registered under and the file number (if known): \_\_\_\_\_

**Contact Information**

Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_ Postal Code: \_\_\_\_\_

City/town: \_\_\_\_\_

☐ Manitoba or Province/Territory/State: \_\_\_\_\_☐ Canada or Country: \_\_\_\_\_

Work Phone #: \_\_\_\_\_ Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

*\*Providing your email address authorizes MEP to communicate with you and send documents etc. to this email address until you cancel the authorization or provide an updated email address.*

What is the best way to contact you:

☐ Work Phone ☐ Home Phone ☐ Cell Phone ☐ EmailDo you require assistance when communicating with MEP? ☐ Yes ☐ No

If yes, specify what assistance is needed: \_\_\_\_\_

If you have safety concerns, what is the safest time to contact you during our regular business hours?

**Information about your Dependants named in the order or agreement for this file:**

Name: \_\_\_\_\_ Date of Birth (Month/Day/Year): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**B: INFORMATION ABOUT THE SUPPORT PAYOR (Person who pays support):**

Legal Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

First

Middle(s)

Last

Month / Day / Year

Past legal names or also known as (ex. birth name): \_\_\_\_\_

Please provide any other names the support payor may use together with any information on other file(s) they have with Manitoba MEP (file number, other party name named in the file):

\_\_\_\_\_

\_\_\_\_\_

Address: ☐ Current ☐ Last Known ☐ Unknown

Street and number: \_\_\_\_\_ Apt. #: \_\_\_\_\_ Postal/ZIP Code: \_\_\_\_\_

City/town: \_\_\_\_\_

☐ Manitoba or Province/Territory/State: \_\_\_\_\_☐ Canada or Country: \_\_\_\_\_

If you don't have an address, where do you think the support payor may be living?

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**Contact Information**

Daytime Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Do you feel like there is an immediate risk of violence from this person?** ☐ Yes ☐ No

*Please call 911 if you feel like you are in immediate danger*

**Has the other person ever caused you to be concerned for your safety?** ☐ Yes ☐ No

**Has the other person ever caused you to be concerned for your children's safety?** ☐ Yes ☐ No

**Are there any outstanding protection orders (ex. Restraining orders, peace bonds, probation, or bail orders)?**

☐ Yes ☐ No ☐ Unsure

**Feeling safe in our relationships is important. FRS staff are available to support you with your safety and well-being concerns. Would you like someone to connect with you?**

☐ Yes (Please complete Section E) ☐ No

This space intentionally left blank

**C: ADDITIONAL SUPPORT PAYOR INFORMATION**

THIS PORTION OF THE FORM MUST BE COMPLETED AS FULLY AS POSSIBLE AS EACH ITEM MAY ASSIST WITH THE COLLECTION OF YOUR SUPPORT PAYMENTS, IF NECESSARY.

**Personal Information**

Treaty No.: \_\_\_\_\_ Social Insurance No.: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Military Service: Country \_\_\_\_\_ Branch \_\_\_\_\_

Police record: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, provide details: \_\_\_\_\_

**Employment Information**

Occupation:

\_\_\_\_\_

Current employer (and address/location):

\_\_\_\_\_

\_\_\_\_\_

Previous employers (and address/location):

\_\_\_\_\_

**Other Information**

Vehicles (*automobiles, vans, motorhomes, boats, snowmobiles, motorcycles, machinery, etc.*):

Make, model, year, colour, license number

\_\_\_\_\_

\_\_\_\_\_

Bank accounts (chequing, savings, investments, RSPs, etc.) - name and address of financial institution:

\_\_\_\_\_

\_\_\_\_\_

**Friends/relatives/contacts - names, addresses and phone numbers:**

(*people that may have information to assist with locating the support payor or assist with enforcement*)

\_\_\_\_\_

\_\_\_\_\_

**Monies owed to support payor from other sources:**

Pensions (name of companies/pension administrator, judgments ex. small claims):

\_\_\_\_\_

\_\_\_\_\_

Other Income/assets (rental income, property, side jobs etc.):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Provide any additional information that may be helpful in locating the support payor and collecting support:

