

ONTARIO

Court File Number

(Name of court)

at _____
Court office address

Recipient(s)

Full legal name & address for service — street & number, municipality, postal code, telephone & fax numbers and e-mail address (if any).

Lawyer's name & address — street & number, municipality, postal code, telephone & fax numbers and e-mail address (if any).

Payor

Full legal name & address for service — street & number, municipality, postal code, telephone & fax numbers and e-mail address (if any).

Lawyer's name & address — street & number, municipality, postal code, telephone & fax numbers and e-mail address (if any).

TO THE PARTIES IN THIS ENFORCEMENT.

TO THE CLERK OF THE COURT at (list court locations out of which enforcement was carried out)

AND TO THE SHERIFF FOR (*list areas where sheriff has been involved with enforcement*)

has been withdrawn from the enforcement program run by the Director of the Family Responsibility Office. At my request, the Director assigned to me the enforcement measure(s) listed on page 2 of this form that were started by the Director.

My name is (*full legal name*)

I am an authorized agent of the Director of the Family Responsibility Office. The recipient(s) (*name of recipient(s)*)

filed the attached order domestic contract in the Director's office to be enforced. At my request, the recipient(s) assigned to the Director the enforcement measure(s) listed on the back of this sheet that were started by the recipient(s).

Signature

Date of signature

ENFORCEMENT MEASURES BEING TRANSFERRED

If you need more space, you may attach extra sheets and number them.