



AUTOMATIC TERMINATION OF ASSIGNMENT

TO:

CLIENT'S NAME
ADDRESS

FMP FILE ID FM
DATE (YYYY MMM DD)

DEAR CLIENT

This is to inform you that since you are no longer a recipient under the *Employment and Assistance Act* or the *Employment and Assistance for Persons with Disabilities Act*, your ASSIGNMENT of maintenance rights is no longer in effect. The Minister has no further authority or right to pursue maintenance on your behalf.

If the Minister is currently conducting or defending a maintenance application on your behalf, I will be in touch with you to determine if you would like the Minister to continue to act for you, or you may return this form with the REQUEST TO CONTINUE section completed. Please sign and return one copy to the office address noted and retain one copy for your files.

If your MAINTENANCE ORDER/AGREEMENT is filed with the Family Maintenance Enforcement Program, you are encouraged to leave your order in that program to make sure that your maintenance payments are enforced.

Please don't hesitate to call me at the number provided below if you have any questions.

Yours truly,

OFFICE ADDRESS STAMP
TELEPHONE

FAMILY MAINTENANCE WORKER SIGNATURE
NAME

REQUEST TO CONTINUE

COURT ACTION #

I, _____, consent to the continuation of my ASSIGNMENT until a final order is made in the maintenance proceeding involving _____

CLIENT'S SIGNATURE
WITNESS

DATE (YYYY MMM DD)
DATE (YYYY MMM DD)