



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:

Thank you for submitting the financial information we requested. It has now been reviewed with our ministry's legal counsel. Based on your gross annual income of \$30,000.00, and the Federal Child Support Guidelines, you are required to pay \$500.00 per month, with a suggested commencement date of July 1, 2014.

I have enclosed the consent form and a Consent Order for your consideration. If you are in agreement with the terms proposed above, please sign and date the documents where indicated and return to me at the address below by July 31, 2014. **Please be advised you have the right to seek independent legal advice before signing these documents.**

If I do not receive the documents by July 31, 2014, I will proceed with an application to obtain an order for Maintenance.

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

Thank you for your continued cooperation.

Sincerely,

Worker Name  
Family Maintenance Worker

HR3278 (14/07/21)

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  
Facsimile: Office Fax