

**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 Number:   | City:            |  |
|   |              |   |                  |  |
| Province:   | Postal Code: | Country (if outside Canada):  |                  |  |
|   |              |   |                  |  |
| Work Phone or Cell Number:  |              | Home Phone Number:  |                  |  |
|   |              |   |                  |  |
| FRO Client Signature:   |              | Date: (DD/MM/YYYY)  |                  |  |
|   |              |   |                  |  |

**Please select the option below that applies to you:**

- I withdrew before October 31, 2004. (I do not need to complete Section B or pay a fee to re-file)  
 I withdrew on or after October 31, 2004. (I need to complete section B and pay a fee of \$50.00 to re-file)

If you cannot remember when you withdrew from the FRO, please call our office at 416-243-1909 or 1-888-815-2757.

**Section B**

|  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| <b>The fee for re-filing with the Family Responsibility Office is \$50.00. Please select one payment method below:</b>   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <input type="checkbox"/> Cheque or Money Order (attached) Please make cheque or money order payable to the Minister of Finance<br><input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 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:                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| I, _____ authorize the Minister of Finance to charge my credit card for this \$50.00 re-filing fee.  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Signature: _____ Date: (DD/MM/YYYY) _____  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Return Completed Forms by Mail:</b><br>Family Responsibility Office<br>P.O. Box 696<br>Downsview ON M3M 3A9<br>www.TheFRO.ca  | <b>Return Completed Forms by Fax:</b><br>416-240-2468 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |