



# Notice of Re-Filing

## Section A

<b>Please complete this section to re-file your order with the Family Responsibility Office</b>			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)	

<p><b>Please select the option below that applies to you:</b></p> <p><input type="checkbox"/> I withdrew before October 31, 2004. (I do not need to complete Section B or pay a fee to re-file)</p> <p><input type="checkbox"/> I withdrew on or after October 31, 2004. (I need to complete section B and pay a fee of \$50.00 to re-file)</p> <p>If you cannot remember when you withdrew from the FRO, please call our office at 416-243-1909 or 1-888-815-2757</p>
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## Section B

<p><b>The fee for re-filing with the Family Responsibility Office is \$50.00. Please select one payment method below:</b></p> <p><input type="checkbox"/> Cheque or Money Order (attached) Please make cheque or money order payable to the Minister of Finance</p> <p style="text-align: center;">. . . . . <input type="checkbox"/> Visa    <input type="checkbox"/> MasterCard</p>																
Credit Card Number:																
<table border="1" style="width: 100%; height: 30px;"> <tr> <td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td> </tr> </table>																
Expiry Date (MM/YY)	Name of Cardholder:															
<p>I, _____ authorize the Minister of Finance to charge my credit card for this \$50.00 re-filing fee.</p> <p>Signature: _____ Date (DD/MM/YYYY) _____</p>																
<p><b>Return Completed Forms by Mail:</b>          Family Responsibility Office          PO Box 622          Steeles West Post Office Toronto ON M3J 0K8  <a href="http://www.ontario.ca/FRO">www.ontario.ca/FRO</a></p>	<p><b>Return Completed Forms by Fax:</b>  <b>(416)-240-2468</b></p>															