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**D: DECLARATION BY SUPPORT RECIPIENT**

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*Please read carefully, then sign and date below.*

I hereby apply to enrol my support order or written agreement with the Maintenance Enforcement Program and I agree to the following conditions:

- a) I will accept receipt of payments through MEP and not directly from the support payor once my file has been opened.
- b) I will notify MEP immediately if I do accept any payments directly from the support payor before or after my file is opened
- c) MEP will take whatever steps it considers reasonable to enforce the support order or written agreement on my behalf, and while enrolled, only the Program may take steps to enforce it
- d) I will notify MEP of any changes in my address, telephone number, bank account information.
- e) I will notify MEP of any changes to the dependants' circumstances, including if I no longer require MEP to enforce support for them.
- e) Information I provide to MEP is for the purpose of monitoring and enforcing my support order or written agreement.

The information I have given on this Identification Form is true and correct, to the best of my knowledge and belief.

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Date

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Signature

*Please send this completed form to:*

Maintenance Enforcement Program  
100 – 352 Donald Street  
Winnipeg MB R3B 2H8  
FAX: (204) 945-5449  
Email: [ManitobaMEInquiries@gov.mb.ca](mailto:ManitobaMEInquiries@gov.mb.ca)

## E: Information for The Family Resolution Service (**Optional Section**)

Separating, leaving a relationship or working out parenting arrangements can be difficult. Information from the Family Resolution Service can help you manage the changes and important decisions ahead. Identifying what you and your family might need in this transition is part of that process. Please complete this section if you would like to receive assistance from the Family Resolution Service to help you with family issues **other than enforcement of support as provided by MEP**.

If you choose to complete this section, the information you provide in section A (with the exception of your Social Insurance Number), B and E will be shared with the Family Resolution Service and they will contact you to provide assistance. If you do not feel comfortable answering some of the questions, please feel free to contact the Family Resolution Service at 204-945-2313 (Winnipeg) or 1-844-808-2313 (toll-free) and an Intake Coordinator will assist you. You can also contact the service by email at [GetGuidance@gov.mb.ca](mailto:GetGuidance@gov.mb.ca).

### **Additional details**

*Note that this information is used to determine if you may be eligible for additional support programs*

**What is your average annual income:**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> \$0 - \$26,000      | <input type="checkbox"/> \$26,001 - \$38,000  | <input type="checkbox"/> \$38,001 - \$50,000 |
| <input type="checkbox"/> \$50,001 - \$75,000 | <input type="checkbox"/> \$75,001 - \$100,000 | <input type="checkbox"/> Over \$100,000      |

**Do you receive income assistance:** ☐ Yes ☐ No

**Do you have a lawyer helping you:** ☐ Yes ☐ No

**Is anyone else helping you:**

- |  |   |
|--|---|
| <input type="checkbox"/> Child counsellor              | <input type="checkbox"/> Financial Advisor / Accountant |
| <input type="checkbox"/> Child and Family Services     | <input type="checkbox"/> Mediator                       |
| <input type="checkbox"/> Religious or spiritual leader | <input type="checkbox"/> Therapist                      |
| <input type="checkbox"/> Community resource/support    | <input type="checkbox"/> Child Support Service          |
| <input type="checkbox"/> Doctor                        | <input type="checkbox"/> Elder                          |
| <input type="checkbox"/> Family Counsellor             | <input type="checkbox"/> Other: _____                   |
| <input type="checkbox"/> None of the above             |   |

**Tell us about your relationship with your former partner / other parent / other party**

- |  |   |
|--|---|
| <input type="checkbox"/> Separating/divorcing, living apart    | <input type="checkbox"/> Already divorced           |
| <input type="checkbox"/> Separating/divorcing, living together | <input type="checkbox"/> Dating relationship        |
| <input type="checkbox"/> Never married, never lived together   | <input type="checkbox"/> Relative of the child(ren) |
| <input type="checkbox"/> Never married, used to live together  | <input type="checkbox"/> Other: _____               |
| <input type="checkbox"/> Never married, living together        |   |

