



July 31, 2014

SR #: Number (if applicable)

Case #: Number (if applicable)

MIS Case #: Number (if applicable)

Respondent Name  
Street Address  
City, BC X1X 1X1

Dear Respondent Name:

Attached is a **Notice of Assignment of Maintenance Rights**. It means that the Minister of Social Development and Social Innovation now has the authority and the duty to obtain financial support for your child(ren) and/or spouse.

The ministry prefers to settle claims for financial support by mutual consent to avoid a court hearing. If you are willing to cooperate, please forward the following documents to us:

- Any document(s) that shows income earned through self-employment or cash transactions during the past 12 months
- Your three most recent consecutive pay (or employment insurance) statements
- Income tax returns for the year(s) 2013 (example)

Enclosed are two documents: 1) The Canada Revenue Agency (CRA) Release of Information which you can sign, if you wish, and return to us. That form allows us to request copies of your income tax returns and assessments. 2) The Advice to Family Maintenance Worker form can be used to tell the Family Maintenance Worker how you would like to respond to the ministry's claim for financial support.

**If you are currently unemployed, please contact me directly at Worker Phone**

**We will begin court action if you do not provide us with the requested information before: January 1, 2014**

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  
Office Mailing Address

Telephone: Office Phone Num  
Facsimile: Office Fax Numb

If you have any questions, please contact me at Worker Phone Number.

Sincerely,

Worker Name  
Family Maintenance Worker

HR3274 (14/07/31)

Enclosures: Enclosed Document Name

SAMPLE

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**  
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**Telephone:** Office Phone Num  
**Fascimile:** Office Fax Num