



Ministry of Community and Social Services

Family Responsibility Office
P.O. Box 220
Downsview ON M3M 3A3

Confirmation of Identity Letter Request

(Pursuant to Ontario Regulation 160/00 made under the *Family Responsibility and Support Arrears Enforcement Act, 1996*)

- If you wish to receive a letter confirming that a person is not the same person who is named in a Writ of Seizure and Sale filed by the Director Family Responsibility Office with a Sheriff, please complete this form and return it to the Family Responsibility Office.

Family Responsibility Office, P.O. Box 696, Downsview ON M3M 3A9

Fax (416) 240- 2468

Please do not send regular support payments to this address

Requestor's Name			
Address : Street and Number	City	Province	Postal Code
Telephone Number ()	Facsimile Number ()		
Signature:		Date:	

Third Party and Writ Information

Third Party's Name	Third Party's Date of Birth
Third Party's Social Insurance Number (SIN)	Third Party's Address

If a photocopy of the Writ is not included, please fill out the following section

Writ Number	Court of Issue
Writ Issue Date	Recipient's Name
Debtor's Name	FRO Case Number

Please return confirmation of identity letter by

- regular mail
- Fax to () _____