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| --- |
| ONTARIO |
|  |  | Court File Number      |
| (Name of court) | **Form 26C: Notice of** Transfer of Enforcement |
| **at** |       |
|  | Court office address |
| Recipient(s) |
| Full legal name & address for service — street & number, municipality, postal code, telephone & fax numbers and e-mail address (if any). |  | Lawyer’s name & address — street & number, municipality, postal code, telephone & fax numbers and e-mail address (if any). |
|       |  |       |
|  |
| Payor |
| Full legal name & address for service — street & number, municipality, postal code, telephone & fax numbers and e-mail address (if any). |  | Lawyer’s name & address — street & number, municipality, postal code, telephone & fax numbers and e-mail address (if any). |
|       |  |       |
|  |
| **TO THE PARTIES IN THIS ENFORCEMENT,** |
| **TO THE CLERK OF THE COURT at** *(list court locations out of which enforcement was carried out)* |
|       |
| **AND TO THE SHERIFF FOR** *(list areas where sheriff has been involved with enforcement)* |
|       |
| [ ]  | I am the recipient named above. The attached |
|  | [ ]  | order | [ ]  | domestic contract |  |  |
|  | has been withdrawn from the enforcement program run by the Director of the Family Responsibility Office. At my request, the Director assigned to me the enforcement measure(s) listed on page 2 of this form that were started by the Director. |
| [ ]  | My name is *(full legal name)* |       |
|  | I am an authorized agent of the Director of the Family Responsibility Office. The recipient(s) *(name of recipient(s))* |
|  |       |
|  | filed the attached | [ ]  | order | [ ]  | domestic contract |  |  |
|  | in the Director’s office to be enforced. At my request, the recipient(s) assigned to the Director the enforcement measure(s) listed on the back of this sheet that were started by the recipient(s). |
|  |  |       |
| Signature |  | Date of signature |

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| Form 26C: | Notice of Transfer of Enforcement | (page 2) | Court File Number  |
|  |  |  |
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|  |
| ENFORCEMENT MEASURES BEING TRANSFERRED |
| **Name of Enforcement Measure** | **Where Started** | **When Started** |
|       |       |       |
|       |       |       |
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| *If you need more space, you may attach extra sheets and number them.* |