

Please complete this form ONLY to designate a person other than yourself when it concerns: Providing information to the Family Responsibility Office (FRO) concerning your case and for receiving information from the FRO concerning your FRO case.			
Name of FRO Client:		I am the:	
		<input type="checkbox"/> Person that pays support <input type="checkbox"/> Person that receives support	
Street Address:		Apt#:	City:
Province:	Postal Code:	Work Phone or Cell #	Country: (if outside Canada)
FRO Case Number:			

My signature below indicates that I agree to the following:

1. I authorize the person named and listed below to act on my behalf regarding any inquiries relating to my case with the FRO.
2. This authorization allows the person named and listed below to provide any information to the FRO as it relates to my case.
3. This authorization allows the FRO and its agents to provide information to the person named and listed below as it relates to my case.
4. I understand that I must notify the FRO immediately, in writing, if I choose to no longer allow the person named and listed below to act as my Third Party. I realize I must complete the Cancellation of Third Party Authorization Form or provide FRO a signed letter to do so.
5. I understand there are legislative requirements I must comply with under the *Family Responsibility and Support Arrears Enforcement Act* which remain my responsibility as a support payor or support recipient (as the case may be).

I authorize the following person to act as my Third Party Person with FRO:		Authorized Third Party Person <u>Date of Birth</u> : (DD/MM/YYYY)
Authorized Third Party Street Address:		Apt#: City:
Province:	Postal Code:	Country: (If outside of Canada)

Please sign and date below to complete the *Third Party Authorization Form* for the Family Responsibility Office

FRO Client Signature:	Date: (DD/MM/YYYY)
Return Completed Forms by Mail: Family Responsibility Office PO Box 220, Downsview, ON, M3M 3A3	Return Completed Forms by Fax: (416)-240-2401