

Section A

Please complete this section to re-file your order with the Family Responsibility Office			FRO Case Number
Name:		I am the:	
		<input type="checkbox"/> Person that pays support <input type="checkbox"/> Person that receives support	
Street Address:		Apt#:	City:
Province:	Postal Code:	Country (if outside Canada)	
Work Phone or Cell #		Home Phone #	
FRO Client Signature:		Date: (DD/MM/YYYY)	

Please select the option below that applies to you:

- I withdrew before October 31, 2004. (I do not need to complete Section B or pay a fee to re-file)
 I withdrew on or after October 31, 2004. (I need to complete section B and pay a fee of \$50.00 to re-file)

If you cannot remember when you withdrew from the FRO, please call our office at 416-243-1909 or 1-888-815-2757

Section B

The fee for re-filing with the Family Responsibility Office is \$50.00. Please select one payment method below: <input type="checkbox"/> Cheque or Money Order (attached) Please make cheque or money order payable to the Minister of Finance <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express																					
Credit Card Number:																					
<table border="1" style="width:100%; height:30px;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																					
Expiry Date (MM/YY)	Name of Cardholder:																				
I, _____ authorize the Minister of Finance to charge my credit card for this \$50.00 re-filing fee.																					
Signature: _____ Date (DD/MM/YYYY) _____																					
Return Completed Forms by Mail: Family Responsibility Office P.O. Box 696 Downsview, ON, M3M 3A9 www.TheFRO.ca	Return Completed Forms by Fax: (416)-240-2468																				