



Ministry of Community and Social Services

Family Responsibility Office
P.O. Box 220
Downsview, ON M3M 3A3

Notice of Withdrawal

Case Number

Recipient's Name	
Payor's Name	

To: **Family Responsibility Office**

TAKE NOTICE that I

hereby withdraw the support provisions of the order / agreement / contract dated:

from the Family Responsibility Office, 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.*

_____ Date

_____ Signature (Recipient)

_____ Date

_____ Signature (Payor)

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 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 Community and Social Services.

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

_____ 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.