Form CS 7

Notice of appeal against Commissioner's decision to refuse to accept application for formula assessment of child support

Section 101, Child Support Act 1991

In the Family Court   FAM No: …………………….

at ……………..……………
[place]

………………………………………………………………………………………..
[full name]

………………………………………………………………………………………..
[address]

………………………………………………………………………………………..
[occupation]

Appellant

Commissioner of Inland Revenue

Respondent

[Set out full description of document (including whether it is made with or without notice), its date, and, in the case of an affidavit or affirmation, the name of the deponent and in whose support it is filed.]

This document is filed by

[name and address for service, and, if filed by lawyers, the name and telephone number of the acting lawyer.]

I, …………………………………………….…………………….………..
[full name]

object to the Commissioner's decision under section 17(2) of the Act to refuse to accept an application for formula assessment of child support.

Attached is a copy of the Commissioner's notification that the application has been refused.

The name of each child in respect of whom the application sought payment of child support, and the name(s) of the eligible custodian(s) of that child (*or* those children), are as follows:

[full name of child]	*[full name of custodian]*
…...……………………………………	…………………….……………………
…...……………………………………	…………………….……………………
…...……………………………………	…………………….……………………
…...……………………………………	…………………….……………………
…...……………………………………	…………………….……………………

I objected to the Commissioner on …………………………...……………. *[date]* against the Commissioner's decision to refuse to accept the application for formula assessment of child support.

The Commissioner disallowed the objection on …………...………….……... *[date]*

Take notice that I intend to appeal to the Family Court against the Commissioner's decision to refuse to accept the application for formula assessment of child support in respect of

[full name of child]	*[full name of custodian]*
…...……………………………………	…………………….……………………
…...……………………………………	…………………….……………………
…...……………………………………	…………………….……………………
…...……………………………………	…………………….……………………
…...……………………………………	…………………….……………………

on the ground(s) that—
[select the option/s that applies]

the application was made in respect of a qualifying child.

the application was made by an eligible applicant.

the application required the payment of child support by a person who was liable to pay child support under the Act in respect of the child.

I say:

[set out sufficient information to inform the Court of the facts relied on in support of the application]

………………………………...
Signature of appellant

………………………………...
Date

To the Registrar
    Family Court

    at ……………………………....... *[place]*

and

To the respondent

This notice of appeal is filed by

……………………………………………………………….……..………...
                                     [full name]
whose address for service is

……………….……………………………………………….………………
                                    [address]