

IDENTIFICATION FORM

File No. _____

CREDITOR/PAYEE (Person who receives support):

Name: _____

Address: _____

City/Town: _____ Province: _____

Postal Code: _____ Home phone: _____

Work phone: _____ Cell phone: _____

Treaty No.: _____ Social Insurance No: _____

Date of birth (Day, Month, Year): _____

Names and dates of birth of children:

THIS PORTION OF THE FORM MUST BE COMPLETED AS FULLY AS POSSIBLE, AS EACH ITEM ASSISTS IN THE COLLECTION OF YOUR SUPPORT PAYMENTS

DEBTOR/PAYOR (Person who pays support):

Name: _____

Address: _____

City/Town: _____ Province: _____

Postal Code: _____ Home phone: _____

Work phone: _____ Cell phone: _____

Treaty No.: _____ Social Insurance No: _____

Date of birth (Day, Month, Year): _____

Other names known by: _____

Mother's maiden name: _____

Description

Male _____ Female _____ Height _____ Weight _____ Glasses _____

Eye colour _____ Hair colour _____ Complexion _____

Build _____ Clean Shaven / Moustache / Beard _____

Clothing habits and tastes _____

Visible distinguishing marks, scars, etc. _____

Other _____

Employment

IDENTIFICATION FORM

Occupation _____

Current employer (and address): _____

Previous employers (and addresses): _____

Police record: Yes _____ No _____

If yes, explain: _____

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

Make, model, year, colour, license number

1. _____

2. _____

3. _____

Driver's Licence: Yes _____ No _____ If yes, from which province: _____

Driver's Licence No. (if known): _____

Military Service: Country _____ Branch _____

Service number _____ Pensions _____

Friends and relatives - names, addresses and phone numbers:

1. _____

2. _____

3. _____

Insurance Policies - company, agent, type of coverage, policy number:

1. _____

2. _____

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

1. _____

2. _____

3. _____

Monies owed to debtor from other sources:

Pensions: _____

IDENTIFICATION FORM

Other Income/assets (rent, property, etc): _____

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

If at anytime you receive a maintenance payment directly from the debtor, you are required to immediately report it to the Maintenance Enforcement Program, either in writing or through the Interactive Voice Response (IVR) which is available twenty-four hours a day, seven days a week. Include the date and amount of the payment(s) received, as well as your signature and account number if advising the Program in writing. If a payment received directly is not immediately reported, your file may be closed.

Date _____

Sign _____

Please send this completed form to:

Maintenance Enforcement Program

100 – 352 Donald Street

Winnipeg, Mb R3B 2H8

FAX: (204) 945-5449

Phone (204) 945-7133 in Winnipeg or outside Manitoba, or

1-866-479-2717 toll-free in Manitoba