

- 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*
	* Please provide Authorized Third Party contact info below

***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.

