

OSE Number: SE- \_\_\_\_\_  
Court Number: FD \_\_\_\_\_  
Recipient Name: \_\_\_\_\_  
Payer Name: \_\_\_\_\_

## Application to Withdraw

TO: THE OFFICE OF SUPPORT ENFORCEMENT

I, the undersigned, hereby apply to withdraw my file from enforcement and I understand this does not terminate my support order.

\_\_\_\_\_  
(Signature of the person  
applying to withdraw)

\_\_\_\_\_  
(Print name)

Dated this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

**Send the completed form to:**

### Contact Us



PO Box 5001  
Grand Falls/Grand-Sault NB  
E3Z 1G1



Toll-free  
(844) 673-4499



OSE-BEOA@gnb.ca



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