



### ADVICE TO CLIENT

To: CLIENT'S NAME

CASE NUMBER

ADDRESS

Re: RESPONDENT

Recently a maintenance referral was made to me on your behalf. I have reviewed the referral and may have contacted you. I have decided not to take any specific maintenance action at this time for the reason(s) identified below:

The other party lives outside the jurisdiction of British Columbia's courts and does not reside in a reciprocating jurisdiction. (Please advise me if the other party moves.)

The referral indicates that safety concerns may be an issue in your case. I have decided to review your file at a later date to complete a full risk assessment. I will be sending the other party a Notice of the Assignment of Maintenance. It is important that you contact me before \_\_\_\_\_ if you believe providing a notice to the respondent will create a safety concern for you or for your children.

Please Note: If you become concerned about safety for yourself or for a dependent, please call the FMW at the number noted below and as well, call BCVictimLink at 1-800-563-0808 for support and information about resources in you area. You should always call 911 if you feel you or your dependents are in immediate danger.

The other party appears to have no means to provide support at this time.

The other party cannot be located. (Please call me if you learn of the other party's address.)

There appears to be no entitlement to maintenance.

Other

[Empty box for other reasons]

Please note that even though we have chosen not to take specific maintenance action at this time, you are not free to take maintenance action on your own without written authorization. Your case will be reviewed periodically, however if you have new information or if your situation changes it is important that you contact me at the phone number below. If you believe my assessment is incorrect or if you would like to discuss this with me further, please do not hesitate to call.

FAMILY MAINTENANCE WORKER (SIGNATURE)	DATE (YYYY MMM DD)
FAMILY MAINTENANCE WORKER NAME (PRINT NAME)	FMW PHONE NUMBER

**OFFICE ADDRESS**