



NOTICE TO CHILD SUPPORT RECALCULATION SERVICE

Court File No.:	_____
FM File No.:	_____
FMEP File No.:	_____

TO: Child Support Recalculation Service

Re: _____ vs _____

Fax: (604) 660-2678

Phone: 1 866 660-2684

Children:

FROM:	Office Code	FMW Name and Worker Name	FMW Direct Phone Number
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Release of Information Signed: (YES)

Recipient is in receipt of income assistance

Recipient is no longer in receipt of income assistance

Recipient has had changes to circumstances

<input type="checkbox"/> NEW Information as of: [Date]
<input type="checkbox"/> Recipient's NEW Information: [Details]
<input type="checkbox"/> Payor's NEW Information: [Details]

Maintenance Assignment Documents

- Maintenance Rights assigned to Crown Date (YYYY MMM DD):
- Attached is a copy of current assignment
- Other documents attached: [Details]

Assignment Termination Documents

- Recipient's assignment terminated Date (YYYY MMM DD):
- Attached is a copy of the Termination Notice
- Copy of other documents attached: [Details]

Response to documents received from Child Support Recalculation Service

- CSRS income information request received
- We will return financial information to you for the assigned recipient by: Date (YYYY MMM DD):
- CSRS statement of recalculation received and we: Agree Do not agree
- If we do not agree, we will be making an application to vary by: Date (YYYY MMM DD):

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