



Ministry of Community  
and Social Services

Family Responsibility Office  
PO 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  
PO 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  Solicitor for Support Recipient  
 Support Payor  Solicitor for Support Payor  
 Assignee

Case Number Telephone Number  
( )

Address  
Unit No. Street No. Street Name PO Box

City/Town 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 (yyyy/mm/dd)

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