

Ministry of Community and Social Services

Family Responsibility Office PO Box 200 Stn A Oshawa ON L1H 0C5

Notice of Withdrawal

Cooo Number

	Case Number
Recipient's Name	
Payor's Name	
То:	Family Responsibility Office
TAKE NOTICE that I	
hereby withdraw the support provision contract dated:	ons of the order / agreement /
the Director, Family Responsibility Of	this includes the related Support Deduction Order if filed with fice. We understand that both the Support Payor and the fee of \$50.00 each if either wants to re-file with the FRO at a
Date	Signature (Recipient)
Date	Signature (Payor)
Note: Both the Payor and the Recipient must sign this notice.	
of Community and Social Services s Support Arrears Enforcement Act, 19 consent of the Minister of Communit	ce from a municipality, district board, Indian Band or the Ministry ince your support order was made, the <i>Family Responsibility and 996</i> does not allow you to withdraw except with the written by and Social Services. ial Service hereby consents to the withdrawal of the order /
Date	For the Minister of Community and Social Services

In order to partially offset the costs of re-opening a closed case, **a fee of \$50.00** will be charged to both the Support Recipient and the Support Payor if you re-file with the FRO at a later date. If you are considering withdrawing from the program or have questions about this fee, please call our office at 416 243-1909 or toll free 1 888 815-2757.