

**Ministry of Community  
and Social Services**

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

Tel: 1 800-267-7263 (Automated Info)  
Tel: 416 326-1818 (Automated, GTA)  
Tel: 1 800-267-4330 (Agent)  
Tel: 416 326-1817 (Agent, GTA)  
Fax: 416 240-2401

**Ministère des Services sociaux,  
et communautaires**

Bureau des obligations familiales  
CP 220  
Downsview ON M3M 3A3

Tél : 1 800-267-7263 (Information automatisée)  
Tél : 416 326-1818 (Automatisée, RGT)  
Tél : 1 800-267-4330 (Préposé)  
Tél : 416 326-1817 (Préposée pour la RGT)  
Télé. : 416 240-2401



I, \_\_\_\_\_ would like to propose a Voluntary Arrears  
Payment Schedule and have read and understood the terms and conditions that apply.

I propose to pay arrears of \$ \_\_\_\_\_ at the rate of  
\$ \_\_\_\_\_ per \_\_\_\_\_ in addition to my regular  
*(week/month)*

support payments of \$ \_\_\_\_\_ per \_\_\_\_\_.  
*(week/month)*

I understand that the **Voluntary Arrears Payment Schedule** is binding on the Director of the Family Responsibility Office and me. The **Voluntary Arrears Payment Schedule** binds the recipient for whose benefit these payments are made, only so long as the recipient is registered with the Family Responsibility Office. The **Voluntary Arrears Payment Schedule** does not prevent the recipient from undertaking any enforcement action permitted by law should the recipient withdraw from or be otherwise not registered with the Family Responsibility Office.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature)

**FRO Case Number:** \_\_\_\_\_

**FRO File Number:** \_\_\_\_\_