



Ministry of Community  
and Social Services  
Family Responsibility Office  
PO Box 220  
Downsview ON M3M 3A3

## Application To Discontinue Enforcement of Ongoing Support

- This form is to be completed by the Support Payor or an Authorized Third Party. Please complete this form ONLY if you are claiming that ongoing support obligation should have ended.
- Please note that before this form can be completed by an *Authorized Third Party*, the Family Responsibility Office (FRO) must have a completed "[Third Party Authorization](#)" form on file before this form can be accepted by the FRO.

FRO Case Number:	I am the:  <input type="checkbox"/> Person that pays support <input type="checkbox"/> An Authorized Third Party* <i>* Please provide Authorized Third Party contact info below</i>
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### \*Authorized Third Party Information: (If Applicable)

*Authorized Third Party Name:		*Authorized Third Party Address:	
City or Town:		Province:	Postal Code:
Home Phone:	Work Phone or Cell:	Email Address:	

### Support Payor Information:

Name of Support Payor:		Address:	
City or Town:		Province:	Postal Code:
Home Phone:	Work Phone or Cell:	Email Address:	

### Support Recipient Information:

Name of Support Recipient:		Address:	
City or Town:		Province:	Postal Code:
Home Phone:	Work Phone or Cell:	Email Address:	

**Important: This form is a two page document, please be sure to complete page two of this form.**

FRO Case Number:
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**Support Order Information:**

Type of Support Order: <input type="checkbox"/> Spousal <input type="checkbox"/> Child	Date of Order(s): ( DD/MMM/YYYY)	Date Support Should have Ended: (DD/MMM/YYYY)
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Reason Support Should Be Discontinued:

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**Child Support Orders Only:**

<b>Child Support Order Only:</b> If applicable, please indicate the name and date of birth for each child for whom support has ended in the spaces below.		
Name of Child:	Date of Birth	Child Currently Lives With:
Name of Child:	Date of Birth	Child Currently Lives With:
Name of Child:	Date of Birth	Child Currently Lives With:

**Note:** By completing and signing this form, the support payor consents to the FRO providing a photocopy of page 2 of this form to the support recipient.

**Signature:**

Name of Support Payor or Authorized Third Party*: (Please Print)	Signature of Support Payor or Authorized Third Party*:	Date: ( DD/MMM/YYYY)
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