SEPARATION / CUSTODY ARRANGEMENT

SEPARATION

NAME:							FOR OFF	ICE USE ONL
(PARTY A) SIN:							TB#	
						T	AXATION	
ADDRESS:							YEAR	
							NAME	
TEL#							DATE OF	
AND	l					R	EQUEST	
NAME:							TAX OFFICE	
(PARTY B)							FAX#	
SIN:	:						FAXED	
ADDRESS:							ON	
TEL#							NOTES:	
SEPARATED ON:								
DATE:								
CUSTODY We are sharing custody of the children (if any) as follows:								
CHILD'S NAME			DOB (YYYY/MM/DD)	% C CUST PART	ODY	% OF CUSTOD PARTY E		
1.								
2.								
3.								
4.								
When the % o	f Custody fo	r both Parties	s is added, it	needs to total 100%	for each	child		
SUPPORT								
SUPPORT PAID BY PARTY A to PARTY B			SUPPORT PAIL PARTY B to PAR					
The above is a	a true staten	nent of our cu	ıstody arrang	ement as of the sepa	aration da	ite.		
SIGNATURE (PARTY A)				SIGNATURE	(PART)	(B)		
DATE				DATE				