Clear Form

Ontario

Ministry of Community and Social Services

Family Responsibility Office
P.O. Box 220
Downsview ON M3M 3A3

Request for Director's Statement of Arrears
(Statement of Account)

(Pursuant to Ontario Regulation 160/00 made under the *Family Responsibility and Support Arrears Enforcement Act, 1996)*

- If you wish to receive a Director's Statement of Arrears (statement of account), please attach a cheque or money order for $25.00 to this form or fill out the credit card section.
- Make the cheque or money order payable to Family Responsibility Office.
- Mail payment and form to address below:

Family Responsibility Office P.O. Box 696 Downsview, ON M3M 3A9

Please do not send regular support payments to this address.

Please print your name:

I am the
☐ Support Recipient
☐ Support Payor
☐ Solicitor for Support Recipient
☐ Solicitor for Support Payor
☐ Assignee

Case Number	Telephone Number ( )

Address : Street and Number	City	Province	Postal Code

Support Payor's Name	Support Recipient's Name

$25.00 payment method

☐ Cheque/Money Order (attached) *or* ☐ Visa ☐ MasterCard ☐ Amex

Credit Card Number																				

Credit Card Expiry Date (MM/YY)	Name of Cardholder

Authorized Signature	Date

I would like my Director's Statement of Arrears sent by:

☐ regular mail

☐ Fax to ( )_____

For urgent requests, **please fax this completed form to (416) 240-2468.**

Print

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