

**APPLICATION TO WITHDRAW FROM FSOS**

TO: THE DIRECTOR OF SUPPORT ENFORCEMENT

I the undersigned, hereby apply to withdraw from enforcement by the Director of Support Enforcement, effective on the \_\_\_ day of \_\_\_\_\_, 20\_\_:

all support orders on \_\_\_\_\_.  
*(OSE Case Number)*

**OR**

the support order(s) dated \_\_\_\_\_.

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

\_\_\_\_\_  
(Please Print Name)

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

Send the completed form to OSE

Office of Support Enforcement  
P. O. Box 5001  
Grand Falls NB E3Z 2K6

Telephone: 1-844-673-4499