



August 12, 2014

SR #: Number (if applicable)

Case #: Number (if applicable)

MIS Case #: Number (if applicable)

Client Name  
1010 Street Address  
City, BC X1X 1X1

Dear Client Name:

It is time to review the order dated August 1, 2014, under which Respondent Name is obligated to pay you maintenance.

The following is required:

- Address/telephone number for the respondent
- Respondent work information (place of employment & income, if known)
- Copies of any new orders obtained since August 1, 2014 (including Divorce; Restraining/No Contact Order; Custody/Access)

Please be reminded that cooperation with the Family Maintenance Program is a requirement of continued eligibility for assistance.

Please contact me with the above information at Worker Number as soon as possible.

Sincerely,

Worker Name  
Family Maintenance Worker

HR3291 (14/08/11)

The Ministry of Social Development and Social Innovation operates under the authority of the *Employment and Assistance Act* and Regulations, and the *Employment and Assistance for Persons with Disabilities Act* and Regulations.

**Ministry of Social  
Development and  
Social Innovation**

**Office Name**

**Mailing Address**  
PO Box 9974, Stn Prov Govt  
Victoria, BC V8W 9R5

**Telephone:** Office Phone  
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