

**Administrative Suspension of Enforcement - Declaration**

Maintenance Enforcement Program Telephone: 204-945-7133  
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MEP File: \_\_\_\_\_

**BETWEEN:** \_\_\_\_\_ (Support Recipient)

- and -

\_\_\_\_\_ (Support Payor)

**Statutory Declaration – No Income**

I, \_\_\_\_\_, of \_\_\_\_\_, in the  
*Full name of person declaring* *Name of city or town*

Province of Manitoba, MAKE OATH AND SAY THAT:

1. I have no income and do not receive any benefits (Employment Insurance, WCB, CPP etc.) from any source.
2. I have not received any income or benefits since \_\_\_\_\_.  
*Date (MM/DD/YYYY)*
3. I am unable to make the required support payments.
4. I am meeting my basic needs (food, shelter, clothing etc.) as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_, do solemnly declare that the contents of this Statutory  
*Full name of person declaring*  
Declaration are true and I make this solemn declaration conscientiously believing it to be true.

**Pursuant to Section 87(1) of *The Family Support Enforcement Act*, any person who swears a false statutory declaration is guilty of an offence and liable on summary conviction to a fine of not more than \$2000.00 or imprisonment for a term of not more than 90 days, or both.**

\_\_\_\_\_ before me in \_\_\_\_\_,)

*Sworn or Affirmed*

in the Province of Manitoba, on the \_\_\_\_\_ )

day of \_\_\_\_\_, 20\_\_\_\_ )

\_\_\_\_\_ *Sign here*

\_\_\_\_\_ *(witness)*

\*Deputy Registrar, Notary Public, or  
Commissioner for Oaths (commission expires \_\_\_\_\_)

\*Alternate witnesses include a mayor, reeve or clerk of a municipality, resident administrator of a local government, secretary-treasurer of a school division, postmaster, sheriff, RCMP member or a surveyor.