

**Ministry of Community
and Social Services**

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

Tel: 1-800-267-7263 (Automated Info)
Tel: 416 326-1818 (Automated, GTA)
Tel: 1-800-267-4330 (Agent)
Tel: 416 326-1817 (Agent, GTA)
Fax: 416 240-2401

**Ministère des Services sociaux
et communautaires**

Bureau des obligations familiales
CP 220
Downsview ON M3M 3A3

Tél: 1-800-267-7263 (Information automatisée)
Tél: 416 326-1818 (Automatisée, RGT)
Tél: 1-800-267-4330 (Préposé)
Tél: 416 326-1817 (Préposée pour la RGT)
Télééc. 416 240-2401



I, _____ would like to propose a Voluntary Arrears
Payment Schedule and have read and understood the terms and conditions that apply.

I propose to pay arrears of \$ _____ at the rate of
\$ _____ per _____
(week/month) in addition to my regular

support payments of \$ _____ per _____
(week/month).

I understand that the **Voluntary Arrears Payment Schedule** is binding on the Director of the Family Responsibility Office and me. The **Voluntary Arrears Payment Schedule** binds the recipient for whose benefit these payments are made, only so long as the recipient is registered with the Family Responsibility Office. The **Voluntary Arrears Payment Schedule** does not prevent the recipient from undertaking any enforcement action permitted by law should the recipient withdraw from or be otherwise not registered with the Family Responsibility Office.

(Date)

(Signature)

FRO Case Number: _____

FRO File Number: _____