



Ministry of Community and Social Services

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

Request for Director's Statement of Arrears (Statement of Account)

(Pursuant to Ontario Regulation 160/00 made under the Family Responsibility and Support Arrears Enforcement Act, 1996)

- If you wish to receive a Director's Statement of Arrears (statement of account), please attach a cheque or money order for \$25.00 to this form or fill out the credit card section.
Make the cheque or money order payable to Family Responsibility Office.
Mail payment and form to address below:

Family Responsibility Office
PO Box 622
Steeles West Post Office
Toronto ON M3J 0K8

Please do not send regular support payments to this address.

SECTION A

Please print your name

I am the [] Support Recipient [] Solicitor for Support Recipient
[] Support Payor [] Solicitor for Support Payor
[] Assignee

Case Number Telephone Number ()

Address Unit No. Street No. Street Name PO Box
City/Town Province Postal Code

Support Payor's Name Support Recipient's Name

Client Signature

SECTION B

\$25.00 payment method

[] Cheque/Money Order (attached) or [] Visa [] MasterCard

Credit Card Number

Credit Card Expiry Date (MM/YY) Name of Cardholder

Authorized Signature Date (yyyy/mm/dd)

For urgent requests, please fax this completed form to 416 240-2468.