

Case Number

Recipient's Name _____
Last Name First Name

Payor's Name _____
Last Name First Name

To: Family Responsibility Office

TAKE NOTICE that I _____
Name

hereby withdraw the support provisions of the order/agreement/contact dated _____
yyyy/mm/dd

from the Family Responsibility Office (FRO), this includes the related Support Deduction Order if filed with the Director, Family Responsibility Office. We understand that **both** the Support Payor and the Support Recipient will be subject to a fee of **\$50.00 each** if either wants to re-file with the FRO at a later date.

Signature (Recipient) Date (yyyy/mm/dd)

Signature (Payor) Date (yyyy/mm/dd)

Note: Both the Payor and the Recipient must sign this notice.

If you have received social assistance from a municipality, district board, Indian Band or the Ministry of Children, Community and Social Services since your support order was made, the Family Responsibility and *Support Arrears Enforcement Act, 1996* does not allow you to withdraw except with the written consent of the Minister of Children, Community and Social Services.

The Minister of Children, Community and Social Services hereby consents to the withdrawal of the order/agreement/contract.

For the Minister of Children, Community and Social Services Date (yyyy/mm/dd)

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.
--