**Provide the following dates, if applicable, to the best of your ability:**

Date you started living together: \_\_\_\_\_ Separation date: \_\_\_\_\_

Marriage date: \_\_\_\_\_ Divorce date: \_\_\_\_\_

**How can we help you?**

- ☐ Immediate or imminent risk of harm to you or your child(ren)\*
- ☐ Concern the other parent may remove your children from Manitoba\*
- ☐ Other parent not returning your child(ren) with/without a Court Order\*
- ☐ Other parent has cut off your contact with your child(ren)\*
- ☐ Loss or destruction of property\*
- ☐ Urgent Child Support
- ☐ Emergency Housing/Shelter

*\*These concerns could be eligible for an emergent or expedited Court hearing. A Family Guide can provide information on how to make this type of Court application.*

**Do you want help with any of the following (check all that apply):**

**Relationships**

- ☐ [Married or Common-Law](#)
- ☐ [Separation and Divorce](#)

**Parenting**

- ☐ [For the Sake of the Children](#)
- ☐ [Parenting Plan](#)
- ☐ [Parenting Arrangement](#)
- ☐ [Enforcement of Arrangement](#)

**Safety**

- ☐ [My safety](#)
- ☐ [Safety of my children](#)
- ☐ Safety of my family/friend

**Property**

- ☐ [Family Property/House](#)
- ☐ [Pension](#)

**Money**

- ☐ [Financial Disclosure](#)
- ☐ [Child Support, Initial Calculation](#)
- ☐ [Child Support, Recalculation](#)
- ☐ [Child Support, Early Recalculation](#)
- ☐ [Child Support, No Recalculation](#)
- ☐ [Spousal or Common-Law Partner Support](#)
- ☐ [Support where the other person lives outside Manitoba](#)

**Resolution Options**

- ☐ [Collaborative Law](#)
- ☐ [Arbitration](#)
- ☐ [Mediation](#)
- ☐ [Court](#)
  - ☐ [Process and procedure instructions](#)
  - ☐ [Court forms](#)
  - ☐ Rejected documents
  - ☐ [Legal information/referral to resource](#)

**Would you like a mediator to help you resolve a new disagreement or any outstanding disagreements with your former partner / other parent / other party?**

- ☐ Yes ☐ No

### **Tell us about your Legal Situation**

The Family Resolution Service can provide you with legal information and may refer you to resources that can help you with legal advice. The Service cannot provide you with independent legal advice related to your case. If you have a lawyer, we encourage you to let your lawyer know that you are requesting our services.

#### **Existing agreements or court orders**

Do you have any existing written agreements about your relationship and/or parenting arrangements?

☐ Yes      ☐ No      ☐ Unsure

Have you ever been to court with your former partner/other parent/other party?

☐ Yes      ☐ No      ☐ Unsure

Is there a court application underway relating to your family law dispute?

☐ Yes    ☐ No    ☐ Unsure

If yes, what is your court file number (ie. FD FD19-01-12345)?

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**Are there any court orders involving your former partner/other parent/other party, the child(ren), or you?**

☐ Yes      ☐ No      ☐ Unsure

If yes, can you provide any details? (*Ex. Title of order(s), date of order(s), court file #, court location*)

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**Is there a specific court order that does not allow either of you to communicate or be in contact with the other person or a child?**

☐ Yes      ☐ No      ☐ Unsure

If yes, can you provide any details? (*Ex. Title of order(s), date of order(s), court file #, court location*)

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### **Court preparedness**

Have you completed any of the following steps required for Court?

☐ [For the Sake of the Children online course](#)

☐ [Financial Disclosure](#)

☐ [Parenting Plan](#)

☐ You and your former partner/other parent/other party met and attempted to resolve the issues in dispute

☐ A court order prohibits contact or communication between the parties.

☐ None of the above

### **Additional Information**

**How did you hear about the Family Resolution Service?**

☐ Court

☐ Lawyer



- ☐ Another service provider
- ☐ Family Law Manitoba website
- ☐ Family or friend
- ☐ Other:

**Is there anything else you want us to know?**

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### **Can FRS Staff Communicate With You By Email?**

The Family Resolution Service staff, such as your Family Resolution Service staff, would like to request your permission to communicate with you by email while you receive services from the Family Resolution Service.

