

**BC Family Maintenance Agency
Default Fee Request for Review Form**

If you believe we need to update our records, please complete and mail or fax this form to our office:

BCFMA
Box 9216, Victoria BC V8W 9J1
Toll-free: 1-866-557-2427 | Fax: 250 220-4050

I made the payment of \$ _____ on (date) _____.

I sent it to the: BCFMA Recipient

(Please attach cancelled cheque, receipt or other proof of payment.)

My support order or agreement ended on (date) _____.

My support order or agreement was changed to a different amount. Please attach a copy of your new court order or written agreement, if you have it, or give the date the new order was made and which court made it: (date) _____; (court) _____.

I did not make the payment because I began receiving income assistance on (date) _____, before the support payment was due.

(Please include a letter from your Financial Assistance Worker.)

Your Name: _____

Case ID: _____

Address: _____

Home Phone: _____

Work Phone: _____

Fax/Message: _____

Signature: _____

Date: _____

Notice of Intention _____ Certificate _____