



**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
P.O. Box 696
Downsview ON M3M 3A9**

Please do not send regular support payments to this address.

Please print your name

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

Case Number Telephone Number
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Address
Unit No. Street No. Street Name P.O. Box

City/Town Province Postal Code

Support Payor's Name Support Recipient's Name

\$25.00 payment method

Cheque/Money Order (attached) or Visa MasterCard Amex

Credit Card Number

Credit Card Expiry Date (MM/YY)

Name of Cardholder

Authorized Signature

Date (DD/MM/YYYY)

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

Medium Sensitivity when completed