Please note that when you and the Family Resolution Service staff communicate by email, there are risks of your personal information and information shared between you and the Family Resolution Service being seen and used by others who may have access to your email account or electronic device. For example, if you download/save email messages between you and the Family Resolution Service to your computer, cell phone or a flash drive, the messages could be accessed by others. If you share a computer, email, or your user ID or login information, others could view the messages between you and the Family Resolution Service. If the settings on your electronic devices display notices on your screens when you receive an email, others may see the notice and any information contained in it.

You can ask the Family Resolution Service to stop communicating with you by email at any time. However, your request will not apply to emails already sent to you by the Family Resolution Service. To stop the email communication, , please tell your Family Resolution Service staff that you no longer wish to receive emails from the Family Resolution Service.

Please tell us if you wish to communicate with us by email:

☐ Yes, I want to communicate with the Family Resolution Service by email. By checking this box, I understand and accept the risks stated above. I understand that the Family Resolution Service will continue to communicate with me by email until I no longer receive services from the Family Resolution Service or I tell the Family Resolution Service that I no longer wish to communicate by email.

If you checked the box above, please tell us the email address you would like us to use to communicate with you:

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☐ No, I do not want to communicate with the Family Resolution Service by email.

If at any time the Family Resolution Service staff feel that email is not a suitable way of communicating with you, this option may be stopped and your Family Resolution Service staff or a Family Resolution Service Manager will work with you to find a different way to communicate with you.

### **Consent/Agreement**

By checking the boxes below, you are agreeing:

- ☐ That you have read and understand the information in this intake form.
- ☐ That the information you provided in this form is true, to the best of your knowledge.
- ☐ That if you checked “Yes” to communicating with the Family Resolution Service by email, you understand the risks.

DATE: \_\_\_\_\_

# Privacy Notice

## Why the Family Resolution Service needs to collect and use your information ("purposes")

The Family Resolution Service of the Department of Justice will collect personal information about you on this Intake Form. The Family Resolution Services needs to collect your personal information for the following purposes:

- to assess if you are eligible to participate in the Family Resolution Service and determine services that you may require;
- to determine if you require, and may be eligible, to receive additional services from organizations outside of the Family Resolution Service;
- to assess if referrals for additional services are needed, including the Child Support Service;
- to facilitate mediation, domestic violence and/or family law specialist services that may be provided to you;
- to evaluate court readiness of your family law matter, if necessary;
- to help you prepare for court, if necessary; and
- to keep aggregate statistics for the purpose of monitoring and evaluating the Family Resolution Service.

## Our legal authority to collect your information

Your personal information is necessary for the Family Resolution Service to provide you with services and to carry out the activities of the Family Resolution Service. Your personal information is collected under the authority of clause 36(1)(b) of *The Freedom of Information and Protection of Privacy Act* of Manitoba ("FIPPA"). The Family Resolution Service limits the personal information it collects about you to the minimum amount necessary for the purposes described above.

Your personal information is protected by FIPPA. The Family Resolution Service cannot use or disclose your information for other purposes unless you consent or it is authorized to do so by FIPPA. Your personal information may be disclosed to the Child Support Service under *The Child Support Service Act* for child support calculation or recalculation purposes and the Maintenance Enforcement Program under *The Family Support Enforcement Act* for the purposes of enforcing a support order.

## Our legal responsibility to report a child in need of protection

In accordance with section [18.1 of the Child and Family Services Act](#), when information is shared with the Family Resolution Service that leads the Family Resolution Service reasonably to believe that a child is or might be in need of protection, the Family Resolution is legally obligated to report the information to a Child and Family Services agency.

## Who do I contact if I have questions?

If you have any questions about the Family Resolution Service's collection, use or disclosure of your personal information, please contact Pamela Taylor, Director of Early Resolution Supports at [Pamela.Taylor@gov.mb.ca](mailto:Pamela.Taylor@gov.mb.ca) or call: 204-761-7388.