



Date (YYYY MMM DD)

Case #
MIS Case #
Court File #

To: Lawyer's Name: Fax #:
From: FMW: Office Code: Fax #: Phone #:
Client: Respondent:

Respondent is a resident of and has indicated a wish to enter into

Names, DOB of dependent children to be named in the agreement / consent order:

, BORN,

Custody (shared/split custody must have a filed court document in place and must be included in documents to counsel):

Sole Shared Split

Attached are pages including data from the identified sources:

- Income Tax Information Bank Statements Current Pay Stubs
Information about custody (must be indicated)
Information about Retroactive maintenance Other

FM File Number

Respondent

VS

Client

FMW

Instructions: Legal counsel to review case details, make recommendation for quantum and return information to the FMW noted above.

I have reviewed the particulars of this case, and conclude that quantum for child maintenance for this case should be \$ _____ per month, starting _____.

I recommend the FMW commence court action should the parties not agree to the proposed amount.

For consent orders only: I do not recommend spousal support. I do recommend spousal support at \$ _____ per month, commencing _____.

I DO I DO NOT recommend retroactive maintenance.
If recommended, here are the details:

I wish to see a completed copy of the YES NO agreement before the parties sign it. consent order

I require further information before I can make a recommendation for quantum:

Print Name of Lawyer

Date Signed

Signature of Lawyer

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